

## SSC 5C REPORT 1

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Elective 1:

Dates of elective: **07/04/2014 – 25/04/2014 (3 weeks)**

Elective Location: **Royal London**

Subject: **A+E.**

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Elective objectives:

1. **To undertake/contribute to a project in A+E for USS with Tim Haris.**
  2. **To understand how A+E and Anaesthetics may complement each other.**
  3. **To see how Anaesthetics differs to the United Kingdom in New Zealand.**
  4. **Developing skills in Anaesthetics and to increase patient contact with A+E.**
  5. **Develop understand of managing acute conditions of A+E and Anaesthetics.**
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For the first half of my elective I chose to focus on A+E within the Royal London. I have previously had placements at the Royal London, although not within A+E and I was very interested to see what this may involve considering it is a tertiary centre as well as being a trauma centre. This was a three week placement which involved both clinical days as well as a project.

### **TO UNDERTAKE / CONTRIBUTE TO A PROJECT IN A+E FOR USS WITH TIM HARIS**

During my placement within A+E I was due to undergo a project regarding the role of Ultrasound in Trauma yet this was altered due to time constraints to alternative project focusing on if current management for Out of Hospital Cardiac Arrests (OOHCA) is sufficient.

Through the project we aimed to focus on pre-existing management, carry out a literature review as well as undergoing a small audit to collect and analyse data given to us kindly by HEMS – all to be presented via a PowerPoint presentation to the remaining Department at the end of the period. Overall it was a very interesting project for which I am fortunate to be a part of as it forms the basic framework for a potential future clinical trial focusing on if there is a role for internal cardiac massage in OOHCA.

We organised our time initially via a timetable which broke down the week into various allocations (a day and half on clinical experience on the A+E floor, allocated teaching days with the Registrars and the remaining days for project work). The flexibility of this timetable enabled us to work more successfully, particular when we had obstacles regarding data access.

Through this project I was able to develop my skills in undergoing Audit; both in understanding the process as well as being able to collect/analyse data, areas which I have previously been weaker on. I was also able to further my own literature review skills as well as my presentation skills through the Powerpoint at the end. These are all key areas I have improved on and shall aid me in my career.

**TO UNDERSTAND HOW A+E AND ANAESTHETICS MAY COMPLEMENT EACH OTHER**

Through my placement within A+E I was able to see many acute scenarios including arrests being managed at the resuscitation bays. It was wonderful to watch how efficiently traumas are handled within the hospital, with the hospital staff working so closely to HEMS. I was also fortunate to see HEMS handovers which are something I aspire to imitate due to their focused conciseness as well as their incredible accuracy.

Having the opportunity to see and follow an acute patient from the presentation to the time they have left A+E taught me immensely – of how important teamwork is in high pressure situations, as well as the important role of Anaesthetist's in managing patients. I was able to view both excellent airway management as well as induction sequences being carried out if deemed appropriate for patients – which I had not encountered before in the acute setting nor in my Anaesthetics firm previously.

I also was able to speak to HEMS and via the teaching days learn more about HEMS including how they operate, their training and how they respond to calls – things I had previously not known. I was also surprised to learn that most Anaesthetist's undergo HEMS placements.

**TO SEE HOW ANAESTHETICS DIFFERS TO THE UNITED KINGDOM IN NEW ZEALAND.**

*See report on Anaesthetics*

**DEVELOP UNDERSTAND OF MANAGING ACUTE CONDITIONS OF A+E**

Whilst I have had previous placements with A+E, it was interesting to see how the Royal London functions. I found it to be very different to the other hospitals as well as finding it much quieter! I had assumed that being a tertiary centre it would be overflowing of patients in A+E but instead found it reasonably quiet on most days!

I also had expected it to be a pressurised fast paced environment but again was pleasantly surprised that it wasn't with all staff members finding plenty of time to help acquaint us with the environment as well as teach.

Within the A+E itself, I had plenty of chances to speak to patients and examine them. I was also able to see new clinical signs (alongside some rare ENT cases) which I had not come across before as well as enhance my procedural skills in taking blood/cannulation – all which I feel will benefit me when I start work within a short few months.

The teaching days were very interesting too! Some sessions recapped conditions whilst others were talks on understanding other services which complement and work alongside A+E such as HEMS. It was also amazing to watch the senior doctors undergoing Simulation teaching within the Resuscitation bays as preparation for their examinations – it helped to really reinforce the ABCDE format as well as teaching us more clearly the reasons behind what we do in managing acute situations – it was an excellent way of teaching for everyone.

**DEVELOPING SKILLS AND TO INCREASE PATIENT CONTACT WITH A+E**

During the three weeks I had wanted to improve my communication skills with patients, my knowledge as well as the ability to assess patients accurately and with more speed. I had also hoped to improve my clinical skills from my previous rotations in order to place myself in a stronger position for my working career.

Through my clinical days I was able to speak to patients freely as well as examine them. I also felt much more confident over the days to discuss initial investigations and potential management options with the doctors working and was relieved that my answers were right!

