Elective Report- Kamal Nasr

Cardiovascular medicine is a speciality that is hard to ignore, both in terms of the amount of patients that present in hospital (or GP) with related problems or with how it is at the forefront of medical research, a trend which will continue for years. In the UK it is the leading cause of death with approximately 30% of all deaths being attributed to a cardiovascular pathology. The numbers reflected are similar in most developed countries. My interest in cardiology has always been present, but I particularly enjoyed a 3rd year rotation where it was my first experience of a clinical rotation.

I conducted my cardiovascular medical rotation previously at Southend hospital during my 3rd year of medicine and many differences could be observed both epidemiologically, socially and even management between both sets. As a professional I feel that I have gained valuable experience between both years that I was able to fully gain from this rotation and will be useful in the future as I embark on a career in medicine.

Southend hospital has a higher proportion of Caucasians patients than Queens's hospital, whereas in Queens the patient population group was more mixed and seemed younger. The differences in age groups could be attributed to the risk factors associated with both population groups that lead to morbidity and mortality due to cardiovascular disease. In an elderly Caucasian population the risk factors can be more attributed to many years of high blood pressure and possibility of previous cardiac events. Whereas the younger south Asian population have an increased percentage of diabetes (compared to general population) and lifestyle factors do play a role in what could lead to hospital admissions. As NHS choices states "People from south Asian communities can be up to six times more likely to have diabetes than the general population. Pakistani women are especially at risk. The risk of dying early from coronary heart disease is twice as high among South Asian groups compared with the general population….but it may be linked to diet, lifestyle and different ways of storing fat in the body.."[1]

The difference in patient population group is to be expected when one compares the actual population of the hospital catchment areas (in simple terms being London vs Essex).

A wide range of diseases and presentations were seen, ranging from common presentations such as post-MI to more obscure and rare heart defects that presented with murmurs and ECG readings that required much more skill than a final year medical student is expected to be able to do. One particular case that stood out for me was a 55 year old gentleman at first observation seemed well and no disease activity was noted when I did an examination. However after discussion with senior member of the team and reading the patient's notes it seemed that he suffered from disease that lead to dextrocardia since birth (a condition where organs such as the heart are almost mirror imaged so that the heart is on the right side of the body not the left). However returning back to the patient to discuss how he has lived with this condition I managed to gain a much better view into his life and how he has coped with this "medical wonder" rather than just see it as another patient with

another condition that may or may not be of interest. Whilst also being an interesting person and case to discuss, I managed to do more background reading than I would necessarily do, due to wanting to be able to understand fully this disease (which I have previously only touched upon, and not seen its full implications).

Most of the time of the placement was split between ward rounds and the sequential jobs (which were essential in further understanding and appreciating the role of junior doctors in which I will have to commence myself shortly), but I ensured to attend as many angiography/catheter lab sessions (even though it was done at different hospital site), clinics of differing specialties and MDT meetings/weekly teaching. This offered the best in terms of seeing what a career in cardiovascular medicine would be really like from junior doctor stage to senior, in which I am very interested. I attended a medical on-call for my first time during cardiology and saw that although it is very demanding and tiring, it presents an opportunity to see a wide range of medical conditions and see the organisational skills that is required in managing these patients with the thought of "what needs to be done now?" being the forefront of the management plan. This is a refreshing change from my first cardiovascular rotation where as a 3rd year medical student I was mostly restricted to following on ward rounds and clerking patients that were already known to the team. Overall the placement was very useful in further developing my knowledge as a junior member of a medical team and continued to provide me with interest in the field of cardiology.

References:

1. South Asian Health issues. Accessed 18/05/14 http://www.nhs.uk/Livewell/SouthAsianhealth/Pages/Overview.aspx