

ELECTIVE (SSC5b) REPORT (1200 words)

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

My elective at the Emergency Assessment Unit (EAU) at the Jersey General Hospital proved to be an invaluable experience. I was made to feel part of the team, getting to know not only the doctors on the ward but also the nurses, physiotherapists and pharmacists that make up the multidisciplinary team. I was also given opportunities to work in the Emergency Department and to see the process of how patients who turn up in the ED are admitted to the hospital, how they are diagnosed and how they are managed. As part of the team I was able to clerk patients who arrived, many being referred by GPs, but many coming straight from ED. As part of the process I was able to see the patients alone initially, take a history and examine them, which I felt used to doing. What was a newer experience for me was then being left with the responsibility of coming up with a diagnosis and differentials, as well as coming up with further investigations that I needed and a management plan for the patient on the ward. It was so encouraging to be able to come up my own ideas and I really appreciated the nurses who made me feel like a proper doctor by carrying out some of the investigations that I needed and respecting my opinions. It was so exciting to come up with a diagnosis and to set out to prove (or disprove) it; it made me feel like a doctor and a valuable member of the team. However, I did feel well supported, with enough supervision so that I felt safe in what I was doing, and with doctors to consult if I was unsure. An important part of the job was presenting the case to the registrar or consultant on take, which also proved invaluable because the desire not to look stupid meant that I really thought hard about what I was trying to say, and to pre-empt the questions I might be asked. Besides clerking and presenting patients, I was also able to perform a variety of procedures, ranging from taking bloods, doing arterial blood gases and doing ECGs. There was also plenty of chances to see more complex procedures such as pleural drains and mid lines being inserted. Overall, I feel significantly more confident in diagnosing and managing acute medical problems and I have gained more practice in history taking, examining and taking bloods.

One of the main things I noticed about how healthcare differs in Jersey compared to the UK is in relation to what services can realistically be provided on such a small island. For example, Jersey doesn't have a cardiac catheterisation service, meaning all stenting must be done in the UK. The island has a flight transfer system which deals with all of the patients who cannot be treated on island. However, this gives an added dimension to the management of acutely ill patients, where a decision has to be made if the process of a UK transfer is appropriate. It has to be considered not only whether the patient would survive the journey but there is also unfortunately an element of cost benefit decision making as well. The transferring of patients means that the EAU has a different feel to it than other similar departments I have been in, with some key conditions not present. I found that this gave the EAU a much bigger focus on certain areas, in particular respiratory medicine, than I had found elsewhere.

The isolation of the island also means that issues of capacity are even more important than in the UK. When the Emergency Department and EAU are very busy and full to capacity, they can't divert ambulances elsewhere or move patients to another hospital as can happen in the UK. Beds need to be found within the hospital, and this sometimes means putting medical patients on to any ward with a free bed, with the result that many of the wards just feel like general medical wards than with any speciality. The bed shortages also mean a lot of work for the bed managers at peak times and a lot of pressure on EAU and the wards to free up space, something which feels very familiar in the NHS. I did

feel that the hospital coped remarkably well under pressure, and the EAU team were an important part of keeping things running smoothly. It felt great to be part of that team and to help keep things moving at the busiest of times.

Much of what I saw come through the ED and EAU was the same as what you would expect to see in the UK. However, one issue came up much more frequently than I had seen before, particularly in comparison to East London with its large Muslim population. Alcohol abuse seems to be a big problem in Jersey, and alcohol detoxes were a regular occurrence on the ward. Speaking to the alcohol specialist nurse, I found out that Jersey has the third highest alcohol use in the country, in part because it is cheaper due to the lower taxes on it. It seems astonishing to me that a relatively affluent, largely suburban/rural island has a worse alcohol problem than many inner cities. I was amazed that detox made up such a large proportion of the acute medical patients. It is clearly a big public health issue for the island, one that is clearly not being addressed enough by its government.

Overall, my experience at the EAU in Jersey was both enjoyable and an excellent learning opportunity. I have been lucky enough to feel part of the team, to expand my clinical skills and to learn more about how healthcare is managed on a small island. I will certainly take what I have learned forward into my career and hope that the experience makes me a better doctor.