This placement has helped me to improve myself in all the areas I had hoped as well as increasing my confidence in diagnosing patients.

## SSC 5C REPORT 2

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Elective 2:

Dates of elective: **05/05/2014 – 16/05/2014 (2 weeks)**

Elective Location: **New Zealand.**

Subject: **Anaesthetics**

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Elective objectives:

1. **To undertake/contribute to a project in A+E for USS with Tim Haris.**
  2. **To understand how A+E and Anaesthetics may complement each other.**
  3. **To see how Anaesthetics differs to the United Kingdom in New Zealand.**
  4. **Developing skills in Anaesthetics and to increase patient contact with A+E.**
  5. **Develop understand of managing acute conditions of A+E and Anaesthetics.**
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For the remaining two weeks of my elective I went to Anaesthetics department at Hawke's Bay Hospital, the key hospital for Hastings and Napier with 400 beds. I chose this as I have an interest within Anaesthetics and do consider it as a potential career choice and wanted to learn more regarding it. I also chose to go to New Zealand as English is a leading language and I wanted to be able to communicate with both staff and patients alike with ease.

### TO UNDERTAKE / CONTRIBUTE TO A PROJECT IN A+E FOR USS WITH TIM HARIS

*See report on A+E.*

### TO UNDERSTAND HOW A+E AND ANAESTHETICS MAY COMPLEMENT EACH OTHER

As I completed my 2 week placement within Anaesthetics after my A+E placement, I was able to further understand the ways they may complement each other. For example whilst rotating through various theatres, it was noted that almost all the surgeries carried out within the Orthopaedic theatres were due to Rugby (due to acute injuries presenting) and on younger patients that had presented with acute fractures and so on.

It was also interesting to see that there was no theatre reserved for emergency surgery as we commonly see within the UK at this particular hospital. Whilst this was not a trauma centre set up as the Royal London, another reason for the lack of acute cases rushing through is due to most patients presenting acutely to the General Practitioner who is able to carry out further imaging and investigations at their premises, including the ability to even treat some acute scenarios too!

It would however have been able interesting to see how the resuscitations occur in New Zealand hospitals – particularly to note any differences and the organisation of the team but unfortunately I was not placed with any Anaesthetics team members responding to these calls so was unable to do so.

**DEVELOP UNDERSTAND OF MANAGING ACUTE CONDITIONS OF ANAESTHETICS**

I was able to develop further my understanding of acute conditions through teaching at the theatres by various doctors. I was further taught about the basics of the machines aiding in the maintenance process as well as more information about the drugs used in the induction process and the reasons behind those particular ones.

There were also scenario based teaching using the patients within the cases (such as if an endotracheal tube was to become displaced, or if the saturations of patients were to dip etc.) and we were able to talk through what their action would be required to rectify the situation as well as the complications arising due to the problem occurring and so on. By using these patient scenarios it did help to understand more about their role and the importance of monitoring intensively during surgery.

**TO SEE HOW ANAESTHETICS DIFFERS TO THE UNITED KINGDOM IN NEW ZEALAND**

I had initially expected the hospitals to be organised and run very different to the hospitals here but I was actually very surprised at the similar, if not identical system in place within the department. I also had expected vast differences within Anaesthetics such as the use of different medications and dosages, various alternative techniques and equipment used, and instead found it to be identical to the United Kingdom – the same induction methods, the same medications and dosages used, the same techniques employed, as well as even the identical equipment used too!

I did note a greater emphasis on patient preparation prior to surgery than I had seen before – as in surgeries using up to four different items to protect patient's eyes; ranging from several layers of various types of gauze with special goggles added for finishing! It was also interesting to see how many of the doctors had either trained within the United Kingdom or undertaken particular examinations prior to moving or were born here and had moved to New Zealand. Many of these stated the reason for moving was that it was undoubtedly a beautiful country with a similar hospital organisation to the UK which made it easy to adapt.

It was also interesting to learn that the health care system whilst previously was free, now has a public-private ethos which requires health insurance. This system enables residents to have access to the standard NHS system offering free medical assistance (which does have long waiting lists) or alternative allows patients to use their insurance and go private for whatever treatment they may require much faster.

Additionally there is also the Accident Compensation Corporation (ACC) – a government body which awards compensation in a variety of cases (from accidents due to any cause in any environment as well as medical negligence) to both tourists and residents. I found this very interesting as it is something I had not heard of nor imagined a government ever doing!

**DEVELOPING SKILLS IN ANAESTHETICS AND TO INCREASE PATIENT CONTACT**

Through the two weeks in Anaesthetics I had hoped to improve my clinical skills as well as further my understanding from my previous rotation in order to decide if I would still consider Anaesthetics as a career choice for myself.

Being able to rotate within various theatres in order to see different lists enabled me to see how Anaesthetist's have to change and mould according to the surgery being carried out as well as being proficient at managing the patient in any scenario. It was also crucial to learn that induction mechanisms can alter dramatically based on the patient's comorbidities, the surgeons requirements as well as the key thought – what is most safe for the patient.

