

ELECTIVE (SSC5c) REPORT (1200 words)

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

New York is a busy multicultural and cosmopolitan city hosting different lifestyles. Surgical trauma subinternship program provided me a chance to get involved with emergency and long term managements of a wide range of acute and chronic cases. In this elective, I was surprised by the extent of different diseases, conditions, surgeries and emergencies I had an opportunity to get involved with. Working with a team which covers general surgery as well as trauma surgery raised chances to observe many numerous cases. In trauma surgery subinternship, I had an opportunity to work with a wide range of age groups, ranging from paediatrics to geriatrics. Although I had a chance to get involved with the management of patients from various ethnicities, majority of the patient population was from African-American and Latin American origin. In night shifts, covering numerous surgical specialities at the same time including trauma, vascular, gastrointestinal, urology, neurosurgery, orthopaedics and plastics; with all age groups, I saw a very wide range of diseases. During the day time, being attached to a team which has primarily vascular interest allowed me to see numerous ulcers, limb ischaemia and other various vascular conditions. I learnt that most of the surgical cases I observed had an underlying chronic condition, mostly diabetes, hypertension and hyperlipidaemia. These three conditions are very common globally and create a great burden on public health systems. Therefore, the chronic conditions I have encountered are very similar to the United Kingdom and other developed countries. It was really interesting to learn about the surgical importance and management of these medical conditions. In general surgery aspect of the subinternship program, I had the opportunity to observe many cases such as bariatric, bowel, laparoscopic gallbladder and breast operations. Obesity is a major problem in developed countries and is a great factor in patient mortality and morbidity as it increases many other accompanying medical conditions such as cardiovascular diseases. I assisted in numerous gastrectomy operations; learnt the post-operative management and diet of bariatric patients. Also, cancer was very common in this area. I observed removal of tumours from different organs such as breast and stomach. In developing countries, cancer is one of the most common problems encountered. In the night shifts and trauma calls, I got involved in management of few gunshot injuries and stab wounds which I probably would rarely have a chance to see in the NHS due to the United Kingdom legislations; however, would be possible and even common in the rest of the world. Therefore, this experience provided me with a great opportunity to learn about and develop my knowledge in this type of trauma cases. Orthopaedics cases such as dislocations and fractures were common in Harlem Hospital, as well as being common in other countries of the world. Although the patient population I worked with had the disease pattern of a developed country, the origins of the patients created the need to think about the problems of the developing world. For example, in patients with haematuria and travel history to Africa, possibility of Ebola must have been questioned. This was very useful for learning to take histories thinking about many aspects of diseases.

In the United States of America, healthcare system is privately funded. This is the opposite of the UK National Health System. As one of the biggest near future issues in the National Health System is privatization, I was expecting to see a system in contrast to the public health system. Although the health system in the United States of America is private unlike NHS and patients are required to pay for their own healthcare costs either themselves or through healthcare insurance companies, Harlem Hospital is a public hospital in New York city. In Harlem Hospital, patients are not treated or managed according to their income status, there is a clinical needs based approach. Patients or the insurance

companies they are subscribed to are still expected to pay for the investigation and treatment costs if they are able to; however, if the patient could not afford, special arrangements are made by the hospital administration to ensure patient is provided with care. In the UK, National Health Service is a public service and it is free for all United Kingdom citizens and residents. Another country that has private healthcare is Switzerland; and, the working mechanism of United States and Swiss hospitals is similar.

In trauma surgery subinternship program, I learnt short term management of acute cases in the emergency room and clinics. Also, I observed and got involved with long term management of chronic and surgical patients. Learning how to do FAST scan and observing the ABC approach repeatedly are some of the lifesaving measures that I have learnt during trauma subinternship. Residents in the surgical team, on daily basis, provided both clinical and theoretical teaching and insights to me. By this, I learnt many useful medical shortcuts and pathways for management. Easy formulation of estimating daily fluid requirements, pathway of ulcer management and antibiotics regimens for surgical emergencies are just a few examples for this. Also, learning the acute surgical concerns in trauma patients and practising how to eliminate or diagnose surgical emergencies, I believe, would be a useful skill for my entire medical career. Attending twice daily rounds and multidisciplinary team meetings made me realise how to monitor the long term treatment of a patient and how it is possible to modify the treatment of a patient with changing conditions.

Participating in a surgical trauma subinternship program greatly helped me to improve my surgical skills. I believe learning different suturing techniques such as subcuticular suturing and becoming confident in various surgical hand knots will be extremely useful in my surgery career. Residents were very helpful and motivated to teach, they encouraged me to perform the jobs requiring clinical skills, they observed and corrected my technique, and showed me the critical points of the skills such as how to increase the blood obtained in laboratory tests for a patient with difficult veins, how to replace a displaced humeral head in a painless manner and many more. They sent me to consults prior to them visiting the patient to take a history and perform an examination. I believe this greatly improved my history taking and examination skills. Moreover, I have not only scrubbed for many different operations like breast, vascular, colorectal and bariatric surgery, but also I had a chance to directly assist in surgeries. I learnt names of the commonly used surgical equipments and I enhanced my knowledge in different surgical procedures. Although textbook information is vital, surgery and clinical medicine is also a skill learnt through repetition and practice. On my first day of the placement, I was not confident in performing laboratory tests, changing dressings or suturing. Just after two weeks, I was able to perform all laboratory tests on my own in night shifts, place cannula and urinary catheter, change dressings of patients on my own in ward rounds, apply vacuum dressings and create splints for orthopaedics emergency patients. Moreover, I had the opportunity to perform minor surgical procedures such as local nerve block, wound debridement and ultrasound guided seroma aspiration. I believe that trauma surgery subinternship program provided me with great opportunities to develop my knowledge and skills in a great extent.