

ELECTIVE (SSC5a) REPORT (1200 words)

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

In the context of my upcoming foundation year post on a surgical rotation, I was fortunate enough to secure an excellent opportunity to spend several weeks in New Zealand with a unique, government funded healthcare provider, Mobile Surgical Health. The service consists of a core team of anaesthetist, technician, charge nurse and truck driver, who is responsible the transportation and maintenance of the unit. The concept is simple; instead of rural populations travelling many hours or waiting for many months, the MSU brings basic surgical and dental care within reach. Each day of the week the unit operates at a different location and uses local hospital resources and staff.

My supervisor's objectives were that 1) I would be able to integrate and engage with the clinical and non-clinical staff and 2) to demonstrate an appropriate level of competency and medical knowledge.

My own objectives were 1) to apply, where possible, my medical and surgical training to the new healthcare environment I was in and 2) to become an essential member of day-to-day operations, assisting at the level expected of a junior doctor.

The day I began working with the team was a gynae theatre list. After a brief introduction and orientation, I spent my time observing the procedures, including removal of fibroids and hysteroscopy. Despite being well briefed as to the team's expectations, I found it a challenge to integrate at first, because my role was not as clearly defined as the rest of the team's. I began to get to know the core team and the local staff on each day and gradually became more comfortable with my role. The anaesthetist, Dr Stuart, was extremely considerate and helped me to get involved during the first few days. Where appropriate, I was given the opportunity to scrub in and assist with surgical procedures, place cannulas and provide basic airway maintenance for patients as they were being sedated under GA. The clinical staff were receptive to my desire to practice clinical skills and assist to the best of my ability. I also assisted the technicians with the transport and sliding of patients on and off of the operating table, helped to prepare bed sheets and cleaned surfaces between procedures. After the list I also helped the driver to pack away the medical equipment and collapse the surgical bus in preparation for the journey to the next location.

During procedures I answered questions from the surgeon as well as I could and demonstrated a level of medical and surgical knowledge that could be expected from a junior doctor. I was able to place cannulas without assistance in patients under general anaesthetic. Where I felt that the task required of me was beyond my ability, I attempted as far as was safe and then politely declined. For example, I was asked my one of the orthopaedic surgeons to close after a carpal tunnel procedure. I was able to stitch, but felt I could not complete the entire closure. Later that evening I practiced my suturing technique with a kit provided by the nursing staff. I hope to demonstrate my improved skill in suturing before the end of the placement this week. Additionally, I have had the opportunity to place

cannulas for the entire list on some operating days, and this had greatly improved my confidence and technique for cannulation, a skill that I have often struggled with in the past few years and one which I have been dreading to be asked to do as an FY1 doctor. I was very well supported and encouraged to be confident in my ability, whilst being given constructive feedback when I was unsuccessful. These are some examples demonstrating ability to recognise limitations and make choices in the interest of the patient, whilst using opportunities for learning as much as possible.

I was also able to find many opportunities to assess my own ability to apply my knowledge and skill to this new and exciting environment. The bus was very well supplied with equipment, and once I knew where things were, I was able to scrub in for procedures and take medical histories from patients before their procedures. One example of this was with a patient who had come for a surgical repair of Dupuytren's contracture. I took a full history from the patient in the hospital before their operation, and then scrubbed in to assist. I revised the pathophysiology of the condition briefly before the day's list, so was able to answer questions from the surgeon. There was little need to adapt my skills to the environment, as it was quite similar to that of a standard operating theatre in the UK. It was very satisfying to realise the skills I have can be used somewhere on the other side of the world, and that the standards expected of a doctor of my level are roughly translatable. This was demonstrated when I met various medical students in different locations during the week of traveling. I felt as though my knowledge and ability, whilst admittedly lacking in some areas, was broadly similar to my NZ colleague counterparts.

My final objective of becoming an essential member of the team touches on something I feel particularly strongly about, as I come to the end of my time as a medical student. A sense of professionalism and collegiality is something I have rarely been able to experience during my training, due to the transient nature of placements around London. Hence, this elective represented a chance to have extended contact with a small team of colleagues, and a chance to achieve a professional rapport, acting as a clinician for the first time. This was one of the best aspects of the placement overall.

The key skills that I feel more confident at now I have completed my elective placement include practical procedures (venepuncture, cannulation, drawing up and administering local anaesthetic, preparing and giving IV fluids, scrubbing, suturing, following and assisting), clinical skills (hand examination, general examination and basic life support/airway management) and communication skills (taking histories from patients presenting with hernias, carpal tunnels, Dupuytren's contracture, fibroids and BCCs). Additionally I have received extensive teaching on the topics of common gynaecological, musculoskeletal and dermatological conditions, general and local anaesthetics and general management of an anaesthetised patient. I also feel that I have gained a better understanding of what it means to be a valued member of a team, as I have assisted clinically and non-clinically in order to ensure the list of tasks is completed and to prevent late finishes where possible.

As I prepare for my first rotation as a junior doctor, I feel more confident in my general ability to assess patients, complete clinical tasks and to ask for help when I feel out of my depth. My placement in New Zealand has also provided me with evidence that my skills are transferable among health care settings, even on the other side of the world. I look forward to returning to New Zealand one day in the near future.