ELECTIVE (SSC5b) REPORT (1200 words)

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

Medical Elective: Surgical Assessment Unit and Ambulatory Emergency Care at Bournemouth Hospital

I spent two weeks at Bournemouth Hospital in the Surgical Assessment Unit (SAU) and Ambulatory Emergency Care (AEC). This involved shadowing the FY1 doctors, clerking new patients, and assisting with work on the wards and in clinic. This was an excellent opportunity to learn about the management and care of acute surgical patients in hospital, and was good preparation for my first Foundation job in surgery in August.

What are the major surgical and emergency cases in Bournemouth? What are the key comparison points with East London?

While I was on placement, I saw a range of surgical and urological presentations. Surgical presentations involved abdominal pain and jaundice and the cases included appendicitis, cholecystitis and biliary colic. Urological cases included renal colic, and suprapubic catheter related pain. It was particularly interesting to see urology patients, as I had not previously had a urology placement and my previous surgical placements had been focussed on general surgery and vascular surgery.

The range of cases in Bournemouth was fairly similar to surgical cases I had seen before in East London. Many of the patients were young and previously well, which was similar to the patients I had seen on previous placements.

How are the services provided in surgery and emergency medicine in Bournemouth? How similar is the provision to East London?

Patients can be referred to Ambulatory Emergency Care from the ED or their GP, with a potential surgical problem. They are then clerked by an FY1, and reviewed by the registrar who decides whether the patient's problem can be managed at home, or whether they should be admitted to the Surgical Assessment Unit. Patients for Surgery, Urology and Gynae all attend AEC and are reviewed by the respective registrars. During their time in AEC, patients have blood tests and urine dip and RSU. They can also be prescribed medications, such as analgesia and antiemetics, and antibiotics. The benefit of the AEC is that it is possible for some patients to be assessed and treated without being admitted.

The Surgical Assessment Unit is an acute ward of 6 female beds, 6 male beds, 3 side rooms and an escalation bay. Patients can be admitted to the SAU from AEC, or be accepted by the registrars as referrals. Patients on the SAU are assessed and await further scans or surgery.

The SAU was similar to acute surgical ward arrangements I had encountered in previous hospital placements. However, I had not encountered an Ambulatory Emergency Care unit before, and it was interesting to learn about the management of patients between the AEC and SAU.

What are the characteristics of the patients in Bournemouth in terms of complexity, multimorbidity and polypharmacy?

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There was variety in the patients I saw in AEC. Due to the nature of acute surgical problems, the majority of patients had been previously well and had minimal past medical history. Although patients with comorbidities also develop surgical problems, they were not always suitable candidates for AEC and SAU if they were not fit enough for surgery. As a result, I did not see many complex patients, or patients with multiple medical problems on placement.

Medications prescribed for surgical patients tended to involve analgesia, antiemetics, fluids and VTE prophylaxis. Some patients had an extended list of regular medications, but the majority had surprisingly few.

What are the characteristics of work in the Surgical Care Unit and Ambulatory Emergency Care and how to they correspond to my strengths and weaknesses? How has this helped my preparation for FY1?

The FY1 doctor on the SAU and AEC covered both units and spent most of the time on the ward or clinic. The registrars would come and review patients and were otherwise in theatre. Compared with medical placements, the surgical FY1 seemed to work more independently in their initial management of patients and ward work. This seemed daunting at first, but I can appreciate that working as a surgical FY1 would be a good learning experience, promoting confidence in patient assessment and initial management, but also the importance of when to escalate for senior assistance.

My first Foundation Programme job is in surgery and this placement was an excellent opportunity to prepare. I revised how to prescribe in key surgical areas, such as analgesia, antiemetics, antibiotics, fluids and VTE prophylaxis. I was glad to have the opportunity to clerk a variety of patients in AEC and it was interesting to see the progress of these patients when they were reviewed and admitted to SAU. Shadowing the Doctors and nurses was a valuable learning opportunity to develop my understanding of surgical management and clinical experience with patient presentations.

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