

ELECTIVE (SSC5c) REPORT (1200 words)

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

1.

Patients present to the Royal London Emergency Department (ED) with a vast array of illnesses. It is difficult to identify particular trends in the patterns of diseases bring patients to the ED, potentially due to the fact that London is so large and the diversity of the population is enormous. This makes comparing disease patterns within the context of global health difficult. Any conditions could and would crop up. The hospital therefore has to be open to any and all diseases. One example of the hospitals approach to this variety was that HIV screening was far more common place than in other hospitals I have been in, and doctors seemed to be more aware of the possibility of tropical diseases. one incident involved a Registrar having to don the Hazmat suit to talk to a patient with potential (and thankfully disproven) Ebola, a condition impossible in a place without high population migration.

As the Royal London is a major trauma centre there was a high proportion of trauma related cases in the Resus area. The types of trauma would generally change throughout the day, with road traffic accidents being far more common at rush hour times, and drink related injuries being mostly seen over the weekend and in the evening. Due to gang culture in East London there was also a high number of stabbing. These patients were often in their early twenties and seemed rather blasé about it. Few seemed to grasp the severity of their wounds and how lucky they were that the knife had not gone deeper or been in a more dangerous place. One stabbing patient actually asked me to take a picture of the wound on his back so he could post it to Facebook and show his friends.

2.

Health provision is, in my mind, one of the cornerstones of any society. One thing that struck me about how the NHS differs so much to other healthcare provision throughout the world is that it is free. This became quite poignant one day when a lady (from an Eastern European country) asked me about how much her time in the Department was going to cost, simply for being given a salbutamol nebuliser to help with her asthma. It immediately dawned on me how lucky we are to have such a great system of healthcare. Any and all emergency treatment would be given to anyone walking (or otherwise arriving) into the Emergency Department without question, irrespective of who the patient is or where they are from. It simply did not matter. I think it is sad that some patients do not realise how lucky they are to have this free healthcare system. The nature of the NHS is that it will not be able to see everyone instantly, a fact that some patients, sadly, seemed to forget. However most were exceptionally happy with the service provided.

3.

Within the emergency department at the Royal London I saw a variety of conditions bringing people into hospital, particularly in the EARly Assessment and Cubicles part of ED, everyone and everything would present. The nature of the Emergency Department offering relatively instant assessment and treatment of ailments means that anything can come in. However two conditions I could not get away from were COPD related difficulty in breathing and various forms of gastroenteritis. I think that COPD is so common because smoking is sadly still very popular, particularly in lower socioeconomic areas such as East London. It is sad that the NHS still has to deal with the problems caused by it, since it has

been known for over 50 years that smoking is bad for your health. Patients with gastroenteritis seemed to come to the department because it is an exceptionally common condition that is acute and uncomfortable, meaning people feel less like going to the GP about it, and so come to ED.

4.

The assessment of patients within the emergency setting was one area of medicine that I did not feel comfortable with going into this elective. Having previously only ever been pushed out of the way whenever someone was really ill, I hoped to get some first-hand experience in this area. This was the case on my second day when, as part of a simulation, I was involved in the trauma team. Although my role simply involved pretending to put in a cannula, informing the registrar that this had been done and assisting in a few rounds of chest compressions, it was important to me that I was actually in the cubicle so as to watch the team and learn from their assessment and management of this critically ill patient. This became vital experience as the next day I assisted in an actual trauma call, this time putting in a cannula for real, a task I usually have no problem with. However under pressure to get it in quickly and in first time, I found it far harder than usual.

My understanding of the ABCDE approach to a patient has greatly improved over the course of this elective. Using it as a standard seems to be a great way of everyone in the team knowing whereabouts in the assessment you are and it allows you to deal with life-threatening issues in a precise order. Initially I had thought it had little use outside of immediate resuscitation or trauma, however this was not the case. I learnt that using it as an approach to any patient was by and large the safest approach. It reassured me that I hadn't missed anything imminent, and that if I had got past the mnemonic without any issues the patient was relatively safe to have a history and examination performed. One thing that helped in my understanding was a Registrar on one night shift going through a huge array of possible scenarios to do with the initial assessment and questioning me on how I would deal with them.

Summary of placement

Overall I have really enjoyed this placement. The team has been great to work with, and I really felt part of the team. I always felt able to ask questions when I was confused, and the ability to see my own patients and come up with a plan for them hugely improved my confidence. The teaching sessions, although sometimes over my head, were a useful guide into what knowledge I can expect to gain in the years of training to come. My project on cardiac ultrasound gave me knowledge of a diagnostic skill I had previously underestimated, and I hope to continue my interest in this excitingly novel field by going on a few introduction courses.