

Elective Report

FAYA 2
NAMMA 21
CARO 10

Vascular conditions refer to diseases that affect the blood vessels and the most common of these is atherosclerosis. Vascular disease is serious and can lead to disability, amputation, organ damage and even death.

At St. Peter's Hospital the vascular conditions varied with each patient, and they ranged from leg ulcers to aneurysms. Although the prevalence of conditions are not too dissimilar to inner London, found that the risk factors in inner London contributed to the earlier onset of vascular conditions.

The profile of patients at this hospital was mainly those of a Caucasian background and the majority of which were elderly with cardiovascular risks, i.e. hypertension and MI. However, in inner London the patients were from a variety of ethnicities, especially in Whitechapel where the patients are from a Bengali background. Here we find that patients are more prone to having risk factors such as diabetes, stroke and therefore they have an earlier onset of the cardiovascular and renal disease, thus contributing to an earlier onset of vascular disease.

In the UK cardiovascular disease is the most common cause of mortality, 300 deaths for every 100000 people. Vascular disease in itself is the second most common form of disability in the UK, e.g. a patient with critical ischemia will have a 34% chance of requiring amputation within a year. There are great social implications with these disabilities and therefore vascular disease requires a multi disciplinary approach.

As such, Saint Peter's Hospital offers a multidisciplinary approach to all patients affected by vascular disease, they consist of physicians, surgeons, radiologists, cardiologists, as well as specialist nurses and the physiotherapists. I found that during ward rounds the sister of the ward as well as the physiotherapist were present; this showed how the whole team was involved in managing the patients. I believe this to be important as it ensured that the relevant members of staff knew and could participate in the discussion of their patient. I found the nurses and the physiotherapist always brought useful information to the discussion and this always benefits the patient. In inner London during medical school i found that as the hospitals are very busy, the wards rounds are particularly quick and only consists of doctors.

Management of vascular disease starts with lifestyle changes and reduction in cardiovascular risk factors, this includes regular exercise, smoking cessation, treating any hypertension and hyperlipideamia and improving diabetes control. Medications of aspirin or warfarin may be indicated.

Surgical interventions involve the unblocking of arteries and restoration of normal blood flow. The team also provide treatment of dialysis access, aortic and peripheral aneurysms, vascular malformations and other vascular disorders.

Reflection

I learnt many things during my time at Saint Peter's Hospital, some of which I had not learnt during medical school. Firstly I found that I learnt to have patience and control. An example of this was when a patient started arguing with me because she wanted to see a senior doctor and none were available. I tried to calm her down by telling her they will be down shortly, however she was vocally loud. I felt that I matured during the years in medical school as normally I would have reacted to her, or run off to find a senior for help, but I found I was able to stay calm and diffuse the situation in an effective manner.

Secondly I learnt that I can cope with working on my own. This was a concern to me as during medical school I had a colleague with me most of the time and so I could always ask for their opinion before I present to a senior doctor. In this elective placement, although there were three of us, each student was given their own patients and that meant that I could not rely on my colleagues for some help before I presented to a senior member of staff. This encouraged me to think independently and make decisions with justification. This will benefit me immensely during my FY1 training, where I feel I may be left on my own such as during night work.

Reflection of Elective Placement

My elective placement was at St Peters hospital in Surrey and as my placement was in the UK, I was not expecting a huge difference in terms of clinical settings and the overall health system. During the placement I did not find that I needed to adjust greatly as the settings were similar to the experiences I had during medical school.

During this placement, I was fortunate to receive teaching in clinical settings with both; ward rounds and in theatres. I found that the doctors spent more time teaching and allowing me to practice some basic procedures and examinations. They were keen for us to take the lead and helped us make decisions in regards to how best we feel we should manage the patients. I thought this was an important step in guiding us to become FY1 doctors. An example of this was when the consultant asked me to clerk a patient and present it at the ward round on the following day. Clerking included taking the patient's history and performing a general examination as well as to take the necessary bloods and order an x-ray. I had never ordered an x-ray before, this was a valuable lesson that I feel will be great practice for my FY1 year.

Another example of teaching was at the patient's bedside. The registrar presented the patient to me and then asked me many questions about the patient's condition. I could not answer most of the questions, but that did not matter as the registrar took me for a coffee and explained each answer to the questions that he had asked. I felt a little embarrassed of not knowing some of the answers but the registrar reassured me that with practice I will be able to increase my knowledge, and I will be able to work on improving my skills.

The most enjoyable moment I had was in theatres. Being a surgeon is an ambition of mine and spending time in theatres is what I enjoy the most, especially when the consultants and registrars are so keen to teach. At medical school I used to find that some placements only allowed me to stand and watch from afar. This is no way one can learn to become a surgeon, rather I feel it essential to get stuck in and assist at every opportunity, thus I was so pleased when I was asked to scrub in and assist without prompting them for me to assist.

The hardest part of this placement was the travel to and from the hospital. I went in a group of 3 and we drove in everyday, as it allowed all of us to travel together. If this placement was only a week long it would have been fine, but going in for several weeks was tiring especially

trying to attend the early ward rounds. The reason that we decided to commute instead of finding accommodation was simply because we wanted to keep the expenses minimal. However, we underestimated morning traffic and colleagues over sleeping. On hindsight I would re-consider commuting and would probably have taken the accommodation available.

The main shortcoming I found, was the fact that I was on this placement in a group of 3, at the beginning it was hard to get clinical experience. But once we decided to split up, and take turns going to the wards, clinics and theatres we found that we received more clinical experience.

I would recommend this placement to other students, if they don't mind the travel.

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