

## **ELECTIVE (SSC5b) REPORT (1200 words)**

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

**1) The Royal London emergency department provides acute services to approximately 242,000 people from a significant portion of the city and of vast array of backgrounds, and will in such see a vast array of disease and reasons for attending this department. Due to this population's such variation in cultural, ethnic and economic backgrounds, it is difficult to compare disease patterns within the context of global health. As compared to the UK, I believe few hospitals would have such a variety of conditions. I feel this could potentially be due to the population the Royal London provides service to but also the sheer numbers who attend this ED.**

However, there were a few conditions I did particularly see more commonly during my time in the department compared to other placements I have had in different hospitals. As the Royal London is home to London's air ambulance and one of the capital's leading trauma centres, trauma was a high proportion of attendees, especially so in the resus area. As a student, I had not come across very many trauma cases and was shocked by how common and frequent these trauma cases were. Every shift there were a number of trauma cases and of varying severity. Over my time in resus I noticed a pattern in the types of trauma cases coming in to the department: mornings would often bring in elder people who had fallen, rush hour would bring in road traffic accidents, and the evenings and weekends being mostly drink or drug related injuries. There were often a number of gang related stabbings in the evenings too, however I was very surprised to see these quite commonly throughout the day time too.

The Royal London also acts as one of London's hyper-acute stroke centres, so as such stroke patients were very common in the ED through the day. It was fascinating to observe and be involved with this specialist group of professionals within the emergency department and to see how the different teams in ED work to support each other and manage the patient.

**2) Pre-hospital care covers a wide range of medical conditions, interventions clinical providers and physical locations but generally means unscheduled care out of hospital. It can involve patients of any severity. There care providers will assess a patient, provide appropriate acute management up to multiple organ and system support and then transport the patient whilst maintain in-transit clinical care to an appropriate location.**

The emergency department is there to provide acute care to patients who present without prior appointment, either by their own means or by ambulance. In England they can be separated to 4 types:

- **Type 1 – Major ED with 24 hour consultant led services and full resuscitation facilities**
- **Type 2 – Single specialty ED**
- **Type 3/4 – other ED/minor injury unit/walk-in-centre**

**3) During my studies, ultrasound came up often in lectures as a diagnostic tool and useful aid but we had never had any practical use with it. In clinical practice it would be mentioned occasionally but outside my SSC in critical care very rarely used. This SSC in critical care is where I first started becoming quite interested in this particular tool. I later found that outside the UK it is used far more**

often and even being taught in medical schools. So during my time on this elective I felt very fortunate to have a focus on this clinical tool of ultrasound and its use in ED. With this I managed to attend a number of ultrasound courses around Bart's health led by researchers in the field and ED consultants who used it often in their practice. As part of which I got expert teaching on how to use it, about the pathologies it can pick up, and how to implement it into my clinical practice, and then joined senior doctors in simulated case related teaching to consolidate its usage. There was also weekly case or lecture based teaching in the ED on ultrasound related topics.

As part of the elective I also was asked to do my own research around a particular aspect of ultrasound use in emergency medicine and do a presentation at the end of my time in the department. Mine was on Ultrasounds guided IV access, something I feel is incredibly helpful for any new doctor who is about to start their first job and will struggle with cannulating a patient in the near future.

All of this has convinced me further that ultrasound will be a skill all doctors will be learning in the near future, and this elective has given me a slight head start and the knowledge to suggest its usage to other doctors. On top of this, the fact that the technology of ultrasounds machines are getting better and better, will mean that these machines will get smaller, cheaper and more user friendly within the near future.

4) Since I started clinical placement in 3rd year and slowly as I started thinking about my future in medicine more seriously, emergency medicine has always been up there with my top ideas. I have tried to reason as to why this has always been one of my top career goals and I am not quite sure. Over this year, as careers are starting and many people have discussed my future plans with me I have thought about it more so and this is partly why I chose to do my elective in this field. I think I gravitate towards this field as I have particularly enjoy almost all areas of medicine and feel I need the variety more generalised specialities offer, I also particularly enjoy the thrill of acute medicine and working in a team. However there are also a lot of cons to a career in emergency medicine, especially so in this country. Due to the high intensity many people burn out, working many unsociable hours even as a senior, often having to have conflict with management or other specialities and limited patient follow up.

As future career has been a common question this year, during my time in this elective I have turned it around and have asked most seniors how they got to where they are, what they want to do and what they would recommend. From this I have learnt a lot and this will be one of the major things I will take away from this elective. Also most every person I asked doing this placement had a different way into the position they currently were, many taking time off to travel and work abroad (something I have always planned to do but struggled with the realistic idea of) many work part time, or as part of an academic clinical fellowships, choosing their own hours and doing other areas of medicine or things completely separate from medicine in their spare time.

All of this and my time in emergency medicine has confirmed this field of medicine is a top career aspiration for me however I can get into it in many different ways and that there any many different ways around the bad aspects of this field of medicine.