

Electives Report

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Subject: Clinical Endocrinology

Location: St. Bartholomew's Hospital, London

Learning objectives:

- 1) Describe the endocrine disorders seen at a specialist centre and discuss how this differs from endocrine pathology within UK and worldwide.
- 2) How do the services provided by a specialist tertiary centre such as Barts differ from those in a primary/ secondary care within London and the rest of the UK.
- 3) Independently clerk, examine and formulate management plans for patients in a manner which mimics that of a professional.
- 4) To understand the link of endocrinology to other specialities and the management of endocrine related emergencies.

I completed my 5 week elective period with the specialist tertiary Endocrine team based at St. Bart's hospital. I was welcomed by the various members of the team and made to feel involved in the provision of patient care. I was involved in weekly clinics with the team where I was able to independently clerk patients. I was also involved in the daily ward rounds and the day to day ward tasks with the team. I was also able to clerk new patients who were to be admitted as inpatients and follow them throughout their clinical course. I was also invited to present at weekly departmental meetings and I did so on two occasions. Overall it was a truly fascinating placement which has reinforced my interests in pursuing Endocrinology as a speciality in the future.

1) Describe the endocrine disorders seen at a specialist centre and discuss how this differs from endocrine pathology within UK and worldwide.

Being a specialist tertiary centre, Bart's hospital receives referrals from all across the UK and the clinical cases seen here vary significantly from those

seen across the UK. Worldwide, the most common endocrine pathology by far is Diabetes mellitus with the International diabetes federation reporting 366 million people as having diabetes in 2011 which is predicted to rise to 552 million by 2030, with the numbers of type 2 diabetes increasing in every country. It caused approximately 4.6 million deaths in 2011 and is thought to be the fourth or fifth leading cause of death in more economically developed countries and almost an epidemic in developing countries with 80% of the total diabetic population originating from low/medium income countries. These trends are also evident within the UK with type 2 diabetes being significantly more prevalent in people of South Asian, African and African-Caribbean descent.

Compared to these patterns, Bart's hospital receives a much larger range of endocrine pathology. Pituitary, thyroid and adrenal related pathology is seen frequently with Cushing's disease, Acromegaly, thyroid dysfunction and diabetes insipidus being common pathologies in the weekly turnover of patients at Garrod ward. However it should be noted that although patients may present to Barts with rare endocrine conditions, they are frequently known to have diabetes or poor glycaemic control. Being surrounded by such an array of clinical scenarios, one can find themselves becoming familiar with rare conditions to an extent where it seems to be the norm but it is very important to realise that what may be a 'routine' week of endocrinology at Barts hospital, may well contain more endocrine rarity than one would see otherwise in the NHS.

2) How do the services provided by a specialist tertiary centre such as Barts differ from those in a primary/ secondary care within London and the rest of the UK?

As a specialist tertiary centre, Bart's hospital is able to deliver services under the care of world renowned specialists which is why it receives numerous referrals nationwide.

Due to rarity of the conditions that are referred for investigations to Barts, specialised tests are often used to aid diagnosis. For example, a patient presenting with features of Cushing's disease may not be easily diagnosed in primary/secondary care but at Barts, the diagnosis is faster to the team's familiarity with the pathology as well as the services available. Blood tests such as cortisol day curves, midnight cortisol levels, and low dose dexamethasone suppression tests are frequently carried out on day to day bases with ease due to specialised staff whereas this may not be logistically possible in primary/secondary care. Extending on the blood tests, imaging is requested, carried out and available for interpretation much faster compared to primary/ secondary care. The range of imaging modalities is also significantly greater when compared to other specialities as made evident by the weekly radiology meetings which discussed imaging such as pituitary MRI's, CT's PET scans, MIBG scans and sestambi scans etc . Compared to the waiting lists for surgery seen in the NHS, the waiting times are significantly less for endocrine related pathology.

Along with the services it has to offer, the clinical team at Barts also make it different to the rest of the UK. The team consists of 4 consultants, 2 registrars,

one senior house officer and two junior house officers and there are daily ward rounds to ensure optimum level of care if achieved. The consultants spend significantly longer periods of time with patients than I have witnessed in other specialities and a lot of emphasis is placed on patient understanding. The consultants are not only excellent physicians but amongst them have a substantial research background which ensures that they consistently provide evidence based care.

Although there are obvious differences between Bart's hospital and primary/secondary care, there are also many similarities which become apparent. The concept and efficacy of a multidisciplinary team approach has always been made evident to me throughout my clinical placements and Bart's was not an exception. I was able to meet various members of the team including physicians, nurses, occupational therapists, physiotherapists, clinical radiologists, surgeons from various specialities etc and this once again reinforced the importance of the MDT approach.

3) Independently clerk, examine and formulate management plans for patients in a manner which mimics that of a professional.

I was able to achieve this objective from day 1 as I was made to feel welcome by the team and invited to involve myself in ward tasks and weekly clinics. I was able to confidently clerk a patient independently and then able to present my work to a senior colleague. I was encouraged to think independently and formulate management plans and over time I felt more confident in doing so. I feel that my presentations skills have improved significantly over the course of the years and I was able to make good use of this during the ward rounds. Overall this placement has allowed me to feel well prepared for my upcoming clinical practise.

4) To understand the link of endocrinology to other specialities and the management of endocrine related pathologies.

Through the 5 week placement at Bart's hospital, I was able to see the link between endocrinology and other specialities as many referrals seen by Bart's were in fact were from other specialities. For example, a patient who was diagnosed as having Cushings disease at Bart's was initially referred by the Diabetic team at Mile End due to concerns regarding her weight. When discussed as part of a case presentation, it was agreed that this initial diagnosis was actually very good as it is difficult to identify a patient with Cushings disease in a diabetic clinic due to the overlap between diabetes and obesity. This highlighted the fact that having background endocrine knowledge can in fact help one to diagnose cases even in general medicine.

During my 5 weeks, I was able to follow many patients through their clinical journeys and was therefore able to see the investigations which aid diagnosis and how management is commenced and maintained. A patient with severe diabetes insipidus was a good example of this because although the medical management was theoretically simple, in practise it took time to achieve a stable clinical state for the patient.