

## ELECTIVE (SSC5b) REPORT (1200 words)

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

### SGH ED reflection

I was at SGH Emergency Department (ED) for 2 weeks for my elective. It was good to be back somewhere familiar since I just came back to Singapore after finishing my exams. This isn't the first time I was here for an attachment. Last time, I had a good time under an amazing team and mentor when I first did a research project regarding CPR card and going out on shifts in the ED. Besides that, I was given opportunity to be on the ambulance by Singapore Civil Defence Force (SCDF), visiting their head quarters and call centre. I was also part of the Dispatcher-Assisted First Responder (DARE) programme, volunteering in schools to teach CPR and AED to students. Therefore, with my passion for emergency medicine and these positive previous experiences earned, I decided to return to SGH ED for my elective.

During this May's attachment, I was given the opportunity to again participate actively in a laryngeal tube study besides the shift attachments. This once again had been an amazing experience as these further reinforced my medical knowledge and skills. I was more familiarised with the common ailments of the patients admitted to ED and the routine interventions done for them. Above all, I learnt and participated in manipulation and reduction for several patients in the resuscitation room. The close guidance from my consultant helped shape a greater understanding towards the skills I seldom practice and rare diagnosis. All these lay the building blocks of a stable foundation for my career as an upcoming HO.

During the ED shifts, I followed a medical officer, whom I actually met before when I was at there at the ED. I still remember he was a medical student then and had the initiative to be in the ED to practice his clinical skills. He was able to manage the resus and taught me too. I can see his passion and now he is in the residency programme for emergency medicine. This time round, he is also very patient with me. He gave me opportunities to do procedures such as venipuncture, cannulation, backslap, manipulation and reduction and oxygenation. He also went through common cases in the ED such as approach to dizziness, chest pain, breathlessness and abdominal pain. He also gave me the opportunity to work with him by taking the history of the patient before presenting the case to him for review. To further immerse me into the working life, he taught me about computer system used in the ED and the work flow process for patients being admitted, observed and investigations. Besides following him on shifts, I also followed other medical

officers and residents, who taught me lots to improve my clinical knowledge and skills.

Besides doing ED shifts, there were lots of learning opportunities through teachings by the ED or organised by my supervisor. There was a mortality and morbidity meeting where cases were discussed. I realised that such meetings are important is because to ensure lessons and information can be disseminated to the whole department as we want to reduce lives lost. Especially in the ED when events can be very critical and want to minimise errors so that our patients' lives can be saved. One teaching organised by my supervisor was a lecture on Japan ED by a Japanese ED doctor. He was preparing to come to Singapore for a year of research. It was an insightful talk and I can sense his passion for emergency medicine. Though he does many research, he was first an ED, intensive care and prehospital doctor. He talked to us about creating the 5th link in the chain of survival for cardiac arrest, the post resuscitation care which includes the now we know hypothermia and ECMO. He first do well as a clinician before being a clinician scientist, he said about being a good clinician first will give you the right clinical question for your research. That resonates with me as well that I have to strive to be a good clinician first before focusing on research. One interesting thing to note is that not all ED in Japan are the same, they separated the ED into primary, secondary and tertiary ED each providing different care and in Japan, given the large geographical area, they have the air ambulance and sending doctors to the streets, which Singapore does not have and not necessary at the moment. My supervisor also organised a research presentation session where my peers presented their research. It was an enriching experience looking at the advances of medicine. Some research includes the use of pentrox, a pain killer via inhalation in the ED and using heart rate variability to measure prognosis of septic patients. Lastly, I was fortunate to be invited to the unit for pre-hospital care (UPEC) meeting where they discuss current issues and future progress for prehospital emergency care in

Singapore. It shows the future outlook of Singapore prehospital care and paramedics needs and training. There is even the introduction of the baby between an ambulance and a fire engine. They will be used to fight fire and transport victims to the hospital for assessment. I am also delighted to here that the DARE programme is being picked up by public schools. DARE will be taught as part of the students' physical education lessons and their teachers will be tutors. Soon, more people will be trained in CPR and AED and we will become a nation of lifesavers!

I am happy that I have the opportunity to help out with the Laryngeal Tube (LT) study. In this study, I worked with another senior colleague, my fellow friend and my supervisor. It was a study about the success of LT as compared to the Laryngeal Mask Airway (LMA). The reason why this study was done was

because there were many complications to the LMA which the ambulance used. Hence, given that studies showed LT is better than LMA. This research will hopefully provide evidence for the change from LMA to LT for the ambulances and hopefully saving more lives especially for cardiac arrest cases. Some challenges faced during the study includes the tedious effort to transposing data from paper to the electronic system, missing data and insufficient sample size. However, though there are many challenges, its amazing how we communicate and work as a team to deal with these challenges so that we can produce a good research. It is truly amazing to know that our research is not purely for knowledge but able to help change the system to better the community and save lives.

I am also very thankful to my supervisor who has been taking care of me all these while. He will arrange lunch and discussion to catch up about our lives, the goals for my elective and how to become a better ED doctor. Some important notes include being able to understand the hospital computer system and work flow not just in the ED but also in the ward or operating theatre so that as a ED doctor in the future, we know how our patients are going to be treated. Therefore, it is essential that I am attached to the wards and be involved in other disciplines to prepare me to become a better doctor. Subsequently, I contacted my senior working at SGH general medical ward for a glimpse into ward life. She has been very patient and kind to guide me through the work life of a HO and how we manage patients in the ward. She introduced me to the computer system for the wards and gave me some tips and tricks. Ward life may be tiring but fulfilling when we are able to bring the patient back to good health. My supervisor also sent us the emergency physicians international newsletter every week so that we can be up to date to the world news on emergency medicine which is essential for a doctor. Medicine is a life long career.

This time round for my elective, I also took the opportunity to build on relationships and to see old friends. I think its important to treasure each other in the place that we work in. I went back to UPEC to meet my old colleagues and have lunch with them, and it turns out that one of my colleague's birthday is on the day and we celebrated too. I was also inspired by my supervisor who organised bible study to bring people closer to God and save the lost. Despite his busy schedule, he didn't forget God and continue to bring the grace and word of God to people.

This concludes the end of my elective at SGH ED. It was an excellent and thought provoking placement which drives me to become a better and loving doctor.