

ELECTIVE (SSC5b) 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 illness and patient cases presenting to an Accident and Emergency department in a district general hospital in Scotland, and compare this to a similar unit in east London

My elective was undertaken in the Accident and Emergency Department of University Hospital Crosshouse in Kilmarnock, Scotland. The hospital is a district general hospital with 645 in-patient beds that provides services to the north and east Ayrshire areas.

With approximately 200 attendances per day the A&E department sees a great variety of clinical presentations. They range from minor injuries such as cuts and sprains, through to major life-threatening conditions requiring multidisciplinary management and urgent resuscitation.

The common presenting complaints to the majors unit include, but are not limited to, acute abdomen, chest pain, collapses and drug/alcohol intoxication. Musculoskeletal presentations such as wounds, burns, and fractures are also common in the minors unit.

When comparing the cases presenting to A&E in Crosshouse Hospital, a DGH in Scotland, and similar units in east London the main differences are the result of variations in the patient demographics. East London has a large and diverse immigrant population, particularly from the countries of South East Asia. As such, an A&E department in East London is more likely to encounter tropical illnesses associated with foreign travel, as well as infectious diseases prevalent in developing countries. Common examples include malaria and tuberculosis. Acute presentations of chronic conditions associated with particular ethnic backgrounds, an example being sickle cell crises, would be more commonly encountered in a DGH in east London compared with Scotland.

Injuries and trauma are common presentations in any A&E department. Here case differences arise from variations in infrastructure. From my experience in the A&E department at Crosshouse Hospital such cases are commonly associated with industrial or manual labour accidents, as well as road traffic accidents. Trauma caused by accidents associated with city cycling and underground train travel, which is a frequent presentation in east London, was less common at Crosshouse.

Objective 2: Compare and contrast the structure and management of an Accident and Emergency Department in Scotland vs England. Describe any significant differences between the two countries

As hospitals in Scotland are part of the National Health Service (NHS) the structure of their A&E departments are in most aspects very similar to those in England. Like the rest of the UK services provided by the accident and emergency departments in Scotland are free at the point of delivery.

The department at Crosshouse includes minors (8 beds), majors (8 beds) and resus (4 beds) units, as well as a triage area where patients are sorted according to their presenting complaint. In contrast with most hospitals in London, the paediatric A&E in Crosshouse is not separated from the main A&E department. As a result emergency medicine doctors and medical students on A&E placement here get a far greater exposure to paediatric conditions than is the case in London.

The doctors in the department are supported by Emergency Nurse Practitioners (ENPs), which are emergency nurses specially trained in minor injuries and musculoskeletal conditions. During the daytime they attend to the majority of patients presenting with minor trauma.

Following diagnosis and initial management in A&E the patients that require further care are transferred either to the Combined Assessment Unit whilst awaiting admission to a ward, or, if the condition only requires a short stay in hospital for treatment, to the Ambulatory Care Unit.

Patients that do not require further hospital treatment or admission, but where follow up is necessary are referred to the A&E clinic. This is the case mostly for musculoskeletal injuries such as wounds and cuts, as well as burns and fractures, that do not require complex surgical management.

Objective 3: Global/Public Health related objective: Outline and describe the challenges of providing safe and efficient healthcare in A&E whilst coping with the pressures arising from large volumes of cases and meeting the 4-hour targets

An ageing population coupled with changes in accessibility and provision of primary and social care has meant that demand for hospital medical services has steadily increased in the past decades. As a result A&Es all over the country face a greater volume of cases attending the department.

The 4-hour A&E Standard states that a minimum of 95% of patient's attending A&E departments must be seen, treated and then admitted or discharged within 4 hours of presentation (1). In the media, reports of breaches, patients waiting far longer than 4-hours, and overwhelming pressures on the medical staff, are frequent.

During the week ending on 02 April 2017 there were 26,592 attendances at A&Es across Scotland. 92.3% of cases met the 4-hour target. (2)

From my experience in the emergency department the main reasons for breaches were delays in accessing diagnostic services, and waiting times for specialist reviews after referral, rather than delays in initial A&E assessment and management.

The low rate of breaches may be explained by the thorough triaging system in the department which reduces A&E volumes by redirecting non-urgent cases to other appropriate services such as out-of-hours GP. Furthermore, as a result of the services ENPs provide, minor injuries, which often comprise a large proportion of attendances, are quickly managed, thus freeing up time for the rest of the medical staff to deal with more complex and time-consuming cases.

Objective 4: Personal/professional development objective: Gain an insight into the world of emergency medicine, and develop skills related to the speciality

Emergency medicine is an incredibly versatile speciality that exposes healthcare professionals to a wide range of clinical scenarios, and allows the development of skills that are useful in all aspects of medicine.

During my time at Crosshouse I was able to spend time in all the main units of the department. I also did a combination of weekday and weekend shifts, including evening and night shifts, to get the full flavour of emergency medicine.

One of my main personal development objectives for this elective was to gain experience in the diagnosis and management of minor trauma and musculoskeletal injuries, as this was something I had identified as needing much improvement. The minors unit was an excellent place to practice these skills, and I was able to see patients independently before they were reviewed by more senior staff. Shadowing the Emergency Nurse Practitioners and attending A&E follow up clinic further consolidated my learning and confidence in dealing with such cases.

I also had opportunity to practice practical skills such as venepuncture, arterial blood gas sampling, and cannulation, which undoubtedly will be useful for when I start foundation training next year.

References

1. The King's Fund (2017). What is going on in A&E? The key questions answered (online). Available at: <https://www.kingsfund.org.uk/projects/urgent-emergency-care/urgent-and-emergency-care-mythbusters#rising> (accessed 11th April 2017)
2. NHS Scotland (2017). NHS Performs Weekly Update of Emergency Department Activity and Waiting Time Statistics (online). Available at: <https://www.isdscotland.org/Health-Topics/Emergency-Care/Publications/2017-04-11/2017-04-11-ED-Weekly-Summary.pdf> (accessed 11th April 2017)