

## **ELECTIVE (SSC5b) REPORT (1200 words)**

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

For my SSC5b elective I decided to spend 6 weeks at Evangelismos General Hospital, widely considered the best general hospital in Greece providing services to thousands of patients every week, and more specifically at the respiratory ward of the hospital to prepare myself for my upcoming F1 job. The reason I chose to come to Greece was because of its similarity to my native country (Cyprus), where I had the chance to practice medicine in my native language and prepare myself for when I return to my home country after my specialist training in the UK. At Evangelismos General Hospital, I had the chance to learn more about the Greek healthcare system, gain a greater insight into the world of respiratory medicine with a view to potentially shape my future career. It was a great place to train, alongside an amazing team consisting of several respiratory consultants and resident doctors, all of whom were very keen to teach me and let me shadow their work. I spent my days attending team meetings where we discussed new admissions, resident doctor / consultant-led ward rounds, one-to-one tutorials with resident doctors and also had the chance to perform many of the core practical procedures that I will be required to undertake as an F1 doctor.

During my time in the respiratory ward and emergency department, I noticed several differences in the way healthcare services are delivered in this hospital compared to the UK. One of the main differences was the two types of on-call systems - an internal one and a general, all-hospital one. The general on-call days occur once every four days and are open to everyone, including members of the public that are not receiving in-hospital care at the time. Urgent admissions in the hospital occur during these general on-call days from doctors in the Emergency Department or during the morning outpatient appointments. For all other days, only pre-scheduled admissions occur (based on a waiting list), with the on-call doctors prioritising in-hospital patients - patients who need to be urgently admitted are directed to the nearest hospital who has a general on-call day. Another striking difference was the lack of multi-disciplinary team meetings - the department would discuss about all patients on a daily basis in an intra-departmental meeting first thing in the morning, however communication between different specialties was done via phone in order to refer patients. In terms of staffing, the respiratory ward was very well staffed, with 15 nurses (8 registered, 7 trainees) and 14 doctors (8 resident, 4 consultants and 2 professors), resulting in a ratio of 1 doctor and 1 nurse per 2 patients (30 beds in total), resulting in the timely delivery of services, with daily ward rounds from both resident doctors and consultants.

During my placement, I had the chance to examine many patients with different respiratory conditions and co-morbidities and now feel much more familiar with common conditions that I will inevitably encounter in my F1 year, including asthma, COPD, bronchiectasis, pneumonia, pleural effusions, pneumothoraces, idiopathic pulmonary fibrosis, tuberculosis and lung cancer. More importantly, I had the chance to follow a lot of patients during the acute period of their presenting symptoms in the Emergency Department and help in their assessment and initial management, as well as follow them for the duration of their stay in the respiratory ward. The commonest reasons for admission were lower respiratory tract infections and asthma/COPD exacerbations (similar to the UK), since the vast majority of the patients were elderly and heavy smokers. The commonest presenting complaint in the emergency department was dyspnoea and I had the chance to act as the first point of

contact, take histories, perform some initial blood tests and administer patients supplementary oxygen and nebulised medications.

The high prevalence of COPD in Greece comes as no surprise. Although in the last 5 years (2012-2017) the percentage of smokers in the country has dropped from 36.7% to 27.1% (a record by European standards), it remains the highest among Western countries. Moreover, smoking is more prevalent in the age group 25-35 (Kokkevi et al, 2000), suggesting that people who smoke tend to do so from a very young age and end up with a heavy smoking history by the time they reach retirement age (as evidenced by the vast majority of admitted patients with COPD exacerbations). A European Commission report (2003) showed that there is significant correlation of smoking with socio-economic background and employment status, with 54% of unemployed citizens and 51% of manual labour workers being smokers compared to the national average (35% in 2003), mirroring the bad economic state of the country. A nation-wide survey that was conducted in July 2017, showed that despite the recent reduction in the number of smokers, there is still failure to implement the anti-smoking law, with 96.6% of survey participants saying that in the last year they attended establishments where people smoked despite smoking being prohibited in these establishments.

It is estimated that treating diseases caused by smoking costs the Greek Government about 2.14 billion euros annually, a financial burden that is disproportionate to the financial resources of the national health system. In 2017, the Hellenic Thoracic Society estimated that 600,000 Greeks suffer from COPD (8.4% of the population), with 56% of those being undiagnosed. To this extent, the Hellenic Thoracic Society has launched several campaigns to educate the public about the effects of smoking and to increase awareness about asthma and COPD. For a 5<sup>th</sup> consecutive year, it endorses a programme of experiential education in primary schools, where it reinforces education via the active participation of students (also endorsed by the Ministry of Education). It consists of theatrical games, pantomime, group activities and songs with the aim of highlighting the bad effects of smoking and show the younger generation that smoking should be a trend of the past. Moreover, the campaign 'Anapnew = I breathe' aims to educate the public about COPD, its symptoms and the importance of early diagnosis using TV and radio advertisements, posters and leaflets about the condition.

My experiences at Evangelismos General Hospital will be truly memorable. It was a very enjoyable and productive time for me and I learned a lot alongside a great team of doctors and nurses who were all very kind and keen to teach me. It was a great opportunity and a very useful experience for me to practice medicine in Greek, as I will have to do it in the near future. Despite the heavy workload, the environment within the hospital was very pleasant and members of the medical team had good professional relationships with each other. I was pleasantly surprised to see that patients treated doctors with a lot of respect, something which boosts the doctors' confidence and enhances patient-doctor relationships. Moreover, the high standard of medicine delivered at Evangelismos General Hospital (owing to the excellent training of resident doctors by their supervising consultants) enables the medical team to treat patients as they see best without employing 'defensive medicine', saving up lots of resources. I leave this placement more knowledgeable, having improved both my clinical and communication skills and I now look forward to the start of my foundation training in August, while also considering a career in respiratory medicine in the future.