

4 Understand the organisation of healthcare, practice of medicine and availability of resources in a major trauma centre in the heart of London and compare it to previous experience in A&E department within the outskirts of London

ELECTIVE (SSC5b) REPORT (1200 words)

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

I chose to conduct my 6 week elective in the heart of London at The Royal London Hospital, in one of the busiest accident and emergency departments that serves the country. The services it provided comprised of separate adult and paediatric A&Es, London's Air Ambulance, a hyper-acute stroke unit and one of the leading trauma and emergency care centres in London. The local demographic adds yet more value to gaining experience here, with a diverse migrant population that brings many acute tropical illnesses to the doors of the A&E.

Resus

The dynamic environment of the resuscitation department was a daunting experience as a medical student. I found it particularly difficult to understand how I could be most helpful – was I to stand out of the way so as not to inconvenience, or was I to become a useful pair of hands? Of course, my predicament was not helped by my being a new face, therefore relatively unknown to the team, and that I myself did not feel ready to launch as confidently into the emergency that presented itself. Mastered tasks such as cannulation and venepuncture can become forgotten in pressured situations, and these small failures often feel the worst. In hindsight I am grateful that these events occurred as they did; although initially disappointed that I may have missed out on some practical opportunities in those early days, reflective exercises have taught me the importance of developing realistic expectations of my performance as a new doctor in a new environment, which I believe is an indispensable lesson I will continue to apply throughout my career. Needless to say my confidence flourished with this outlook and I was able to become more involved in managing acutely unwell patients as time went on.

Minors and Majors

The bulk of my experience was in minors and majors where I had opportunities to clerk and present patients in a fast-paced and time-dependant setting. I found that when these two factors are superimposed on situations where patients have complex medical histories and/or unclear presenting complaints, their management can be as challenging as trying to meet the government's waiting time targets. With the pressures the health system is under and the seemingly progressive forecast of this that we, as junior doctors, will face at the front line, I feel my experiences have provided me a realistic impression of what to expect. One such case I encountered was a post-fall presentation of an elderly female with a pacemaker, the indication for which was unclear from both her history and medical records. This translated into a diagnostic delay that was costly of time and money but ensured that despite not being completely efficient, the doctor's practice was still effective and most importantly, safe.

The local demographic of patients served by the hospital is largely Bangladeshi, which meant that I was often the only individual able to take a clinical history from patients unable to speak english.

These were good opportunities to utilise my lingual skills, and also felt a useful part of the team despite through a small contribution.

I had ample opportunities to refine my skills at interpreting ECGs, ABGs, blood results and radiographs. At times however, I felt I could not become as practically involved with cases as I would have ideally liked to be due to the terms of my elective appointment. To counter this I applied myself clinically to each presenting patient I saw by formulating my own problems list, differentials and management plan, which I would later discuss with senior colleagues. The feedback I gained interestingly made me realise the gap that I need to fill in my transition from student to doctor; in not simply determine and treating a presenting problem as taught in medical school, but to also decipher and manage any hidden root causes. One such case I recall was of an elderly male with recurrent cellulitis that had responded poorly to antibiotics due infact to a background of ill-treated athletes foot.

Rapid Sequence Induction Course

I am extremely grateful for having been afforded the opportunity to attend the rapid sequence induction course, in particular because I have developed a career interest in anaesthetics. The course enabled me to familiarise myself with methods of safe airway management and gain an understanding of the airway adjuncts used to do so. Additionally, I was able to engage in discussions regarding DAS airway management guidelines to gain a clearer picture of the implicated protocols. I thoroughly feel I have come away with much better insight into the topic and in particular of the central role of the anaesthetist in securing the airway in an emergency.

Project Presentation

As part of my assessment I conducted a literature appraisal on the topic of ultrasound-guided airway intubation, which I presented to the department. Having had very little experience in the critiquing of scientific literature before my elective, I found this component highly useful in honing these skills. Unsurprisingly therefore, I did find the process challenging and, although an independent exercise, I felt supported well enough by my supervisor to attain guidance where I required it. It was particularly useful to gain constructive criticism on my work, as I found literature appraisal through verbal discussion (where one must be time-conscious and therefore selective in their points) to differ vastly from its counterpart in writing. I appreciate the value this newly learnt skill will have in all pieces of research I carry out in my future career from here onwards.

Feedback

My experiences during this elective have met, and in many ways exceeded, the aims that I had set out to achieve. I can therefore confidently state that I made the correct selection of both speciality and hospital. The learning environment, created by the generosity of staff with regards to time and teaching sessions, was highly conducive to professional development. Although not always useful, I

found the morning and afternoon teaching sessions helpful in better understanding the workings of an emergency department MDT, and I bore benefit from presentations on interesting cases and in learning how to execute an effective literature search. I felt that the exposure to clinical and non-clinical work was both sufficient and appropriately targeted to my grade. Whilst these created a ease that helped build my confidence, I highly value the challenges I encountered with the variety of new opportunities that were afforded to me in allowing me to develop skills beyond my comfort zone; such as in learning the value of ultrasound in an emergency setting and critically appraising scientific literature.