

ELECTIVE (SSC5b) REPORT (1200 words)

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

I was very grateful to get the opportunity to work within the A&E department in Southend Hospital. I had a wonderful time interacting with both patients and staff here. I had previously had a placement here during the Year 5 A&E module, and was looking to expand my experience and use my previous knowledge to build upon the skills and knowledge I had already learnt here.

As Southend Hospital A&E is not the local trauma centre there is a difference in the types of patients that you get to see here in comparison to the large trauma centres. However, this does not make the learning opportunities any less, and there is a myriad of different conditions that walk through the door every day. Most people that you see in Southend are elderly patients either post-fall, or coming in with a common complaint such as pain or breathlessness. These kind of patients are the bread and butter of medicine, and will be seen regardless of where you are in the country. As such it was a great learning opportunity watching the doctors ruling out certain differentials and being able to assist in this. Generally however, I felt that most illnesses that came through the door were not horrendously severe in relativity to A&E medicine. One such case that stuck in my mind however was an old gentleman who'd come in after partial amputation of his thumb in a door frame. It was good to observe the management of something so bizarre, and seeing how quickly everyone, from the paramedics to the doctors, were able to treat this. Seeing the consultant make a make-shift tourniquet out of a cut glove when nothing else was working was a great lesson in problem solving and initiative. In comparison to London, the only other part of the UK that I have been privileged to work, Southend certainly doesn't see as many of the weird and wonderful things that are more common in London. It was an eye opener however just how many self harm cases came through the door as well as assault cases, which particularly was seen amongst homeless males. These people would be beaten with bats and poles and come in under quite a lot of distress. It was hard to see these people especially once triage had been completed as you know you are discharging these patients potentially into unsafe conditions.

The A&E in Southend is open at all times and is divided into 4 main areas, these being:

1. Resuscitation room where life threatening or seriously ill patients are managed
2. Majors – where patients with acute illnesses are managed
3. Minors
4. Paediatrics – this is not open 24/7 however.

The emergency department sees approximately 300 patients every day which may include anything from falls with a minor injury, to those who are on the brink of death after an overdose. The majors department is streamlined to deliver excellent care by using a Rapid Assessment Team or RAT team. This team has the job of seeing new patients quickly and identifying which of these patients will need further review, and which can be quickly diagnosed and treated and sent home. What this does is create an

excellent way of managing those less intensive conditions quickly so that more urgent patients can be seen. The department has its own in house X-Rays in Resus, as well as easy to access X-Rays for other patients within the unit. Staff include Emergency Medicine Consultants, speciality doctors, nurses, Emergency Technicians and support staff, and Emergency Nurse Practitioners. The department sometimes struggles with meeting the standard 95% of patients to be seen in under 4 hours, however this is something increasingly common with the pressures that the NHS is under.

Throughout the elective period I saw a handful of cases that appeared to be due to alcohol abuse. I did not appear to be much of a problem however I cannot really provide an adequate viewing on it as I was only doing work during the day time. There were a few patients however that I did see who had trouble with alcohol and as a result were frequent attenders at the A&E department. Unfortunately, a lot of patients were homeless or were not living in great social circumstances. One such patient I saw was an unemployed gentleman who was trying to cut out alcohol without any help. As such he had developed some pretty bad withdrawal symptoms that had led to him being referred into hospital. With patients like this who may not have the best support system around him, it's vital that we provide adequate help so he doesn't endanger himself with withdrawal symptoms. Fortunately, I didn't see any drug problems other than those that were to do with overdose. It appears that in Southend that it is quite common to see people who have taken a deliberate overdose with the goal of committing suicide. From what I have seen this seems to mainly occur in young, to middle aged women. With regards to potentially lowering the number of medical admissions that occur due to alcohol related problems, it is clear that more could be done. Although I was unable to observe late night shifts particularly around the weekends, it is definitely something that is known to cause a lot of problems. Potentially school programmes could be made in order to teach teenagers about alcohol and how to drink responsibly. Often it is people overdoing it, or alcohol related fights that lead to admissions so if we could somehow increase awareness in younger people about the dangers of alcohol and alcohol abuse, we may be able to reduce admissions related to this problem.

With regards to my last objective, in A&E it was very easy to hone my skills that would be required as a junior. All of the staff were keen to get us involved especially in bloods taking which is such a vital skill for a junior to be confident at. I was also able to get the opportunity to attempt some ABGs which was great as this was something that I had read about but had never attempted on a real patient before. There were also plenty of learning opportunities and whenever there was a patient with good signs, the staff were keen to let us know so that we can try and identify what the problem was. Getting used to certain clinical signs is very important for a junior doctor and therefore it was great that we were able to get this kind of experience. With regards to the acute setting, we were able to join in teaching as well every Wednesday morning with the F2s working. This was good as the teaching was geared towards the acute setting and therefore we were able to learn, in more detail, about things such as the ABCDE approach as well as how to put on and use CPAP machines.

Overall, being in Southend A&E has been an excellent learning opportunity for me and hopefully has benefited me greatly in the transition towards become a junior doctor in August.