

Elective Report

I spent 5 weeks shadowing on the paediatric ICU at Great Ormond Street Hospital. As it is a world renowned centre, patients coming in were from all around the world, with a lot of private patients from the Middle East and EU patients receiving care that they were unable to receive in their home countries. The breadth of the variety of disease was intimidating, and the rarity of the conditions even more so. There were some patients on the ward who were one of only hundreds in the world with their disease. Initially I thought this would be a problem for the registrars and even the consultants on ICU, but there was a large amount of communication between several teams that were involved with a patient's care. I quickly learnt that whilst some of these doctors had many years of experience, they were still learning about how to deal with conditions they had never seen before. Even so, I was impressed by the knowledge that they did possess. It occurs to me that working in a tertiary centre such as this would be a constant learning process. This was reflected in the teaching sessions that I attended which were designed for the registrars. One session was about something general and useful for all hospital doctors, indications for dialysis

A few examples of the rare conditions I saw include:

- Pierre Robin Sequence (1 in 8,500 infants)
- Propionic acidaemia (1 in 35,000 infants)
- Maple Syrup Urine Disease (1 in 180,000 infants)
- IPEX syndrome (only 150 people in the world have been diagnosed with this condition)

It was interesting to learn about these diseases and their treatments, including ongoing research into new treatments. I find congenital paediatric conditions in particular quite interesting due to the nature of how the body adapts to an abnormality in normal development in utero and throughout life.

Other than paediatric care, I found that the PICU works very similarly to a normal ICU. Patients are there for ventilatory support, cardiac inotropes and/or haemofiltration as well as high risk patients being admitted post surgery. Ward rounds occur twice a day and each patient gets one to one nursing care.

There were a few differences between Great Ormond Street Hospital's PICU and other ICU departments however. I found that the hospital was very well equipped with the latest ventilators and filtration units. No expense seemed to be spared. One particular time a non-invasive ventilation mask needed to be custom made for a particularly young patient at great cost to the hospital. New technologies were also being used. For example a trial of vibrating mesh nebulisers had just started which promised better delivery of nebulised drugs, deeper into the lungs than was possible with other forms of nebuliser.

Something else I noticed was that it was not only the patients who were multinational, but the medical staff themselves as well. Due to the reputation of Great Ormond Street, several doctors from other countries were working on PICU sharing their knowledge and expertise in the field. There were doctors from Canada, Israel, Spain, Italy, and India that I met personally. They all had

something to say about how their country handled particular cases and I think that the sharing of these ideas in this manner improves patient care in the long run.

Another difference was that throughout the hospital there only ST5 level doctors and above are allowed to be employed. No junior staff meant that a lot of the registrars' time was being taken up by paperwork and ordering tests. The registrars seemed busier because of this. There seemed to be a lot of medical staff on the ward at any given time as well. Partially this is because the surgical staff attended ward rounds, there was a lot of teaching available for registrars on their off days, and there were always different teams following up on patients. For example one infant on the ward had seizures of unknown cause. In a single day the neurologists, the endocrinologists, the microbiologists, the cardiologists, the radiologists and the gastroenterologists had come to see him.

Communication between teams seemed to be more efficient at Great Ormond Street compared to other hospitals I have been to. Referrals to specialist care and specialist opinions were quick and there seemed to be less hesitation to ask for an opinion when it was needed. It was a fortunate situation for me as a student as I had the opportunity to follow other teams for the day. I particularly enjoyed shadowing the cardiology registrar who was carrying out echocardiograms on the patients. I had the opportunity to examine patients with cardiac conditions I had previously only seen in textbooks. It was also interesting to see the echocardiogram of patients with conditions such as tetralogy of fallot and transposition of the great arteries.

I also spent a day shadowing a nurse on PICU. I found this to be interesting and got experience handling patients properly as well as monitoring a patient throughout the day. I was very impressed with the level of knowledge that the nurse I was with had. She knew a lot about the patient's condition (meningococcal septicaemia), and had a lot of insight into the patient's prognosis. Whilst on PICU I noticed several times when a nurse had the insight to notice when a patient was about to rapidly deteriorate and called for intervention. They appeared to notice smaller changes in test results such as those on the blood gas which may not have been noticed by the registrar, even if they had time to view all of the patients' results.

Overall I enjoyed my time on Great Ormond Street Hospital PICU. A lot of the things happened as I expected, such as being overwhelmed by how much there was to learn about in paediatrics, but I was pleasantly surprised by how a good knowledge of medicine and general paediatric care was sufficient in most situations whilst waiting for a specialist opinion. The staff were all very welcoming and whilst I felt out of my depth almost all of the time they were nice enough to try and teach me when they were not busy. I feel like the experience has helped me learn not only about specific paediatric disease, but also gain an understanding of how much variety there is to paediatric care. There was always something exciting to do or see and I can only hope that I will experience this again in my career.