ELECTIVE (SSC5b) REPORT (1200 words)

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

TTSH reflection

I was attached to the Tan Tock Seng Hospital (TTSH) Emergency Department (ED) for my elective from 2 May to 12 May 2017 for a period of 2 weeks. TTSH is situated at Novena, north of Singapore. It is the main trauma centre in Singapore and has a communicable disease centre which once deal with the deadly severe acute respiratory syndrome (SARS). Being in a mature estate of Singapore, most of the patients are geriatrics and hence has one of the strongest geriatric centre in Singapore. It is widely known that TTSH ED has one of the heaviest workload among the hospitals, but this created a great opportunity to fine tune any skills and fill any knowledge gaps upon encountering various patients with differing demographics. Some of the reasons why I chose TTSH ED as my elective, is because I am passionate about doing emergency medicine and coming back to Singapore for work. I hope to be able to choose the best place for my training to become a great ED doctor.

It was my first time being attached to TTSH and it was an eye opener for me. I was really impressed by how organised and welcome they are to me as an elective student. They gave me a timetable one week in advance which includes structured teaching by consultants or registrar with tutorials and simulations and shift work to experience working in the ED. Each shift is partnered with another medical student and a registrar or consultant. Considering I am only on a 2 week elective placement at TTSH, they arranged additional shifts for me so I can get more out of my placement. Even the administrative staff welcomed me with scrubs, an access card, badge, locker and Kopitiam card for staff discount. I have been to other hospital's for attachment and this is one of the best hospital whose staff are so passionate about their specialty and keen on teaching. Everytime when I am on shift, they would make sure we do not just practice cannulation and venipuncture but also practice more difficult procedures such as toilet and suturing (T&S), manipulation and reduction (M&R), arterial blood gas (ABG) and incision and drainage (I&D). I am grateful for the many opportunities given to practice and improve on my knowledge and skills on emergency medicine. Besides seeing patients, I realised the importance of team work and trust between doctors and other healthcare professionals such as the nurses and paramedics. I see how the paramedics give a handover to the doctors and nurses in an effective and clear manner so that important prehospital information is not missed. Subsequently, the doctors and nurses work as a team to resuscitate the

patients. The nurses would put on the oxygen, ECG and monitor the vital signs, while the doctor would get a good history to come out with the diagnosis and resuscitate the patient. Excellent communication and leadership are demonstrated during a hectic resuscitation is admirable. Also, staying calm in the midst of the storm is an essential skill in the ED. These are things that I wish to emulate in the future.

There are 2 cases that left an impact on me during this elective. One was a lady who came in with severe shortness of breath and low oxygen saturation. One of the differentials in my head was pulmonary embolism. However, the patient doesn't have any of the risk factors for Wells score. The patient doesn't have any long haul flights, signs and symptoms of DVT, no haemoptysis, no recent surgery or immobilisation, and no current cancer. Other differentials would be pneumonia, asthma or chronic obstructive pulmonary disease (COPD). However, the only significant finding that points towards a pulmonary embolism is the ECG showing sinus tachycardia and a rare S1Q3T3. The consultant ordered a CT pulmonary angiography and it turns out to be a PE. We could have missed it. This brings me to understand the importance to be meticulous and not miss out anything despite the intense environment in the resuscitation room. Another case which impacted me a lot was a syncope and hypotensive case which leads to cardiac arrest just outside the ED. It was a hectic case but the leading doctor is able to coordinate the nurses and even the medical students to ensure an effective resuscitation. It plays out like in the advanced cardiac life support course which each person has a role to play. You can be the one securing the airway via intubation, performing CPR, giving adrenaline and giving defibrillation to the patient. Everyone put in their best effort to resuscitate the patient, similar to a F1 pit stop where everyone does one thing to change the tires as quickly as possible. After a FAST scan by the cardio team, aortic dissection was suspected and after CT, the lesion was too huge that the cardiothoracic surgeons refuse to

operate. We wish we could have done more for the patient but in retrospect, I think everyone did their best for our patient. It reminds me to put patient's health my first concern.

Another aspect that I learnt from being attached to TTSH ED was the culture of teaching. They have a very strong culture of teaching medical students well with structured lessons and simulations. Core topics were covered such as major trauma, chest pain and geriatrics. The lessons were concise and practical to clinical practice. I can see myself applying what I have learnt from the lessons in the clinical shifts. The simulations were enriching as we see ourselves saving lives like in real life situations. This learning modality helps us to improve and evaluate our communication and clinical skills. Even during our clinical setting, the tutors do their best to give us teaching by discussing about how to deal with a patient and its investigations and management.

In comparison to the UK, the ED setting is similar to Singapore. Patients were triage to minors, majors or resus, similar to Singapore's priority 1, 2 and 3. UK under the National Health Service (NHS) provides free healthcare and hence waiting time may be longer but the EDs are pressured with the 4 hour waiting time for each patient. Some cases are seen and discharged by nurse clinicians especially for the minors. The cases seen in the UK differs from Singapore. Patients in UK come in with more trauma as seen in the Royal London Hospital which is a major trauma centre in London, working with the London Air Ambulance. There are also more patients coming in with alcoholic problems due to the accessibility of alcohol. In Singapore, sales of alcohol is banned after 10.30pm. Despite the differences, I understand that EDs in both countries provide the support for patients who are in need.

Coming to the end of my ED placement at TTSH, it gives me lots of hope and conviction. I'm fortunate and thankful for the opportunity to be at the ED whom I met great mentors and peers who helped and coached me. It was an enjoyable and enriching experience. Speaking to my mentor about pursuing emergency medicine, though can be tiring with shift work, it is really fulfilling. You may not get the thanks from patients but you know that at the end of the day, you did the right thing and save lives. With support from my family, I have great hope and conviction that I will do emergency medicine in the future.