

Elective report on London chest hospital

I had great expectations of my cardiology elective placement at the London chest. There were few reasons for this. Firstly in my previous 3 years of clinical medicine, I had not had a cardiology placement until this one. I find this remarkable and am aware now the syllabus has changed to allow this in Year 3. The London Chest Hospital itself was also not used by the medical school much in comparison to other hospitals; this also gave me great expectations of this placement. With these two thoughts in mind I was eagerly anticipating the start of this placement.

Kindly, Dr Archbold, Consultant Cardiologist, accepted my email to carry out an elective with him. From initial contact he contacted the team and asked them to incorporate me in their weekly sessions. This helped a great deal in the first few days as they were expecting my arrival as everything had been sorted out efficiently. This is not always the case in my past experiences as at times students are placed aimlessly with no direction; however this was not the case at this placement. I was also informed by many doctors that they were willing to offer any help with examination skills and understanding disease. I felt very welcome as a result of this and found it easy to approach members of the cardiology team.

I learnt a great deal from this elective. Mainstay of teaching was through CCU ward rounds, MI clinics and in the cardiac catheterisation labs. This helped structure my learning and helped recognise the basic timetable for most cardiac doctors.

Ward rounds were busy to say the least as the wards were flooded with new patients daily. This itself shows the extent of cardiovascular disease in this region, with such a high influx of patients presenting with cardiac disease no wonder it is a major health concern in east London. Having said this, the structure in the hospital was good in how the team were able to cope with these patients. There were sufficient staff too, as each time there were different cardiac doctors in the rounds and it was refreshing to see how all members of MDT managed patients together with good communication and teamwork skills. This is vital for achieving good clinical care.

An example of this is a patient presented to the wards and was very sceptical about hospital stay. She said her past experiences hadn't been too great while staying in hospital. She understood that she has a chronic illness that requires lifelong support. The doctors and nurses showed a lot of care and dedication for this patient, as well as all the patients. From 5 am to 10 pm, someone was always there to help so she could feel relaxed and at ease in case any immediate aid was needed. They were aware that at times she would be difficult to manage as she threatened to discharge herself but took note of this and communicated this point across the team. She often felt left out at times especially with ECG interpretations and felt that she did not really know what was happening with her treatment plan. The doctors and nursing staff were excellent, always on hand to help, checking her situation every hour. It was apparent that the commitment showed by the medical team helped

making her stay in hospital easier and more comfortable as she managed to keep her on the wards and administer treatment, which seemed unlikely when she arrived.

I found the PCI in the labs to be the most exciting and intriguing part of the placement. Having just read this in medical books and understanding the basics of this, in this placement I was given the opportunity to visualise the procedure. My initial thoughts of this were that it seemed quite a simple and fairly straightforward procedure. However, when observing I noticed that it was much more technical and difficult. The doctors require good practical skill to be able to manipulate the wire through the arteries to the site of the blockage. It is clear that sufficient training is needed to perform these procedures.

The images of the angiogram also helped me in the understanding of coronary anatomy and function. My anatomy has not been as good as I would like but these helped a great deal and helped to visualise the patient's stenosed vessels in relation to the patient's history and their medical notes.

I also understand that there are risks attached to this as with any other invasive procedure. Practically speaking, I noticed this on one occasion I was in the lab. I believe a patient was going in for angioplasty and during the procedure he became arrhythmic, possibly ventricular tachycardia. I'm not too sure what fully happened as I was a bystander, however the crash call arrived immediately and we were asked to leave so they could do their job. This just shows how the risks are there for a reason and although I'm not fully aware of what happened, it made me aware that risk is high in any invasive procedures. If this was due to human error then more training and feedback needs to be given to try and reduce these instances in the future, as these procedures may never be risk free. It also highlights that communication is key in achieving good clinical care. This may be a possible reason for the error caused here and it is vital that medical professionals are educated about this to avoid any future calamities.

During this placement I also had many opportunities for new learning experiences. In particular there was a patient on Riviere ward presenting with heart failure with a vast medical history. Cases such as these make excellent learning experiences for me and also the medical team. He suffered from co-morbidities and was on various medications.

The registrar in charge helped provide me with good learning experiences. He broke down the history into manageable chunks and helped to identify the various problems faced by the patient and how to manage them. He had an organised approach and took everything back to the basics from anatomy and physiology. This made it easier for me as the learner to identify gaps in my knowledge and help me further my understanding of the disease. He was open to questions and was very willing in providing extra help and clarification if needed.

One thing I found extremely useful was the feedback I received from the doctor. Whilst examining a patient he relayed to me what I had done well and what room for improvement there is. He kept emphasising the learner directed teaching approach which put me in the driving seat to ask of any teaching where needed. This was very good and unique in a way I

have never seen in hospital doctors. We had specific times where we had an opportunity to implement this and he was happy and dedicated to teach.

I've had experiences in the past where this is not always the case. Often doctors are too busy or there is too much ad hoc teaching. Whilst I agree there are advantages for this sometimes, I prefer the planned approach. The busy doctor took time out of such a hectic schedule to help with this and it really was useful for us. I applaud his dedication and commitment to medical students and in helping us to learn. This also helped me to learn a lot by this patient history such that I could relay information to my fellow colleagues, which in turn helped check my understanding of heart failure.

In summary, my time spent here at the London Chest was very useful and inspiring. I achieved my main objective, which was to explore about cardiology and cardiac related disease in this area of London. In some ways I succeeded my objectives as I was given more opportunity to learn as I initially thought and had some memorable events that will remain with me. I witnessed many occasions whereby patient experiences help me learn about the running of a specialist hospitals. I understand that such centres require a great deal of input from the whole MDT together with effective communication skills in order to maximise clinical care. I also learnt that good doctors have more than just medical knowledge; they have the skills to cope with difficult patients and scenarios, through sound communication skills, whilst delivering treatment. I hope I can use what I learnt here to make me a better doctor.