

ELECTIVE (SSC5c) REPORT (1200 words)

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

During my time with the consultant's neurosurgical team at the National hospital I have been allowed excellent opportunities to see a variety of aspects of the care provided to patients. The consultant, fellow, registrars, SHOs, physiotherapists and nursing team have been welcoming and approachable, and I have enjoyed my time thoroughly. On the wards with the SHO in particular I have been allowed the chance to get involved in rounds and jobs, which have been useful practice for beginning FY1. I have observed in theatre, noting some the incredible expertise and skills of the neurosurgeons, been to clinics, and been involved in the administration of patient care – booking appointments and liaising with a variety of specialist departments and professionals. This was actually quite satisfying, as I felt like doing these jobs made me feel like I was being useful. The SHOs and registrars have provided dynamic clinical teaching as jobs are done and patients examined, and been very kind about explaining the logistics of jobs in order to aid my learning – for example in ordering imaging and tests. One of the things which I have become familiar with clinically is completing a full ASIA score for neurological patients, which the SHO kindly observed me doing in order to help improve my own clinical skills in the future. I have had the chance to learn more about rare neurosurgical presentations in patients – for instance I have seen some very young adults presenting with malignancy in the spine and the repercussions of this in terms of surgical repair and the intricate relationship between surgeons, oncologists and rehabilitation specialists. When I formulated objectives for this placement, I had no idea how many different types of presentation the spinal neurosurgical team see. The clinical fellow told me he had recently provided elective spinal surgery to a 93 year old patient, with good result. I learnt more about the outcome statistics for patients – above 65 percent of patients who have spinal surgery provided by this team go on to have excellent results with symptoms and problems resolved completely. Of those who require some input in the hospital after surgery, it is interesting to note that some of them will have complex social situations – for example patients who have been unable to work for a lengthy period and who have challenges in their home life in terms of relationships with others are less likely as a statistical whole to demonstrate such good results clinically as others. When attending clinics I noted that there is a great deal of vital input from the senior physiotherapist who works with the team seeing his own list of the consultant's patients. The whole team is managed and structured cohesively as a result of the expertise and experience of the spinal clinical nurse specialist. I particularly appreciated the chance to experience insights into the roles of so many different staff members – as the National is a tertiary level hospital it's staff are obviously particularly skilled in neurological care and thus I was impressed by the detailed knowledge that is held by ward nurses regarding post-surgical care – for instance in terms of beds, braces, and monitoring and equipment care. Another of my objectives for this elective period was to explore the potential complications and consequences of spinal surgery and I saw examples of the very careful precautions taken by nurses to avoid infection of the meninges when CSF was open to the environment due to drainage or leaks. It was useful for me to sit within the clinical fellow's clinic as he was an excellent communicator and was able to efficiently, in a very busy clinic, explore patient's concerns about their surgery, explain the risks of the procedure and provide information about what to expect following their surgery. I found his patient and caring approach made him an excellent role model, and the SHO on the ward was similarly inspiring in her ability to cope calmly with many different roles and responsibilities.

I was able to get involved in the care of a paraplegic patient on the ward by the SHOs when the consultant decided alongside the patient that surgery, which had initially been planned, was not the best option. It was necessary to work with not only the nurses and physiotherapists within the ward at this hospital but also within the care home where the patient came from and with input from her local community resources to formulate a plan for her care which would allow specialised neurological input and care as an alternative or at least as supportive to surgery. It was a good case to demonstrate how closely doctors must work with other members of the healthcare team.

Reflecting on the time I have spent at the National and things I hope to take forward in my future work, I think the vital importance of being efficiently organised and a clear communicator – clarifying instructions where necessary – was particularly emphasised by this busy arena. Some examples of where I saw the necessity of good communication include where specialist nurses explained to doctors precisely why they had concerns about drug chart prescriptions, where SHOs made it clear on request forms and when ordering imaging precisely why the patients required it, and where teams of doctors held detailed and thorough hand overs to ensure that all the jobs that needed to be followed up were passed on to colleagues.