

ELECTIVE (SSC5b) REPORT (1200 words)

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

I spent six weeks in Princess Alexandra Hospital (PAH) in Harlow in two main capacities. Firstly, I audited the adherence of PAH with local trust antibiotic guidelines. Through this I also wanted to gain an understanding of the variety of different infections in the A&E and, through the use of the literature, appreciate the importance of antibiotic resistance. Secondly, I wanted to use this elective as an opportunity to improve both my teaching skills and confidence in the teaching setting. To do this I set up a series of lectures for a range of medical professionals, including health care assistants (HCAs), nurses and a collection of third and fourth year medical students. I also audited the simulation facility in the medical education department to investigate compliance with newly published simulation standards. All four learning objectives were achieved through me acting in these two capacities.

My antibiotic audit demonstrated that overall, compliance with the antibiotics protocol was 53%. It also enabled to analyse which infections and which prescribing departments held the highest rate of non-compliance. It showed me that community acquired pneumonias were both the most prevalent infection treated in the A&E and the infection associated with the highest rate of non-compliance. This was an unexpected conclusion as the CURB65 scoring system should in theory provide a simple framework for the management of these patients. This audit highlighted that in the case of non-compliance, intravenous co-amoxiclav was clearly the most frequently chosen antibiotic. This was most likely due to it being broad spectrum and easy to prescribe and administer. Subsequent to my findings, the audit was presented at the A&E quality improvement meeting and at a Foundation Year 2 teaching session to raise awareness of the compliance and local guidelines. In these meetings, examples from the literature were used to highlight the importance of adhering to local guidelines within the context of the generation of antibiotic resistance.

The second function of my elective was in the medical education department. This itself was split into two main parts. The first was in a teaching role, providing lectures on clinical medicine for HCAs, nurses and medical students in their third and fourth year of medical school. By attending a lecture on medical education theory, analysis of educational feedback forms and verbal feedback during an observed teaching sessions I was able to experiment with teaching styles and techniques to fine tune my teaching style. I discovered that timing was my most frequently experienced problem and that in general I preferred to adopt a teaching style as interactive as possible in an attempt to avoid a didactic one directional teaching session.

The second medical education task I undertook was to assess whether the simulation based teaching at PAH conformed to newly released standards by the Association for Simulated Practise in Healthcare (ASPiH). To achieve this I designed my own audit tool, in which each standard was subdivided into sub-standards so to more finely assess compliance. The results from this audit demonstrated that the majority of the standards could be achieved by rebranding the simulation centre and applying a more formalised structure to the simulation design process. These results were presented at a meeting of the undergraduate education committee during which my recommendations were discussed.