ELECTIVE (SSC5c) REPORT (1200 words)

A report that addresses the above four objectives should be written below. Your Elective supervisor will assess this.

I am really grateful for the opportunity for additional exposure to the emergency department and its patients and staff. My academic year 5 placement for Accident and Emergency was at Whipps Cross Hospital, and whilst I learnt from both placements, it was very interesting for example to spend time in the resuscitation department of the Royal London and observe just how busy and large it is in comparison. As a major trauma centre with London's Air Ambulance homed within its premises I have been very fortunate over the past four years for the chance to participate in the prehospital care programme for medical students and it was really interesting to spend more time with patients once they had been handed over by the pre hospital team. One of the patients I had the chance to observe over a period of many hours was a gentleman who had suffered from hematemesis, PR bleeding and epistaxis. The registrars were very generous with their time and teaching, and we discussed the fact that the medical team were initially querying the possibility of both an upper and lower gastrointestinal bleed. We also discussed the difference between his condition and patients they had treated in the past requiring urgent life threatening intervention with balloon inflation therapy. He was very ill and thus in the resuscitation area, however he was not bleeding actively when I saw him, although one of the challenges of his treatment was, as he had been an intravenous drug user, getting sufficient access to give him fluid, medication and blood. Another challenge came in the form of his hepatitis C status, and we also had to contend with the fact that he was noted to have a loud systolic murmur, and we discussed the fact that had he demonstrated potential for heart failure, replacing his lost fluid would be a requirement that would need to be balanced with the risk of over supplying his cardiovascular system and exacerbating or causing failure. I was fortunate in the chance to see his treatment progress with referral and input to medical teams within the hospital, and saw the importance of clear communication and handover in ensuring optimum quality in terms of continuity of care.

On a couple of my other shifts I really enjoyed getting involved in the triaging and early treatment of patients presenting to the accident and emergency department. I was given the chance to practice a good deal of phlebotomy and cannulation, and it was really useful to spend time with staff members other than doctors to see how the department worked to ensure speedy treatment and movement of patients through and out of the department to definite areas of appropriate care. It was good to observe the senior doctors requesting initial plans in triage which I could then be involved in helping be carried out – for example after being given responsibility to carry out their initial ECGs, bloods, blood gases and urine tests I practiced my handover skills by telling the nurses and doctors working in the 'cubicles' department their problems and what had been done so far. I am really grateful for the chance to get involved and feel like part of the team. I felt like lots of the time I spent was useful practice for foundation years – from observing doctors prioritising and carrying out jobs to learning how to use the blood gas machine and seeing how to pod blood samples properly!

I really benefitted from the opportunity to spend time in all the various areas of accident and emergency. It was interesting to see the way that the clinical decision unit works, with consultants running ward rounds and more junior doctors given responsibility for ensuring appropriate care under senior guidance. I am particularly interested in psychiatric problems, and I was fortunate in the chance to see both the medical treatment of patients who had presented to A&E for psychiatric

reasons and the way that the team liaised with psychiatric services both within the hospital and those in the community for patients discharged to hopefully ensure that such patients are supported longer term. Some of the CDU work seemed to be to do with problem solving – with a number of very different patients in the area, each with very different needs, such as a gentleman suffering from extreme back pain which had been resistant to some pain killers and who was unable to take a number of drug therapies due to his predisposition to get psychiatric side effects. Doctors and nurses worked together to refer to pain services, as well as supply conservative management such as in terms of positioning, as well as explore any additional therapies such as entenox. It was really good to see so many people working together to ensure the patients received optimum care.

I was also given the chance to spend some time helping with a research project with one of the consultants in the resuscitation department who is working on creating a computer software programme to be used in major trauma calls as a replacement or addition to the present system of recording everything on paper records. My role was to test the software in a 'dummy' mode and report back on its usability. In addition to being an interesting project in terms of seeing how the software worked, it allowed me to get really involved and learn about how trauma calls work – as for example I had to record which staff members from various teams were present doing which roles, and this can be more difficult to elicit when just observing a clinical scene. As everyone who arrived had to come up to me and give their details I was instead in a really privileged position in terms of knowing what was going on. It was interesting to see how different clinicians worked; for instance in terms of the order in which they conducted secondary surveys, and sometimes a challenge to record all the clinical information quickly enough not to miss anything. I really enjoyed the feedback session with the consultant afterwards and the chance to give my opinions – I felt like I had been a bit useful. I was also told that some of the consultants have been involved in projects outside of their clinical duties – for example giving talks to young people about conflict resolution to try to avoid the assault that leads to patients requiring trauma teams and serious hospital interventions. The department seems to be really involved in the community they serve on many levels, not just within the hospital.

I also had the chance to act as a 'helper' with the assessments for the helicopter crew course that London's Air Ambulance runs for their new doctor recruits. I really enjoyed playing roles such as firefighters and police officers in the moulages, not just because it was fun in itself, but because it was a real privilege to be allowed to see such senior clinicians working at the best of their abilities – these were often consultants in their own fields who were still learning new skills and approaches. We were given the time to provide feedback – even as medical students it was felt that our opinions – for example about how the senior doctors communicated and interacted with others on scene – were valuable.

I have had a consistently positive and enjoyable experience, and am very thankful to my consultant supervisor and all the staff in the department who have provided teaching, explained how they work, and given me the chance to get involved. I would thoroughly recommend the time to others.