

ELECTIVE (SSC5c) REPORT (1200 words)

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

What are the most common presenting respiratory conditions in Southwest London? How do they differ from the rest of London and the UK?

I was fortunate enough to work under Dr Ong – a respected respiratory consultant at St George's which by itself is an excellent teaching hospital. From my experience during my stay in the respiratory ward, I have seen a wide range of clinical conditions that patients have been admitted for - these included infective causes such as pneumonia or even acute exacerbations of chronic diseases such as COPD. I worked as an assistant house officer in the team, doing jobs and clerking patients in effect playing an active part in their care. It was definitely a great experience following patients from their point of admission to the ward and their discharge.

The demographics of the catchment area differed from East London in such a way that there were more older Caucasian patients presenting with common cases such as type 2 respiratory failure secondary to a chronic disease such as COPD or kyphoscoliosis, worsening shortness of breath due to a deterioration of congestive heart failure, or respiratory complications arising from an underlying lung malignancy. This is in contrast to East London wherein a large proportion of patients in a respiratory ward are migrants from South Asia presenting with infective conditions – the majority being young TB patients who are in need of isolation beds to commence and continue TB chemotherapy.

One of the more interesting patients I saw was one with allergic bronchopulmonary aspergillosis. In the past two years he has repeatedly been admitted for persistent cough productive of green sputum, wheezing, shortness of breath, and lethargy. He has been previously diagnosed with asthma and is on both a reliever and a preventer – however on further questioning he has admitted that he has not been adherent to his medications. Initially, I thought that this was only a case of an infective exacerbation of asthma but his recurring admissions for the same symptoms meant that something might have been missed. I have only read of ABPA in the books and have never seen a patient with one but this will certainly be one that I will not forget as around 0.5-3.5% of ABPA cases are concurrently seen with asthma. This would certainly save a future patient from repeated and preventable admissions, and thus resources can then be effectively used elsewhere. It was certainly difficult to convey to the patient the importance of taking his steroids to avoid a re-admission – he was not adherent as he claims the side-effects were unbearable. He was satisfied to find a happy medium by adding an antifungal agent to try and accelerate his recovery and be weaned off his steroids a bit sooner.

Overall, I was very pleased to have had the experience working for the team as they were very helpful and were happy to involve me in actively caring for patients. This gave me an excellent insight into how life and the workload as an actual doctor would be once we start our jobs after the summer.

What is the health service structure like around Southwest London? How does it differ from the rest of the UK?

St George's Hospital is a major NHS teaching hospital in Southwest London. Being under the NHS, it provides the standard level of care with a wide range of facilities such as accident and emergency, maternity services, care of older people and children, and also more specialised tertiary services such as trauma, neurology, cardiac care, cancer care, renal transplantation and stroke. It is also served by the

only air ambulance service in south London, readily accepting patients in southeast England. Treatment is free at the point of care, and throughout for UK nationals and citizens of the EU whilst patients of other nationalities are charged with treatment fees following their discharge from the hospital. Hospital admissions are either through A&E, GP referrals, or in elective cases from consultant-led clinics.

In recent times, the NHS have had difficulties dealing with increasing pressures from rising hospital admissions, namely from inappropriate A&E admissions and GP referrals. This has stretched resources to the limit wherein it has created an environment which is difficult to work in. Whilst the NHS has long been known to be one of the best and most efficient healthcare systems in the world, this is now currently under threat as workload pressures have led to unhappy and stressed healthcare professionals. Extra working hours, mostly unpaid, meant that doctors and nurses are overly stressed and thus might put patients at risk. Despite these problems, during my stay every single member of staff did their best of their abilities to maintain the highest standard of patient care which inspired me to strive harder to be a better person and hopefully an excellent junior doctor.

Describe a health promotion and prevention strategy that was initiated in order to reduce the prevalence of TB in southwest London.

Tuberculosis (TB) is an infectious disease which is most commonly caused by *Mycobacterium tuberculosis*. It commonly affects the lungs (pulmonary TB) but it can also infect other organs or parts of the body. Pulmonary TB is the most common type of TB worldwide and is easily transmitted via air droplets expelled from the lungs after sneezing or coughing. It remains the second most common cause of infectious death after HIV. The most common symptoms that TB-infected individuals present with are persistent cough, weight loss, excessive night sweats, lethargy, and possibly even haemoptysis.

