## SSC 5c Elective Report – Simon Black, Rheumatology

22 April- 9 May 2014 – Dr. Jessica Manson (supervisor), Department of Rheumatology, University College Hospital, 3rd Floor Central, 250 Euston Road, London NW1 2PG

12 May – 30 May 2014 – Dr. Tim Jenkinson (supervisor), Royal National Hospital for Rheumatic Diseases, Upper Borough Walls, Bath, BA1 1RL, Avon

I decided early on in Final Year to further explore rheumatology during my elective period. Throughout the clinical years, I knew I had enjoyed the general medical specialties the most and, during fourth year, my placement in rheumatology at Homerton had stood out as the most enjoyable section of my clinical placements. I subsequently chose to return to the rheumatology department at Homerton, under Dr's Gorman, Reynolds and Hameed, for the 6 weeks SSC period we completed during the autumn-winter and, having enjoyed this just as much, wished to pursue my elective within the field.

Rheumatology has, during our training, stood out for me as a uniquely fascinating and amazing specialty. It seemed to encompass the entire breadth of medicine and the diseases it treats require the doctor to view the patient as a whole and not simply as a system, as may be the case for other specialties. Virtually every specialty, both surgical and medical, is touched upon within rheumatology and patients range from the young in juvenile arthritis to the very elderly in Paget's disease.

More than this, it appeared to me that all the rheumatologists I had encountered, without exception, were fantastic all round doctors, in the truest sense of the profession. Their examination skills of the entire body and their abilities to come up with diagnoses were really inspiring. They had an incredible knowledge of general medicine of all specialties and were not pinned down to a small sub-section or part of the body. Many of the autoimmune diseases, in particular, are multi-systemic in their manifestations and it seemed that rheumatologists often "play the detective" in analysing potential pathologies. The ability to combine rheumatology with general medical training also seemed to be an attractive prospect as a future career choice.

I therefore had high expectations going into my elective placements and had three main objectives: to experience rheumatology in a major teaching/tertiary centre and be exposed to the specialist services they provide compared to that of a district general hospital; to improve my knowledge of rheumatology and of clinical rheumatological examination; and to gain a better insight into rheumatology as a career option.

I was lucky enough to gain placements at two major centres in the UK – University College Hospital in London and the Royal National Hospital for Rheumatic Diseases in Bath and observed the following services at each.

**UCH**: Early arthritis ultrasound clinic; inflammatory arthritis clinic; X-ray MDM; chronic pain and fibromyalgia clinic; vasculitis clinic; lupus & connective tissue disease clinic; rituximab clinic; ward round of in-patients.

**RNHRD**: Connective tissue disease clinic; ultrasound clinic; ward rounds of in-patients; sports injury clinic; general rheumatology clinics; paediatric rheumatology clinic; metabolic bone disease clinic; emergency rheumatology clinics; radiology MDM; chronic pain and fibromyalgia clinics.

Experiencing rheumatology at these two centres was very different from that in other hospital/DGH's that I had been to. One of the main differences was that both UCH and Bath have wards where rheumatology patients come for in-patient stays, for a wide variety of reasons (both emergency and non-emergency) and from a wide geographical area. During the course of ward rounds, I was able to meet patients with acute and more uncommon presentations of rheumatological conditions, notably those with SLE and rheumatoid arthritis. In Bath, many in-patients are undergoing treatment programmes for chronic pain and fibromyalgia and such a dedicated combined regime of physiotherapy, OT, psychology and medicine is relatively unique.

One notable difference about rheumatology at these two institutions is the sizes of the departments. There were numerous consultants, registrars, fellows, core trainees and foundation doctors and these enable provision of a huge variety of specialist services. Both UCH and RNHRD are tertiary centres that accept patients from far away. Rheumatology is largely an outpatient specialty and both hospitals have clinics that are specialist in their nature, as well as generally rheumatology clinics. During the course of such clinics, I was able to see a huge number of presentations that are rare and that I had never seen or knew much about before, such as Kikuchi Syndrome, Sweet's syndrome, anti-synthetase disease, macrophage-activating syndrome and X-linked hypophosphataemic rickets to name but a few.

MDM's gave me the opportunity to witness the input from many specialties into patients with primarily rheumatological disease. Both hospitals enabled me the chance to attend ultrasounds diagnostic clinics and the consultants involved were extremely keen to teach me about the techniques involved. I felt, in particular, that my anatomical knowledge consequently improved and the use of such imaging represents an exciting prospect for further future development within rheumatology.

The RNHRD in Bath was an exciting and unique environment for a medical student to be in. Seeing rheumatology departments as part of a much larger hospital machine had seemed the norm based on medical school experiences. However, Bath is an entire hospital dedicated to the specialty and the building itself (in the very centre of Bath) retains the feel of a cottage hospital from the era in which it was built. The hospital is entirely set up for the benefit of the patients. As such, X-rays, DEXA scans, blood testing, physiotherapy, OT, ultrasound suites, clinical psychology and wards are all present in one building and tailored towards rheumatological diseases and presentations. This patient-centred

approach is clearly very popular with the patients I met and must be very exciting for doctors within the specialty.

Both my supervisors, Dr's Manson and Jenkinson, were so keen and welcoming to me and I am hugely grateful to them for the experience they offered me. However, all the doctors I was with from FY2's up to consultants, were equally keen to teach me and were extremely approachable. As I had hoped, I gained the sense that rheumatology had taught all the doctors I accompanied to acquire amazing all-round skills in general medicine and general examinations. They viewed the patient as a whole and not as a system and often clear diagnoses were not (immediately) evident. Hence a systematic and thorough approach was required in history-taking, full physical examination, diagnostic tests and investigation and any subsequent analysis of these.

My placements in rheumatology lived up to the expectations I had of them. They greatly increased my interest in the specialty and my desire to pursue it as a career choice. I would highly recommend any medical student to do further placements in rheumatology, but I think most value can be gained from large centres such as UCH or RNHRD. Medical school placements in rheumatology are often short (which is unsurprising given that rheumatology is a relatively small specialty compared to other general medical ones) and give a tiny snapshot of daily clinical practice. At larger centres, one can fully appreciate the specialty and see the broad spectrum of ages, diseases but, crucially, of actual patient presentations that it encompasses. Larger centres also have the opportunities to see more specialised diagnostic imaging such as ultrasound, a wider range of joint injections and a greater cohort of patients with rarer conditions. A majority of the patients I saw actually had presentations or manifestations not involving the joints at all and the ability to think laterally and objectively is clearly of huge importance as a rheumatologist. Rheumatological diseases have so many associations, causes and manifestations that it is necessary to always view the entire patient and utilise ones knowledge of every system. For example, one patient presented with a case of recently treated giant-cell arteritis. At first, the presentation seemed fairly straightforward and textbook. However, the history-taking and examination by the registrar suggested that the patient may have had a colorectal malignancy which had been completely missed up until then and could have been the cause of her GCA. She was subsequently referred for appropriate imaging and this highlighted to me the necessity to keep an open mind and fully use ones diagnostic and investigate skills when seeing the "rheumatology patient".