

## ELECTIVE (SSC5a) REPORT (1200 words)

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

1. Doing my elective in paediatrics in east London was a very good opportunity to understand how social and political factors affect disease burden amongst children. One example of this was the number of young children with severe eczema and asthma exacerbations coming to the emergency department. Living in inner city conditions, with poor environmental upkeep, pollution and lack of green space are all factors that can contribute to this. In addition, these factors impacted on the way it was being managed at home. For example, parents might have needed more counselling on the correct inhalers technique/regime or advising parents against smoking around their children.

Another example was on the Special Care Baby Unit (SCBU) and on the labour ward. Mothers that smoked or drank alcohol during the pregnancy, or those that presented late to antenatal care because of a lack of awareness/access to these services, tended to have babies that needed closer monitoring and were more unwell.

Finally, mental health and psychosocial involvement was also found to be of greater prevalence in children and adolescents that came from unsettled family backgrounds, if they were influenced by peer pressure into substance misuse in school or on social media, or even due to the risk/fear of gang crime.
2. On this elective, I got a chance to see how the various parts of the pathway of a patient in the hospital worked – from delivery and monitoring/admission on the Special Care Baby Unit (SCBU), referral/emergency presentation to the Paediatric Assessment Unit (PAU) or Emergency Department (ED), and admission onto the paediatric ward. Rotating between these four areas allowed me to understand and appreciate how the various cogs of the mechanism worked together to make sure no one slips through the net.

I also attended a mortality/morbidity meeting in which patient deaths and complex cases were discussed and talked through. This, alongside the psychosocial meetings on the SCBU and paediatric ward, opened my eyes to the complex ways social, cultural and environmental factors can be intertwined in caring for and managing the long-term health of patients. Especially where they are children and are being brought up in environments that they can neither choose nor control.

In terms of improvements in the health system in the context of public health, on reflection, I think increased funding and services for community paediatrics, or even the introduction of more community paediatricians in GP practices, for example, would make the system run more seamlessly. Certain PAU/ED referrals were made from GPs that were not entirely appropriate, that not only costs a lot of time and space away from emergencies, but is also distressing for patients and their families. Having a regular community paediatrician that you see for your child's health concerns rather than ED being the first point of contact if you are worried as a parent, could make things easier for everyone.
3. Although this is the objective I initially set for myself from a medical education point of view, I quickly realized and decided that it was not entirely the best use of the 4<sup>th</sup> year students' time. After reflecting on how I felt in their position last year, with 4<sup>th</sup> year exams pending and OSCEs drawing closer, I decided to change this objective to:

‘Organise two paediatric-related mock OSCE teaching sessions for the Year 4 students on their Paediatric rotation’.

I will expand further on why I made this change in my reflection.

Overall, I felt this went well. I was able to contact the year 4 students through the help of my lead consultant, came up with a list of OSCE station ideas, brought other year 5 students to volunteer as assessors, and delegated the stations appropriately. Each assessor created a mark scheme for their own mock OSCE scenario. Due to some of the year 5 students changing over to a different placement halfway through, we had 4 assessors in the first teaching session, and 3 in the second. However, this worked out perfectly with the number of year 4 students that came to both sessions.

In the first mock OSCE, we focussed more on paed-specific scenarios, where the objectives were related

more obviously to the specialty. However, in session 2 they were crossovers with other specialties. These were the seven mock OSCE station scenarios:

- Explaining inhaler technique to a child
- A-E assessment of child with shortness of breath
- Paediatric history taking: vomiting
- Febrile convulsion counselling to mother of baby
- T1DM: explanation of condition to child and management
- Suicide risk assessment: adolescent who is self-harming
- Eczema: explanation of condition and management

In order to improve the quality of our teaching sessions and learn more about Medical Education, our lead consultant (Dr John Ho) arranged some meetings with us and taught us about various aspects of teaching. We learned about collecting balanced, observed, objective, specific and timely feedback.

4. Overall, I felt I met this objective. Having never been involved in MedEd or formal teaching scenarios, I was initially nervous to take the lead in doing this. However, I quickly fell into it and very much enjoyed the experience of structuring lesson plans, creating marking criteria and assessing other students. The near peer set up made it easier to run the sessions as there were lots of helpful hints and tips that were still fresh in my mind from having done our own OSCEs recently. I think it was useful for the Year 4 students too, to have someone that has only recently done the exams leading the teaching sessions. The feedback was very useful to see as well. All students felt their confidence for the OSCE had improved and the positive comments were generally about the mark schemes (which I collected and distributed to everyone to use for revision afterwards too), and the level of detail of the individual feedback. Improvements suggested were to include practical examinations and to give feedback after each station rather than just at the end (which we implemented for the second teaching session). Overall, I'm happy that I met this objective and feel inspired to get involved with more teaching in my future career too!