

ELECTIVE (SSC5c) REPORT (1200 words)

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

Elective Report: Acute Medicine, Whipps Cross

I undertook my six-week elective in Whipps Cross Hospital, Waltham Forest. I chose this hospital as I had previously completed clinical placements here, including shadowing in the Acute Medicine department, making this a familiar environment in which I could build on skills previously learnt and challenge myself further.

Throughout this report I will be addressing the following questions:

- **What are the demographics within Waltham Forest? How does this reflect on the health of the residents when compared to other hospitals within Barts Health Trust?**
- **What are the prevalent diseases in Waltham Forest presenting to the Emergency Department? How is this different to the rest of Barts Health?**
- **What are the common presentations of disease to the Emergency Department in Whipps Cross Hospital requiring admission? How is this different to the rest of Barts Health?**
- **How is pulmonary embolism managed in the Emergency Department in Whipps Cross Hospital? Is the management different to that of other hospitals within Barts Health?**

Established in 2012 Barts Health is the largest NHS Trust in the United Kingdom, consisting of six hospitals of which include Whipps Cross and the Royal London Hospital.

Whipps Cross Hospital is located in the borough of Waltham Forest, which has a population of 265,800. The average resident age is 34.4 years, making this a younger population when compared to the national average age in the United Kingdom. The borough not only consists of a younger population, but also serves as one of the most diverse with 62% of its population from minority ethnic background. The top 3 country of origin of the residents born overseas in Waltham Forest consists of: Pakistan, Romania and Poland. When this is compared to the Royal London Hospital located in the borough of Tower Hamlet, we find that this too is a diverse borough with 43% of its residents born outside of the United Kingdom, and 55% of its population from minority ethnic background. Nearly half of its residents are aged between 20-39 years, and also has the lowest proportion of over 65 year olds in the country. With a young population of childbearing age Tower Hamlet has become the fastest growing area in the country over the last 10 years, which has put strains on resources subsequently affecting health.

When compared nationally there is an increase prevalence of smoking, diabetes, tuberculosis and sexual transmitted infection in Waltham Forest, of which the biggest contributor of health inequalities and mortality is cardiovascular disease. Smoking, diabetes and tuberculosis related presentations are also very common in Tower Hamlet.

Whilst undertaking my elective placement in the Acute Medicine department in Whipps Cross Hospital symptoms and diseases that commonly presented included chest pain, headache, diabetic complications, pulmonary embolism and tuberculosis. Despite, clinical presentations between Whipps Cross and the Royal London hospital being similar the average age of the patients presenting at Whipps Cross is younger than at the Royal London. The most likely reason for this is that Waltham Forest has a younger population. There were less trauma cases seen in Whipps Cross Hospital when I compared this to the Royal London Hospital, as trauma is diverted to the Royal London Hospital which is a major trauma centre.

Whilst undertaking my elective placement a common presentation to Whipps Cross Hospital was pulmonary embolism. Patients who present with clinical features suggestive of pulmonary embolism including acute breathlessness, pleuritic chest pain, tachycardia, and tachypnoea were investigated based on clinical probability. All the patients irrespective of their clinical probability had their full blood count, urine and electrolytes, baseline clotting measured as well as having an arterial/venous blood gas measure and an electrocardiogram. Those who have low clinical probability had D-dimer test, whereas those who had a high clinical probability had a CT pulmonary angiography. The D-dimer test is an excellent way of excluding a diagnosis of pulmonary embolism. If a patient has a low clinical probability and their D-dimer test is negative, they are reassured that their presenting complaint is not likely to be due to this cause. If a patient who has a high clinical probability has a negative CT pulmonary angiography they too can be reassured that pulmonary embolism is not the cause of their presentation. In addition to using different imaging based on clinical probability the initial management also varies, in patients whom have a intermediate to high probability they are given heparin prior to imaging. In the cases I observed low molecular weight heparin was given instead of unfractionated heparin. The management of pulmonary embolism in both Whipps Cross Hospital and Royal London Hospital is the same, which ensures patients receive the best care.

Whilst undertaking this placement I assisted as much as possible with daily tasks and also wrote in the notes during ward round, whilst also making a list of tasks/jobs that had been generated. What was interesting for me to observe was how the junior doctors prioritised these tasks, and how they distributed and took ownership of the various jobs amongst themselves. An important learning point I was able to observe was the importance of being organised. I also spent some time on an Endocrine ward in addition to the Acute Medicine department; a clear difference I noted was how the different junior doctors prepared for ward round. I noted that the junior doctors in the Endocrine ward also included blood test and radiology results on their patient list, this meant that this information was readily available during ward round instead of it being disrupted by the need to refer back to a computer to check these results.

Reflecting on from this experience I will implement the skills I have learnt, I will plan in advance where I can to ensure ward rounds run smoothly. I learnt how important it is to be familiar with various phone extension numbers and code accesses to doors, all of which was demonstrated to save a lot of time.