

ELECTIVE (SSC5c) REPORT (1200 words)

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

Objective 1:

Describe the pattern of disease/illness of interest in the population with which you will be working and discuss this in the context of global health.

The Royal Surrey County Hospital Emergency Department sees approximately 80,000 patients a year including many victims of major trauma and acutely unwell patients. Of these approximately 16,000 are brought to the department by ambulance each year. The hospital helipad is available for transfer of patients to and from the Emergency Department, which is a level 2 trauma unit in the local trauma network and contributes to the national trauma data set.

During my 6 weeks placement at the RSCH I observed that a vast majority of patients were older patients i.e over 60 reflecting the hospitals catchment area. Frequent disease presentations included exacerbations of chronic obstructive pulmonary disease (COPD), pneumonias, fractured neck of femurs, falls with various cause and cardiac pathologies. The RSCH is also a tertiary referral center for Oncology and Maxillo-facial surgery and pathology and these patients were also seen when complications resulted.

Other presentations of illness included patients presenting with mental health and psychiatric issues. Occasionally patients presented with social issues rather than medical issues.

Objective 2:

Describe the pattern of health provision in relation to the country which you will be working and contrast this with other countries, or with the UK

The Emergency Department (A&E) at the Royal Surrey is open 24 hours a day, 365 days a year.

It is divided into five main areas:

- Majors, patients with acute illness are managed here
- Resuscitation Room, for life threatening or seriously ill patients
- Minors, minor complaints
- Paediatrics, children less than 16 years
- Clinical decisions unit, observation period for patients whilst a decision is being made for ongoing care

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Department, which is a level 2 trauma unit in the local trauma network and contributes to the national trauma data set.

Within the clinical area there is a dedicated children's assessment area. This will see 20,000 attendances a year. This service is available 24 hours a day and is complemented by specialist paediatric nurses from 8am to 8pm during the week, and from 8am to 11pm at weekends. Outside these times children are seen and treated by Emergency Department doctors in the minors, majors or resuscitation areas of the department.

The Clinical Decisions Unit is available for patients who require a few hours of treatment or observation but do not require more prolonged admission.

The department also has two dedicated x-ray rooms, separate from the main x-ray department, and CT scanning is available 24 hours a day.

The department is situated adjacent to the Emergency Assessment Unit, Intensive Care Unit and main operating theatres.

The department is undergoing a major expansion, investment and refurbishment project to enable it to deliver a Consultant led service from 8am to midnight 7 days a week, in addition to the current staffing 24 hours a day by emergency doctors and nurses. This expansion will also extend the availability of emergency ultrasound.

Staff include Emergency Medicine Consultants, middle grade and speciality doctors, nurses, healthcare assistants and support staff, Emergency Nurse Practitioners and Nurse Prescribers.

The department has close links with the University of Surrey and with Southampton Medical School and participates in training junior doctors and medical students. It also provides instructors in Advanced Paediatric Life Support, Advanced Life Support and Advanced Trauma Life Support courses for doctors nationally and abroad, and in medical simulation training.

(<http://www.royalsurrey.nhs.uk/>).

Objective 3: Health related objective: To highlight some of the conditions I assisted/managed in the Emergency department during the elective period.

During my elective at the RSCH a common clinical presentation seen was an exacerbation of COPD. I was able to assist in the management of such patients and eventually was able to manage them independently with an overseeing doctor. The importance of monitoring these patients very closely and performing investigations in a timely manner e.g. arterial blood gas sampling was made obvious. In addition communicating with ITU staff/respiratory physician of a possible admission ensured the most appropriate onward management of the patient.

I was also involved in the management of elderly patients admitted to the Emergency room. A particularly memorable patient was an 82 year old gentleman who was reported to have been aggressive to staff in the nursing room where he was residing and who had not allowed the night nurse to re-insert his supra-pubic catheter. After building a rapport with the gentleman I was able to ascertain the series of events that led

him to come to the A&E department, namely that he did not feel the treating nurse to be competent in dealing with his needs and so had refused the re-insertion of the catheter. On auscultation of his lungs this patient had widespread crackles and a raised white cell count was seen. The gentleman's immediate need was the re-insertion of the supra-pubic catheter which he was happy for me to perform. This was a new procedure for me and the overseeing doctor was happy for me to perform this. A senior nurse assisted me in this procedure, which was relatively straight forward. He was later referred to the medical team for his respiratory infection.

Another memorable patient was a 46 year old Polish gentleman who presented with an unusual pattern of pain & numbness on the left side of his body that did not fit into any obvious potential pathology. I carried out a full history and examination including a full neurological examination and appropriate investigations the results of which were all normal. He had lost considerable weight recently by dieting and also had improved his diabetic control. The overseeing doctor reassured the gentleman that there was no obvious cause for concern and that he could be discharged. I spent a bit longer with the patient as I felt there was something that the patient was omitting. I enquired about his work and family circumstances and still came across a blank. I gently explained that sometimes stress could manifest itself in different ways and was there anything that he was maybe worried about. He then slowly opened up to the fact that his father had passed away the previous year. He had not sought counselling but was worried about his own health. He seemed quite relieved talking about his concerns. Interestingly his father had suffered a hemiplegic stroke with deficit on the left side of his body. I felt I had made a difference to this patient which was rewarding.

Objective 4

Personal/professional development goals: To gain further experience in core medical skills in preparation for the role of a junior doctor.

This elective experience was instrumental in developing my core medical skills. These included venepuncture, cannulation, arterial blood sampling, catheter insertion, assisting in administering CPAP/BIPAP, suturing, radiographic interpretation, communicating with other staff members amongst others. I was also able to see the remit of a FY1 doctor and how they carried out their daily duties. I was also able to attend teaching sessions including on falls and Ecg interpretation. I was able to hone my history and examination skills and presenting medical findings to other doctors. I carried out some long shifts 9am-10pm to experience long working patterns. Under supervision I was able to experience making referrals to other specialties. In addition I was able to liaise with other professionals to ensure the patient received the optimum investigation e.g. discussing patient imaging needs with ultra-sonographers. This 6 week period in addition to my previous 6 month placement in the Emergency department allowed me to gain sufficient experience to feel relatively confident in my future role as a junior doctor. The help and support received from staff at the Royal Surrey County Hospital helped build my confidence and the trust they had in my capabilities was very rewarding indeed. There is still much to learn for my impending FY1 role, this elective experience has provided the perfect platform from which to further develop clinical and management skills and will be instrumental in allowing me to progress as junior doctor.

1410 words