Through the various teaching I received as well as being able to experience this speciality in a hands on approach I was able to further my understanding of this speciality.

## Elective Joint Reflection.

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Dates of elective: **07/04/2014 – 16/05/2014 (5 weeks)**

Elective Location: **A+E, Royal London Hospital & Anaesthetics, New Zealand.**

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### **1. *Was it what you expected?***

Doing a split elective, I had expected it would not leave me with enough time to see and do what I hoped to achieve however I was pleased that this was not the case.

I found the placement at A+E was what I had expected although much quieter than I had assumed for a tertiary centre! I also found Anaesthetics to be exactly how I expected although was surprised at the similarities it shared with the UK.

### **2. *Clinical Experience?***

I feel fortunate for the placements as I was able to gain a wide variety of experience clinically. I feel more confident in assessing patients (both via histories as well as clinical examination) within A+E as well as gaining a better understanding of how it operates both in a District General level as well as a tertiary centre level. I also feel more confident than before in managing airways and have improved my understanding of the basics of Anaesthetics.

### **3. *What did you learn about the people and the country?***

As the first half of the placement was within the UK I did not learn anything new about the people/country. Of New Zealand, I was very shocked initially at how quiet and peaceful it is – I had expected the towns and cities to be similar to here and found it surprised that at times the towns almost appeared empty. It was also interesting to learn about the Maori culture and to see how prevalent it is throughout the country.

### **4. *What did you learn about the health care professionals you worked with?***

Within the A+E, I got to meet a wide variety of staff, of which everyone was very nice and took the opportunity to teach whenever they could. Within Anaesthetics it was interesting to see how many of the staff had originally come from the United Kingdom or had briefly studied in the United Kingdom for their further examinations before settling in New Zealand. Once again everyone was very kind and explored teaching whenever they could.

### **5. *What did you learn about the health care system in that country?***

It was interesting to learn how the A+E is run in the United Kingdom particularly on a cost basis. There was an interesting talk given regarding an audit which had been carried out which clearly stated how much the hospital was paid per person/procedure carried out in A+E. This for me is something I feel will stick with me for life as it was very shocking at the low rates put forward – it was also interesting to learn of the different banding jobs were allocated to. I do feel after this, I will make a more conscious effort wherever I am working to correctly code and label jobs carried out as a small loss here and there can lead to vast amounts.

For New Zealand I was also surprised by what I learned. Despite the system being very similar to here, it is privatised and I had expected a much more private feel. It was also interesting to learn of the Accident Compensation Corporation (ACC) which still astounds me.

**6. *What were the best bits?***

From the whole elective experience, I found one of the best bits to be the presentation of the data within the Out of Hospital Cardiac Arrest Project as I knew it had found strong support for the potential clinical trial and it was rewarding to see the hard work paying off.

Additionally, the ability to be able to go abroad to see Anaesthetics in another country was rewarding too along with the travelling!

**7. *What were the bits you least enjoyed?***

One of the things I did not enjoy was the data collection initially for the project as it felt almost never ending and there were plenty of hiccups on the way! It did however teach me that audits are always challenging and grateful for the experience it gave.

Another part I did not enjoy was probably the 24+ hour flight (one sided!) to and from New Zealand!

**8. *Were there any shortcomings?***

I did not feel there were any shortcomings for this elective overall.

**9. *Would you recommend it to another student?***

I would definitely recommend both placements to fellow students. They both taught me a great deal and were very enjoyable.

**10. *Would you do anything differently?***

If I had the opportunity to redo the elective, there is not much I would change. I would however perhaps consider a more broader General Medicine speciality as opposed to something so focused such as Anaesthetics – as it would have been interesting to see which conditions are more prevalent in the population for New Zealand as I am aware they have different infectious diseases due to the natural environment as well as the popularity for outdoor activities.

**11. *What did you learn about yourself?***

I learned that I am able to adapt to situations much faster than I had previously assumed. I had thought prior to the elective that it would take me weeks to adjust to being in another country, in different foreign hospitals but found this was not the case at all.

**12. *Were there any deviations from the Risk Assessment?***

There were no deviations from the risk assessment for either placement. The only thing perhaps I did not account for was the numerous giant spiders I kept encountering!

**13. *How was the accommodation?***

The accommodation itself was not good and it is something I would not recommend to fellow students. It was a house share which was nice to meet other students but was quite basic and not very clean. However it was very close to the hospital which did make it more tolerable!



**14. *How were your travel arrangements?***

It took a record number of flights to arrive in New Zealand and perhaps in the future I would recommend to other students to do a more direct route as it is less exhausting! Within New Zealand I was able to rent a car which is essential as there is not great public transport system to get around - I felt quite lucky that the driving system is the same as the UK.

**15. *Other experiences and information useful to future students?***

The only advice I would offer is to plan well in advance the entire elective as it can be stressful waiting to hear back from institutions in final year know there's a few months left! I would also say consider planning things such as car rentals – it took me a few days in order to find a company that was near the accommodation that would offer a car at a relatively inexpensive rate!