

Describe the burden of different cancers affecting Californians as well as their treatments and compare them to those in the UK.

The first half of my elective was spent with the surgical oncology team at Ronald Reagan UCLA Medical Center. The main cancers that I was exposed to were pancreatic and breast cancer as well as some cases of sarcoma. Pancreatic cancer carries an extremely high mortality rate and is managed by radical surgery resulting in long hospital stays with numerous complications. I was able to assist in several Whipple procedures and follow the patients through their admission. These patients required a huge amount of analgesia as well as long stretches of TPN, often with a protracted and unpleasant recovery period. Frequently tumours would be deemed unresectable and recurrence was also common. I became heavily involved with the breast surgery team, as this is an area I enjoy. I was able to assist in a number of mastectomies but what I found particularly interesting was the decisions with patients post-mastectomy and whether they wanted a reconstruction- if so how they would like it done. This is a complex discussion taking in many factors and was a fascinating insight into the psychosocial aspects of breast cancer. I was lucky to have been able to spend time with one of the foremost sarcoma surgeons in the USA and be able to see the wide variety of complex and radical procedures that he performed. This is a field that I am quite unfamiliar with so I enjoyed being able to see his work.

On the whole, I feel that cancer is treated in a very similar way (at least surgically) in both the UK and USA but I feel that Americans are much more well informed about their care as well as having more access to specialist doctors (providing they are insured, of course).

Research and describe the administration and management of the US healthcare system versus that in the UK.

The second part of my elective was spent with the quality improvement and management department of Harbor-UCLA medical center. This showed me a side of medicine that doctors are infrequently exposed to and certainly broadened my horizons. I enjoyed working in the quality team, identifying errors in patient care, performing root cause analyses, changing policies and auditing their implementation. This showed me just how valid the "Swiss cheese model" is when you see how many small errors align to create potentially disastrous consequences to patients. Seeing this in action will definitely make me more vigilant in my practice when I start working. In addition to this, I was able to spend time with the CEO, chief medical director and executive board of the hospital. This showed me a side of the hospital that I haven't seen before, and convinced me that this is an area that I would like to pursue. Seeing the day-to-day administration of the hospital and the difficult decisions that must be made in the face of limited resources and frequent lawsuits made me realise there is much more to healthcare than the "shop floor" clinical treatment provided by doctors. Interestingly, Harbor was a county hospital, providing free healthcare to an under served population in South Los Angeles which was a total juxtaposition to the private healthcare provision at UCLA. I got in to a number of thought-provoking discussions with senior management about a state vs private healthcare system and was able to identify the pros and cons of both.

Experience cancer care in California and the way it is managed. Describe the differences in care between the UK and USA as well as any unfamiliar treatments.

I was interested to experience both private and public healthcare in the USA, both a drastic change from the NHS setting that I'm used to. I can understand why insured Americans are wary of a state system as, honestly, the care provision is very impressive. Every patient has their own large room with a TV, en suite and guest bed- allowing a family member to spend time with them outside of the rigid visiting hours often imposed by the NHS. The doctors round between 3-4 times per day, allowing them to stay totally informed of their patients condition. The list of patients under each attending was much shorter than in the UK and the senior doctors had much more input in their care. I was interested to see that the attending surgeon was present in every operation, however simple, compared to the UK where the registrar would perform the less complex procedures. I also noticed that patients are much more informed of their diagnosis and treatments than at home, and subsequently are much more demanding. Doctors are also much more frivolous with prescribing and, in my opinion, many patients were over-medicated and undergoing procedures that weren't totally necessary. Is it fair to say that if people are paying for their care, they expect a higher level of service? I do feel that the hospital set-up with private rooms, a higher nurse-to-patient ratio and more input from senior physicians likely has a beneficial effect on the recovery of patients from cancer (more so mentally than physically, perhaps).

Allow myself to integrate into an unfamiliar environment and get the most out of a clinical and non-clinical elective.

At first, I found the elective extremely challenging, with 4:30am starts every day and unfamiliarity with American terms (particularly brand-name drugs) but the team were very friendly and welcoming so within a few days I was very much enjoying the experience. What I particularly liked is that UCLA medical students are granted much more responsibilities from an early stage with computer access and high expectations. I feel that this nurtures a much more positive culture in their students as a pose to ours who often feel pointless and neglected. As the elective went on, I was give more responsibilities in theatre, particularly those that I showed an interest in. My second elective was totally different but equally enjoyable. At first it was a shock going from the glass and marble of UCLA to the concrete dilapidation at Harbor, but this actually gave for much better learning opportunities. The fact that they were pushed for resources meant that my work was useful to the team and my ideas were listened to. Being able to interact with the senior management of the hospital was great and I'm certainly interested in taking more of an administrative role in medicine.