

SSC5C Elective Report - Michael Evison

I completed my SSC5C elective at the Royal London Hospital in the Emergency Department. The objectives I set myself were as follows:

1. Describe the pattern of disease and illness of interest in the population with which I will be working and discuss this in the context of global health.
2. Compare experience at Royal London Hospital emergency department, as a leading trauma centre, with that gained in previous emergency medicine experience gained at the Homerton Hospital.
3. Learn how to deal with the common presentations in a city emergency department in the appropriate manner.
4. Improve proficiency at practical procedures such as venous cannulation, arterial blood gas and male and female catheterisations.

The main reason I decided to do my elective in the emergency department was to increase my confidence in preparation for becoming an FY1 doctor in August. I felt that being in such an acute setting allowed me to gain experience in a wide range of medical presentations ranging from common to uncommon. Being in A&E also allowed me lots of opportunities to get hands on and improve my proficiency at a number of practical procedures which I felt I wanted more practice at. In particular, over the course of the placement, I managed to spend lots of time putting lines in and taking bloods from a variety of different types of patients presenting with different problems. I decided to do my elective in this country for primarily monetary reasons but secondarily I felt it was good to practice medicine in the same setting in which I'm going to be working for many years to come. Despite the fact that there was no cultural element that would've been one of the benefits of doing an elective abroad, the community and culture of Whitechapel and the surrounding area that The Royal London serves has a wide variety of patients from different cultures and communities which I believe will provide me with adequate exposure to different patient beliefs etc for when I start work.

At the start of my elective my supervisor, Professor Harris, set my timetable out as having 2.5 clinical days a week and 2 days to be spent completing a project. I mainly spent my clinical days in majors and the emergency assessment area. This was where I was able to clerk patients presenting with common problems, as directed by the doctors working at the time, and practice the procedures I felt I needed more experience with. Although it wasn't one of my objectives and isn't a particular interest of mine I also spent some time in the resuscitation area observing the trauma team. Because the Royal London Hospital is a leading trauma centre I felt that it was the perfect opportunity to gain some more experience and learn from some of the most interesting and critical trauma cases. During the placement I observed several trauma calls, mainly those brought in by HEMS, as these were the most severe. Despite not taking much of an active role in the trauma teams during these situations I still felt I learnt a lot about the way trauma calls work and the role of the team leader and how effective communication and teamwork is vital in complex and acute cases where patients lives hang in the balance.

Out of the whole placement one of the aspects I enjoyed the most was the project. This was surprising as before I started I didn't realise I would have to do one. The project Professor Harris set for me was a literature review and audit of out of hospital cardiac arrests seen by the London Ambulance Service and HEMS. For the project I worked together with another elective student. The audit was done to see if there was a requirement for further treatment options for out of hospital cardiac arrests as our literature review identified a very poor

survival rate. My supervisor and his colleagues have proposed a number of new possible treatment options which could be implemented into HEMS practice when seeing these patients and the audit aimed to identify if there was a patient group who may benefit from these. We looked at all patients seen and what proportion of them were taken directly to a local heart attack centre for PCI treatment and identified how many patients died in transit. In particular we looked at patients who presented with initial shockable rhythm who were not responsive to 2-3+ shocks in attempt to restore sinus rhythm. Overall we concluded that there was a significant proportion of patients presenting with shockable rhythms that could benefit from the proposed new treatments.

In conclusion I feel that I gained a wide range of experience in many different areas across the different forms that my elective took. I think that overall I covered my objectives and was very happy with what I got out of the placement. Completing the project was not something I had anticipated and despite being apprehensive at first about the large amount of time I had to dedicate to it, as I was worried it would detract from the clinical experience I wanted, I feel it has been very beneficial overall. As part of the project I have really improved my research, presentation and audit skills which will all be very important when working as a doctor. I also feel like the knowledge I have gained about cardiac arrest will be instrumental for the foundation years when I will have to deal with these kinds of situations, which I now feel a lot more confident and prepared for. The clinical skills I have gained will also be a big confidence boost for going onto the wards for the first time and now I am very much looking forward to starting work after a very positive few months on elective.