

ELECTIVE (SSC5c) REPORT (1200 words)

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

Part A

This was a very enjoyable experience where I got to witness a whole different culture of medicine and lifestyle. A typical day involved carrying out ward round and mostly clinic work thereafter. We also had a chance to meet a couple of medical students from an Indian medical school and learnt how their experience differs to that of our own. The method of teaching is different, however, the biggest difference is the facilities/ teaching material that is available to us. It really makes us appreciate what we have back home a lot more.

Some of the conditions we saw included abscesses, appendicitis, hernias, diabetic vascular/ neurological leg amputations and associated infected feet as well as various trauma cases. This formed the majority of the cases we saw and although these are also present back home in UK it is not quite the same frequency.

Trauma cases is also very common here mostly due to the fact that wearing helmets whilst driving motorbikes/ scooters is a rarity. It was mostly lacerations and profuse bleeding with anything more serious sent to a bigger centre. Surgical methods and equipment was seemingly all up-to-date, however, more complex procedures were performed at other centres.

The doctors there were all very keen to teach which made for a great experience. One of the key differences between the UK and India is the doctor-patient relationship. Patients are extremely respectful of doctors and never complain even when you think the doctor could have and sometimes should have done better. Patients generally just complain less; be it the care they have been provided or the social problems they encounter. The main problem there is financial. Scans, medications and surgeries that require money is often refused by patients as they simply cannot afford them. It was extremely saddening especially when you think it might be a life-threatening condition. When money gets in the way of providing vital healthcare it really makes you appreciate the national health service so much more. You wish the general public here could see this and realise how fortunate we are.

Surprisingly, I did not actually get to perform many procedures at all. I did assist a couple of times in theatres and also helped the anaesthetic team with ventilation, however, it was mostly an observer role. However, it was a very insightful and a valuable experience that I will take back with me.

Part B

I spent two weeks here in Watford General hospital where I am also due to start work in August. I worked in Cassio ward with the gastro team. It was a great time here as I was made to feel very much part of the team and was expected by the other doctors from day one to perform the jobs of an FY1, which is of course what I wanted to get out of this placement.

From preparing patients notes prior to ward round, learning about any new patients overnight to present at the board round, performing bloods/ cannulae/ nasogastric tube insertion, making referrals, TTAs and requesting bloods for next day were all part of my standard day. Being given responsibility of all these jobs gave me a real feel of what my future job will entail. I also got the

opportunity to familiarise myself with the local computer system as well as the forms etc which will hold me in good stead for when I start my job.

Ward rounds were also great as the consultant was very happy to quiz and teach, which is often not the case in my previous experiences as medical student.

The conditions encountered and the way the hospital was run resembled my outfirm as a medical student than Royal London for example. Certain scans and also pre-dose drug levels for certain medications had to be sent off to a bigger centre which created problems of its own. For one of the patients on Amikacin who needed pre-dose levels, the results were not available for three days which meant we had to constantly liaise with the microbiology team for input as to how to proceed with dosing this patient. These are problems I had not previously encountered and typified the problems of a DGH.

In regards to patient expectations the situation was like anywhere I have been before. Most patients are happy with the care provided but there is always a few disgruntled patients who believe the care provided is not good enough and that the diagnosing process is taking too long. In this experience, I found that it was more the family of the patients who were often dissatisfied when the patient was not. It made me appreciate the importance of dealing with families appropriately as part of looking after patients.

Part C

This was my second time at the National hospital for Neurology and Neurosurgery (NHNN) and yet again I felt privileged to be able to work here. I worked at the movement disorder unit where I mostly shadowed the deep brain stimulation (DBS) nurses as well as the research fellows. I attended ward rounds, clinics (DBS patients as well as new patients), assessments and also the labs where some of the research on DBS is taking place.

I was able to see various movement disorders including Parkinson's disease, cerebral palsy, early-onset generalised dystonia (DYT1) amongst other. I also saw the complications of surgery such as infection associated with DBS insertion and how it is managed. In clinics it was again fascinating to see patients with typical signs come in and being able to make spot diagnoses. It puts all the theory I have learnt in medical school in action and I could not be happier. The array of conditions you see here are nothing like I have seen at any other centres which is of course not surprising. It affirms my aspiration one day make it as a Neurologist. Research is of course a very important part of being a Neurologist and to see some of the research being carried out at one of the biggest neurological centres was enthralling. I hope to one day be involved in carrying out some of the research. During my previous visit we saw a very interesting patient with Ataxia Telangiectasia who was treated innovatively with a DBS for whom we wrote a case study. He has since made good progress, which was fantastic to hear. It illustrates the work they do here at the NHNN in treating patients who would otherwise not have had this option.

Although I had very little time here, I am extremely grateful to the team for welcoming me back and be so keen to teach. I cannot thank them enough and I hope to pursue Neurology.