

## **ELECTIVE (SSC5c) REPORT (1200 words)**

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

**The Arthritis Centre at Northwick Park Hospital provided me with an excellent opportunity to study and work alongside the team. Having spent 3 days a week in the past 6 weeks at an advanced Secondary Care Centre I have gained good insight into a field that I have much interest in. This has brought me to the conclusion that it would be a great decision choosing Rheumatology for a future career, fighting against conditions that could potentially leave many people disabled in the prime of their life.**

**During this short period, I attended a few ward rounds and several clinics with the consultants as well as the specialist nurses. I also had the opportunity to attend the injection clinics and physiotherapy sessions.**

**Consequently, I was able to observe the pattern of a few conditions in these clinics seeing that female patients are more likely to develop autoimmune conditions than men. I also noted that the connective tissue disease clinic received more patients of African and south Asian background than any other ethnicity. Partially, this could be down to the demographical build-up of the population in Harrow although, this is a familiar trend seen across the UK.**

**With regards to the rheumatoid arthritis clinics I understood that many referrals were made from the primary care with a shallow depth of investigation, as most patients were sent on to consultants without any proper examination. Being the second most common form of arthritis, the number of these cases can be alarmingly high. This may work further against the patient in lesser known conditions such as ankylosing spondylitis where a lack of awareness combined with a lack of enthusiasm to examine the patient, can lead to a long delay between the onset of symptoms and referral.**

**Additionally, I attended MDT and X-ray meetings, case discussions and audit presentations giving me a better holistic view of patient care and practicing as a rheumatologist.**

**Fortunately, I was given the chance by the registrars to help them in their projects. These included the Hip Fracture Pathway audit, the Connective tissue audit, the CCP and IBD audit all of which I helped in their collection of data.**

**The Hip Fracture audit was carried out in order to assess the need for a clear pathway that could guide members of the orthogeriatric team when it comes to referring patients to rheumatology with fractures who also suffer from osteoporosis. Looking at the types of investigations done before referral, patients' previous and current treatment as well as the history of presentation a need for such pathway was emphasised.**

**I collected data for 12 patients that were given to me by Dr Weizs but we were unable to complete this effort due to an unfortunate health problem for Dr Weizs. I wish her a quick recovery and return to work.**

**The second audit was carried out with the aim of assessing different types of investigation in connective tissue disorders (in particular systemic sclerosis) for respiratory complications such as pulmonary fibrosis and hypertension. This was also to assess the cost effectiveness of Echo and Lung**

function tests and the benefits of using the DETECT PAH app. Thus, patient data was collected in terms of their history, treatment and investigation with a greater emphasis on antibody profiles recent echo and lung function results. Thereafter, DETECT PAH enabled us to calculate the risk scores and the likelihood of patients benefit from more expensive investigations such as Echo and Lung Function tests. I collected data for 30 patients and presented the results to Dr Hamdulay. There is hope that the final results and interpretation can be presented at a BSR meeting.

The third project was to look at the link between Enteropathic arthritis and inflammatory bowel disease and the presence of anti-CCP antibody in these conditions. The aim was for this to have at least 50 controls and 50 CCP positive patients, a target which has not been made yet as I am coming towards the end of my placement.

In hind sight, I wish I had started working on the projects at an earlier point. This would have given me a better chance to complete my work as well as giving a better balance to my timetable. I began all three projects in the last three weeks and as result of this found it harder to find time to attend clinics at the same time.

Physiotherapy sessions were extremely helpful and I was lucky to attend them on three separate occasions, seeing patients regain their full function after a fracture or improve their daily life by reducing their pain and stiffness. I wish I also had a chance to attend a few hand therapy sessions.;

Having attended the injections clinics, I now regret the fact that I never put myself forward to do any joint injections myself. This was a great chance that I missed and I only realised it at the end. Therefore, I will take upon myself to learn this skill as soon as possible as it can be a useful one in many settings.

On the positive side, I managed to make a collection of interesting cases I saw in clinics, making a small notebook. A paragraph on a patient with Sjogren's, the three defining features of Churg-Strauss vasculitis or seeing Gottron rash in a case of dermatomyositis are only a few examples of such learning points that I will go through again and again in the future. Undoubtedly, this will be useful to me in the future as I intend to continue filling into it.

In the end, this was a great placement giving me a different vision into every day health care problems in a western area of London away from the east side of the city where I have spent all my time during medical school. Having been presented with many chances to learn from and interact with members of the health team as well as patients, I feel a great desire to carry on in my career and work hard so hopefully one day I can enter into the ranks of many great doctors, nurses, therapists, receptionists and all the rest of the people who take upon themselves the duty of providing good care for those in need.