ELECTIVE (SSC5a) REPORT (1200 words)

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

My end of university medical elective was split into two 3 weeks placements, both of which I enjoyed thoroughly. The first of which was a surgical placement, observing multiple aspects of breast cancer care including clinics (both NHS and private), theatre lists and MDT meetings. This took place in the Lister Hospital in Stevenage, the New Queen Elizabeth II Hospital in Welwyn Garden City and at two private hospitals in Hertfordshire. I felt very welcomed by the team who were exceptionally friendly, and my supervisor Miss Deol, a consultant breast surgeon, was a constant source of inspiration to me. The way in which she dealt with her patients, who were predominantly emotionally vulnerable women, was nothing short of awe-inspiring. The level of empathy, compassion and attention to detail she demonstrated with each and every patient has motivated me to take a similar approach in my future career as a doctor.

The surgical side of the elective was also fascinating. I observed multiple mastectomies, wide local excisions and reconstructions - and under guidance of Miss Deol was allowed to remove a superficial breast fibroadenoma (which was incredibly satisfying). I also observed a DIEP flap reconstruction which was an incredibly meticulous operation requiring many hours and fine concentration. This was one of the most interesting operations that I have seen at medical school and it gave me a reminder of how incredible modern medicine is in what it can achieve.

The majority of the breast conditions that I witnessed while on my elective were different types of breast cancer. I mostly saw patients who had already received their diagnosis and were either being followed up in clinic or undergoing surgery to remove the cancer. Some of the patients that I saw in theatre had benign tumours such as fibroadenomas. However, I did see multiple patients in clinic that did not have breast cancer. During the one-stop breast screening clinic, I saw patients who were concerned that they had found a lump in their breasts and had come to the breast clinic to be investigated. While they were at the clinic, Miss Deol took a history and examined the patients' breasts. The patient then would be investigated with an ultrasound and a mammogram to further image the lump in suspect which would be reviewed by the radiologist and the results explained to the patient by Miss Deol. A large number of the patients did not have a suspicious lump on examination, mammogram or ultrasound and that was a huge relief to the patient. Many of these patients had hormonal changes within the breast tissue, some had what seemed to be benign breast lumps and would require further investigations such as biopsy.

The prevalence of breast cancer is higher in white women than it is in South Asian women so there's likely a higher incidence of breast cancer in the ENH NHS Trust than in areas of East London that have a large Bangladeshi community. However, the difference isn't so significant that it will make a huge difference across the whole population. The services in East London will still have lots of patients presenting with breast cancers.

The breast cancer unit based at the New Queen Elizabeth II and Lister Hospitals uses the one-stop shop process that I laid out above. Many of these patients will be referred from their GP via the 2 week wait referral process or will fall within the breast cancer screening window. This NHS programme invites all women from the age of 50-70 to have a mammogram every 3 years which had a coverage of 72% in 2019/20. During the COVID-19 pandemic, many breast cancer services were halted or reduced in an attempt to curb the spread. It is estimated that up to one million people missed their routine breast cancer screening due to this. From speaking with Miss Deol, it was clear that the stresses of the pandemic caused significant pressure on their services and their team faced many challenges as a result. While NHS breast cancer operations continued in private hospitals, Miss Deol mentioned that the trust did not want the surgeons to perform breast reconstruction during this period. Miss Deol insisted that this hugely important aspect of the breast cancer surgery continued to occur as it was vital for the wellbeing of her patients – after gathering evidence, the trust allowed it. Their unit was one of the only local units that continued these. This highlighted to me the importance of patient advocacy in all contexts – the patients health and wellbeing must be paramount and it's the role of senior clinicals such as Miss Deol to push for this.

Breast reconstruction is, as stated above, an important aspect of breast cancer surgery. Many women who have breast cancer are at huge risk of experiencing a loss of identity during their period of illness and treatment. Patients

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requiring a mastectomy can feel a loss of beauty or feminity once their breast is removed as often their breasts are a significant part of their identity and self image. Alongside many of the women who have to undergo chemotherapy after surgery, this can have a huge negative effect on their mental health. It is because of this that breast reconstruction is such an important aspect of breast cancer care. I observed Miss Deol reconstructing several patients breasts using silicone implants in order to make them as symmetrical as possible. I also observed her discussing the options of implants with patients and following up patients who had already received implants. I saw the process from start to finish in different patients, from initial reluctance to appreaciation in follow up. One patient was extremely grateful to Miss Deol for her breast reconstruction and it was clear that if that wasn't offered, her mental state would have been much worse.

Under the guidance of Miss Deol, I performed many breast examinations and honed my skills. Before this elective, I had only practiced a breast exam on a model, which was nothing close to a real breast, and my technique was very poor. I soon found out that the technique I had learned was not sensitive enough to detect smaller lumps when I performed it as I missed several in clinic. I used Miss Deol's technique and under her guidance I became much more adept at discovering lumps and areas of thickened tissue. This was a skill that I was insistent on developing as my current aspirations are to become a GP – so this is a skill that is vital to general practice. I now feel much more confident in my abilities to perform a thorough basic breast examination and it's a skill that I will develop further in my career.

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