

ELECTIVE (SSC5c) REPORT (maximum 1200 words)

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

Mount Saint Joseph hospital (MSJ) is a relatively small community hospital located in central Vancouver. Despite its size it welcomes a wide variety of conditions and patients through its doors. The hospital is comprised of a small number of wards, including an ITU, an A and E department and outpatient clinics. In the contrast to the London hospitals I've worked in, where patients tend to be filtered into the appropriate wards depending on their conditions (e.g cardiology ward or stroke ward), each MSJ ward had a random assortment of patients with, for example, one ward having patients with ITP, HIV/TB, acute heart failure, stroke, gout and pneumonia.

With regard to the common conditions treated at MSJ, I believe the spectrum of illnesses seen is similar to back in the UK, however, due to the structure of the hospital, I saw a wider range during my time there. Back in the UK we would be allocated to a specific ward (e.g endocrine ward) for a few weeks and thus only see patients with specific illnesses.

Of note is the difference in populations between Vancouver and London (specifically East London, which I expect certainly has an affect on which conditions are seen in the hospitals). Vancouver has a high percentage of Chinese people- they make up 35% of the city's population. In East London, we have a high proportion of Bengali people (approximately 37%). Bengalis and other South Asians when compared to the Chinese have higher rates of obesity and a higher prevalence of Diabetes and Acute Coronary Syndromes.

In terms of managing patients in Internal Medicine, both Canada and the UK are first world countries with well structured health systems.

The UK is quite protocol and algorithm heavy when it comes to management of most conditions and there are evidence based 1st and 2nd line management strategies that physicians adhere to. Contrastingly, in Canada there didn't seem to be many protocols in place that were rigidly adhered to (except for COPD and Heart Failure management). Decisions were made on the judgement of individual physicians, with the website 'Up to date' (this advises on the most current evidence based medicine) being frequently consulted. One example of this difference with the UK is in the prescribing of antibiotics. In the UK, each hospital or Trust has a set protocol for which antimicrobials are to be prescribed, whereas MSJ didn't seem to have this and antibiotics are prescribed according to sensitivities and physician preference. Perhaps antibiotic resistance is not as big of an issue in Canada as it is in the UK.

During my time at MSJ I didn't see any acutely unwell patients. However, the hospital did have an observations chart that included a MEWS score. On speaking to the doctor, he said that early warning score, despite being part of the obs chart, isn't actually used. Most of the patients I worked with only needed their obs recorded once or twice a day and so the early warning score would have not been very useful.

Following my elective at MSJ I will definitely consider Internal Medicine as a future career. It allows for exposure to a greatly varied patient population and many different conditions. Regular on-calls provide the opportunity to care for a patient from the moment they present, allowing for the use of detective work in deciphering what is wrong with them- I find this the most exciting part of Medicine.

In addition, my time in Vancouver has meant I most certainly will plan to make it back out to Canada to practice at some point in my career. The quality of life appears leagues above the UK, with most doctors working the equivalent of 'one week on, one week off'. This work pattern facilitates making the most out of time off work, it gives doctors the opportunity to properly wind down after a stress full week on the wards. This is vital to a healthy work-life balance and is fundamentally integral to providing the best patient care.

In terms of Vancouver as a city, there are so many activities to do and Whistler is only an hour up the road! The ocean is on the city's doorstep and the shorelines are filled with people out kayaking and sailing. The parks are dotted with cyclists and skaters and everyone seems to be outside enjoying the weather.

My elective at MSJ has been invaluable in preparing me for starting my post as a house officer. The autonomy afforded to medical students in Canada is much greater than in the UK and from my first day I was allocated my own list of patients for whom I was responsible for reviewing and proposing/initiating investigations and treatment. I was encouraged to fill out 'orders' (prescriptions) for medications which forced me to get to grip with some common drug doses eg for antihypertensives or antibiotics. The only negative side was that there was no opportunity to gain practice in practical skills as these were performed by the nursing staff. Overall I would definitely recommend Vancouver as an elective destination and MSJ is an ideal hospital to be thrown in the deep end before starting F1 jobs.