

ELECTIVE (SSC5b) REPORT (1200 words)

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

During the elective I was based both at Barts hospital and at the Royal London hospital. Considering this elective was only two weeks long, I had a varied range of different experiences, including ultrasound imaging, plain film reporting, and variety of CT scan reporting of all areas of the body. What was very apparent during my time in the department is that imaging is fairly central to the diagnostic process of many diseases and also to the continued care and follow up of patients. For example, I learnt about how CT scans are used to monitor response in patients undergoing chemotherapy, interestingly I saw a few cases where the patient was enrolled in a trial of chemotherapy regimens and unfortunately a number of the patients had had no response, or even tumour growth between scans. A number of radiologists expressed that there was certainly a culture within the NHS of an over-eagerness to scan every patient, and I was interested in the discussions about incidental findings and the potentially damaging effect they can have on a patient's pathway through the NHS. I also saw a few patients who had had scans in other countries, for example Poland, Bangladesh, and Pakistan, and had then presented to their GPs insisting they needed diagnosis in the UK or follow up scans. I can see the dilemma that this situation puts GPs in, and I wonder how prevalent this sort of presentation is.

It is difficult to comment on how the pattern of health provision in Barts trust differs to that in America, where I will be spending the next four weeks of my elective, as I have not been there yet. I do however think that I am lucky to have had this opportunity to see some Radiology in two major hospitals in London as it will be a good comparison to a major hospital in New York, and as Radiology is not part of the core curriculum at medical school I have spent little time in imaging departments. I now feel a bit more equipped for my elective in New York. I was discussing my concerns with one of the trainees in the department and I am expecting to find the insurance based health care provision in the States quite challenging to my firmly held belief in the ethical need for health care that is available and free to all. I think it will be interesting to be able to compare two very different systems being delivered in hospitals that are actually comparable in terms of service provision and also prestige.

Having spent a week in a district general hospital in the imaging department, the main difference I noticed with the DGH and Barts and the Royal London was the variety of conditions I saw. I had expected the imaging departments in these hospitals in central London at specialists centres to be much faster paced and perhaps less friendly as a result of the time pressure on Radiologists. However I was certainly proved wrong in that I found the doctors in the departments to be incredibly welcoming and willing to talk to me, not only about the images I was viewing themselves, but also about Radiology as a career and about the foundation programme.

Again, having not have much experience in Radiology in the UK, let alone Radiology in the rest of the world, I am not sure I can comment on the global health related aspects. At the end of my last week, I arrived in the morning and learnt that the whole reporting and viewing system used by the whole trust had been down since the previous afternoon. The diagnostic and interventional radiologists were essentially unable to do the main bulk of their work as they were unable to view images, to view requests, or to write reports. I thought it was an interesting insight into the reliance on technology working that keeps many healthcare services running in this country. Not only were the team worried about the current situation of being unable to scan any emergency cases, but also the backlog of work being created by not reporting or scanning

anyone for almost 24 hours across the entire trusts with the weekend approaching was obviously a daunting prospect.

Before doing this elective I was fairly certain that I wanted to pursue a career in diagnostic radiology. This elective has certainly made it clear to me that I really do find this field interesting and engaging. While I do find the varying modes of imaging themselves fascinating, I also really like the one to one teaching that happens very regularly, the close supervision by seniors, and I was lucky enough to attend one of the trainee's teaching sessions that was engaging and memorable.

I also had a lot of opportunity to talk to trainees who had recently begun their specialist training and get some insight into what not only the training pathway involves, but also the application and selection process. I now feel that I am better informed in how to start preparing my portfolio throughout the foundation years for the selection process.

When I have told medics, surgeons, and GPs that I think I want to train in Radiology the one thing I am always told is that I will have absolutely no patient contact and will sit in a dark room by myself all day long. This two weeks and some previous experience at a district general hospital has shown me that there certainly is some patient contact, and while there is some sitting in dark rooms, it seems me to be a sociable and supportive speciality. The foundation programme will give me a better insight into what I actually enjoy and don't enjoy, but I am glad that I have this experience to inform my choices in the future.