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Elective Report

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Pattern of disease in South London vs East London and service Provision in Lewisham

London is often described as a Global city. Having spent my time studying medicine in East London; I hoped to experience medicine in an environment that had a different make-up of ethnicities and cultures.

Lewisham is the 15th most diverse local authority area in England, with nearly 40% of people in the borough identifying as having a minority background. Unlike East London, the 'largest' minority groups are black african and black caribbean. Compared to the largely Southeast Asian communities in the East London hospitals there is less of a language barrier with patients and their families; only a small number of patients on Elm ward did not speak enough english that they required a translator in order to gain consent.

The patterns of morbidity seen in patients on the elderly care wards in South London are largely the same as those seen in the East london wards. The greatest burdens of disease that are faced by the patients are those that lead to increasing immobility and isolation; which is then further complicated by dementia and delirium. Safe discharge of these patients is an ongoing battle that requires coordination of the hospital teams and social services and a (huge) amount of paperwork and bureaucracy.

Patients are also frail and burdened with multiple comorbidities and a poor physiological reserve. This results in patients medical status being exceptionally brittle; while on elm I saw many patients who were hale and cheerful one day and the next they were suffering acute delirium, pneumonia or urinary retention.

Performing an Audit

While on Elm ward I asked to help with one of the audits that the team was working on. I was very lucky that my time coincided with an audit of fractured neck of femur patient mortality. I analysed 43 sets of patient notes and looked over their admission background, their baseline function and their management and treatment while in hospital.

Once all the data was added to the spreadsheet, I used regression analysis, student's t-tests and chi-squared tests to determine if any of these factors were significant in their impact on the length of patient survival. Getting to grips with which statistics to use was challenging, but strangely enjoyable as it reminded me of my time analysing data for my PhD. Unfortunately, there were delays in getting the final sets of notes in time for me to analyse them in time for the end of my elective, hopefully another student or one of FY1s will be able to work through the remaining notes.

Reflection on elective experience

Having lived abroad before and having spent four years working before starting to study medicine, I felt there was little to be gained from repeating these experiences. Therefore, I went to my mentor and discussed the idea of trying to make the most of this time and make it worthwhile in terms of my CV.

He suggested that if foreign travel and working abroad were not a priority, then undertaking an audit was probably the most valuable use of my time (in terms of professional development) and that it would not be difficult to find a team willing to let me help out with one of their audits.

I feel very fortunate to have be allowed to undertake my elective at Lewisham Hospital, as it not only an excellent teaching hospital I was given the opportunity to present at the joint ortho-anaesthesia governance meeting and submit the audit to the 3rd Fragility Fracture Network Global Congress 2014 in Madrid. As my first posting as an F1 will be to an elderly care ward in Romford, I hope that I will be able to attend this meeting, but if not then I will still value the experience of working on an audit.

Being on the wards and helping with ward rounds, calling for collateral histories, making referrals has also been rewarding and I have particularly enjoyed feeling part of the team on Elm ward.