

ELECTIVE (SSC5b) REPORT (1200 words)

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

Describe the pattern of illness in the diverse ethnic population of Newham and contrast this with the rest of the UK

Newham is ethnically diverse with a large migrant population. The 2011 census showed that 43.5% of the population was from an Asian background making up the large majority. Furthermore, overcrowded housing, homelessness, unemployment and adult limiting illness or disability is higher in comparison to the average across London as a whole. The combination of these factors of relative poverty and ethnic risk factors within Newham make the burden of chronic illnesses such as cardiovascular disease, diabetes mellitus and infectious diseases such as TB more common in Newham in comparison to the rest of the UK. As such, healthcare provision and services to manage these conditions are becoming more streamlined so patients requiring services are seen in the first instance. This was apparent during my placement at Whipps Cross, although outside Newham nevertheless the demographic in the area is similar.

Describe the pattern of health provision in Newham and contrast this with the rest of the UK

Health provisions within Newham are stretched and this is something that is seen across the NHS with the ongoing cuts. Funding has been reduced in certain public health initiatives that were available a few years back and hospital and GP waiting lists are ever increasing. However, many health initiatives are available within the community to help manage known risk factors that exist within the community. Some initiatives include free gym membership for patients who have low income and are at increased risk of cardiovascular events, community exercise programmes in local parks for patients with chronic conditions where they can meet people in similar situations to them and exercise together and the availability of educational material so patients may understand their illness better and know how they can proactively manage their illness. Secondary and tertiary centres are aware of some of the services available in the community and often advise patient to speak to their GPs or nurse practitioners for more information.

Understand how genes, ethnicity and lifestyle factors relate to common endocrine diseases

Diabetes is by far one of the biggest burdens on the NHS as a risk factor of cardiovascular pathology and among the leading causes of blindness, nephropathy and peripheral neuropathy. Diabetes UK reports that type 2 diabetes is at least 6 times more common in South Asian population in comparison to the general population. During this placement we managed to see diabetes in many different presentations including those from acute and chronic presentations. We gained competence in

managing these patients in the acute and chronic setting and learnt the importance of a systematic approach in doing so and the importance of follow up in the outpatient department. Further to this we saw a range of autoimmune disorders many times presenting in textbook fashion - characteristic autoimmune disorders that typically seen together. It highlighted the importance of understanding the autoimmune background of these disorders and being vigilant in those patients particularly who have a family history of such disorders.

Gain competency in writing peer-reviewed articles for a scientific audience through publication of current research projects

During this placement, I was given the flexibility to complete some for the research projects I started during medical school. My project supervisor was pressing to get a retrospective audit we conducted on patients with locally advanced and recurrent rectal cancer who required urinary tract reconstruction after total pelvic exenteration published. Having done a comprehensive literature search and preparing the contents of the article, I gained experience in writing for a scientific audience and for a peer-reviewed journal. The feedback on presentation and choice of language was particularly useful and I learnt how to use the citation software ENDNOTE which I was previously unfamiliar with due to this project. All in all the experience of producing an original research article was both a good learning curve and very fulfilling and useful for later in my career where research maybe a component of my responsibilities. Hopefully this piece of work will be accepted by the journal and published very soon.

ELECTIVE REFLECTION

Having had placements previously at Whipps Cross hospital and hospitals in the North East of London, I was familiar with what to expect during my placement. I therefore wanted to gain the most out of this placement above and beyond what I normally gained from a clinical attachment during medical school. Therefore, in preparation for this elective placement I made arrangements to put in place projects that I had still to complete and finalise for publication so when the elective periods starts, I can efficiently complete these before starting work. Unfortunately my desire to do an elective abroad fell through due to personal responsibilities and therefore I thought it would be more worthwhile to make the most of an opportunity available locally.

Dr Flood is a phenomenal personality with a very keen approach to teaching and goes above and beyond to teach. He uses the traditional style of bedside teaching which is hugely beneficial for us considering we are now at a stage where we have a good depth of understanding of pathologies as entities but relating them to clinical scenarios and presentations in terms of symptomology and sign can be sometimes difficult to relate to given the variability of presentation. During this placement I feel I was able to take some steps in bridging the gap and degree of discomfort I felt in staring clinical practice and the fear of not knowing or doing something wrong or unsafe. I felt I was able to apply

different areas of my knowledge a lot more and felt a lot more comfortable around doctors on the team. I feel this was the case as I didn't have the burden of exams and the constant need to go to the library and hit the books to fill in gaps in my knowledge. I was a lot more at ease and learning in a very positive and refreshing way. This aspect of the placement was hugely motivating and made me appreciate how good medicine can be without the stress of exams.

Intermittently I spent few days a week doing the research projects which was rather mundane and laborious. Data collection for the project required extensive exploration of patient records using the electronic patient record system and then contacting General Practitioners for further follow up data. After completion of the initial data collection, I learnt how to use different statistical methods to evaluate the data and subsequently produce the manuscript for publication. Throughout this process, I made several mistakes for which reason I would need to go back to collect more data, use different statistical methods and draft the manuscript multiple times in order to ensure that the information was accurate and the manuscript suitable for publication. This process taught me a lot about how to produce an original article and has put me in good stead to go on and participate in further research projects to develop my CV and contribute to scientific literature so that clinical practice may benefit therefrom.