Approximately a third of the world's population is infected with latent TB – and up to 10% of them will become active at some point. In the UK, around 8,000 cases were notified, which was at a rate of 12.3 cases per 100,000 people. There has been a small decline of the rates in the past two years: 2.5% in 2012 and 10.4% in 2013. In the UK, London still remains to have the highest proportion of TB cases, numbering nearly 38% of TB cases in the country. Of all the London boroughs, Newham tops the list of London TB cases at 11% whilst Merton is further down the list at an estimated 2% in 2013.

Despite the difference in figures above, the NHS currently follows the suggested strategy to decrease TB rates in the UK. TB care is, as a majority, run by nurse-led clinics. Nurses are experts in advising and supporting patients through the course of diagnosis and treatment. TB is a very treatable disease – TB chemotherapy courses usually run for 6 months, taking a 4-drug regimen in the first 2 and then reduced to 2 drugs in the latter 4 months. This, however, requires strict patient adherence as failure may cause reactivation of TB or even lead to drug-resistant cases that can be troublesome to treat.

In cases where adherence can be an issue, directly observed therapy (DOT) is recommended especially in patients such as street- or shelter-dwelling homeless people with active TB or having had a history of poor or non-adherence to TB chemotherapy. This has been proven to help with increasing adherence rates in hope of reducing rates of drug-resistant infections. Furthermore, it has been evidently seen over the years that TB is seen in high risk groups such as HIV patients, and thus it has been recommended that TB patients also be tested for HIV. Newly diagnosed patients undergo contact tracing to identify other individuals that may have been in contact with and possibly have active TB. In extreme cases,

patients can be sectioned and forcefully isolated in order to protect the public from unnecessary TB transmission.

Preventative measures have also been put in place such as BCG vaccinations that take place during childhood. In high risk areas this is given shortly after birth. BCG vaccinations are usually done in the GP surgery. Several screening tests are also in place to identify individuals with TB. A Mantoux test can check for active or latent TB – this may however cause a mild skin reaction to BCG vaccinated individuals. In cases where a positive Mantoux test is elicited further tests may then be carried out to confirm the diagnosis. These measures are also targeted towards individuals in high-risk professions such as in healthcare, e.g. doctors, nurses, medical students.

Several awareness activities have been put in place in order to educate the general public against TB. St George's Hospital recently participated in a TB awareness drive on World TB Day where staff members were present to hand out leaflets and vital information surrounding TB. This is particularly important as it can offer some guidance and also can dispel some myths that surround the disease, helping alleviate the unnecessary stigma attached to it.

To develop skills, including, but not limited to communication, in order to work effectively with a teams from a different working environment.

During my stay at St George's hospital, I was assigned to work in the respiratory ward as an assistant house officer doing various jobs such as clerking patients, cannulation, taking bloods, ABGs, and also the more clerical or administrative jobs such as updating lists, making phone referrals and completing discharge summaries. It was a similar experience as to what I experienced during the whole of the final year as an apprentice junior doctor.

Despite having the previous exposure necessary, there was still a learning curve that had to be overcome as it had been weeks since I last did ward jobs. I was pleased to be assigned to such a wonderful team when I started as they were very supportive and helpful, patiently teaching me how to complete patient summaries on a computer system that I was not familiar with. I also had to brush up on my practical skills, most especially ABGs, as I was particularly terrible with them – I now enjoy doing them and know a few more tips and tricks to perform a successful arterial puncture.

Furthermore, I am very happy that I chose to do an elective in respiratory medicine as this would serve as an excellent preparation to starting my foundation year job in August. I hope that this experience would also make me a better doctor, not just in relation to practical and clinical skills, but also putting the patient's care above all.

REFERENCES

Tuberculosis in London: Annual review (2013 data), 2014. London: Public Health England, October 2014

Public Health England. (2014) Tuberculosis in the UK: 2014 report. Public Health England: London.

<http://www.nhs.uk/Conditions/Tuberculosis/Pages/Diagnosis.aspx>