ACCIDENT + EMERGENCY

Elective at Leeds General Infirmary (LGI) A&E department
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Elective objectives

1. Describe the most common presentations to A&E at the LGI. How are these patients routinely managed?

Apart from trauma patients, most patients present to the A&E department with pain of one type or another. The most common I saw was chest pain, although abdominal pain and falls in the elderly were also common. I learned that management of these patients is largely protocol-driven depending on the patient's presentation and most likely diagnosis (e.g. a Pulmonary Embolism protocol, a DVT protocol and so on), so a form is filled out to ensure that all the relevant details are recorded. The Clinical Decision Unit (CDU) is used for those patients who need further investigations or specialist input regarding their management before the are either admitted to the appropriate ward or discharged.

2. Compare the provision of trauma care at the LGI in Leeds with the Royal London Hospital (RLH) in East London.

Both hospitals provide a base for the local air ambulance service, although it is obvious that the RLH is a much busier hospital. The London Air Ambulance covers the area within the M25 – a population of around 11 million, whereas the Yorkshire Air Ambulance covers a population of around 5 million.

The main difference between trauma care at the RLH and London in general and the rest of the UK is the London Trauma System, launched in 2010. The National Confidential Enquiry into Patient Outcome and Death in 2007 found that over 50% of patients receive sub-standard care. Death rates for severely injured patients who are alive when they reach a hospital are 40% higher in the UK than in some parts of the US, where they have developed effective trauma systems. Evidence shows that expert care from a large number of different specialties gives trauma patients the best chance of survival and recovery. Until the launch of the system in 2010 few of London's hospitals were set up to provide highly specialised care for trauma patients. It is thought that the system will save about 100 lives a year and prevent disability for many more. The system is made up from four existing London hospitals which are now "major trauma centres": The Royal London Hospital (Whitechapel), King's College Hospital (Denmark Hill), St. Georges Hospital (Tooting) and St. Mary's Hospital (Paddington). The main difference between major trauma centres and normal A&E departments is that they must provide, 24-hours a day, a consultant-led trauma team and all major surgical specialities on a single site, including general and vascular surgery, neurosurgery, plastic surgery, cardiothoracic surgery and intervention radiology. Dedicated resources include an operating theatre, a trauma ward and facilities such as scans and radiology suites within immediate reach.

Following the success of this system, there will now be a roll-out of networks of major trauma centres and units throughout England, with the East Midlands being the first.

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3. Healthcare-related goals: Observe healthcare in West Yorkshire (bearing in mind I will be moving here to start work). I would also like to gain much more experience of A&E and trauma management in the UK.

This elective has given me an excellent opportunity to really get to grips with how a busy city A&E department in the UK works. When appropriate (i.e. when the department was moderately busy) I clerked and presented patients in majors, which let me get some very useful feedback and suggestions and again I received some really useful teaching in these cases. When not doing this I spent a lot of time in resus, following the patients from initial management and investigations, to admission or transfer to the appropriate department. This also gave me the opportunity to observe the interactions between different departments when referring patients, which was occasionally quite heated when opinions on management differed. As well as becoming familiar with the services and departments available at LGI I also learned about services on offer at different hospitals, for example the differences between A&E at St James's and LGI, and became more familiar with the names of hospitals in the area in general.

4. Personal / professional development goals: I wish to gain much more confidence and proficiency when dealing with acute medical and trauma situations and the procedures involved, particularly with a view to improving my skills for my first job in vascular surgery. I also hope to gain some insight into a career in emergency medicine to help me make a more informed career choice in future.

Being the only student in an A&E department for a change was a huge advantage; it enabled me to get involved with the most interesting cases, and I received some excellent one-on-one teaching. Most of the staff were happy to let me practise procedures such as ABGs and cannulation, which was incredibly useful and increased my confidence with these procedures enormously. Some staff weren't sure whether I was insured to do these procedures or not so preferred me to just observe, but this also provided useful learning experience. I also observed and assisted with chest drains, lumbar punctures, intubations and several other emergency procedures I had never seen before.

I met and talked with a wide range of people from several disciplines – such as helicopter paramedics, nurses, anaesthetists and radiologists – each of whom were more than happy to give me some insight as to what their job entailed. This enabled me to gain a greater understanding of the roles of each member of the team involved in emergency medicine as well as gaining invaluable information for my future career choices.

I also spent a good bit of time shadowing the FY2 doctors, which gave me a really good insight into the life of a junior doctor in emergency medicine. I was also pleased to be involved in the appraisal of junior doctors (while they taught me they were observed by a consultant who then gave feedback to us both). This allowed me to gain an excellent understanding of what I will be learning next during my years as a foundation doctor, as well as familiarity with the type of cases that most commonly present to the emergency department.

In summary, I have thoroughly enjoyed my elective at LGI: I have gained a huge amount of experience through being a small part of the team, and this has improved my confidence enormously for when I start my FY1 year in August. I have enjoyed the range of cases seen in A&E and the fast-moving pace of the medicine practised there, and it has given me invaluable experience that I wouldn't otherwise have got until my FY2 year.