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Notes from America

I have had a thoroughly enjoyable time whilst in America undertaking an elective in Cardiology at the Yale-New Haven Hospital in New Haven, Connecticut. My objectives were to gain an insight in to the American healthcare system, to understand how it differs to the United Kingdom both in terms of structure and delivery, to see how cardiology is practised in another developed healthcare system and to fully immerse myself in cardiology and learn as much as I can.

All things considered, I feel as if I have been successful in achieving all of these objectives. People here at Yale, particularly the Fellows have been open and engaging with all of my lines of questioning, whether they be about cardiology or the way their system works. There have been several aspects during my time at Yale that have struck me:

1. Health insurance and coverage: Care of cardiac patients is already a complex pathway. The additional component of a patient's insurance, particularly when it comes to prescribing medication, is something that had never crossed my mind. With some of our patients with atrial fibrillation, it has been clear that one of the new oral anticoagulant agents would be an ideal choice given their prior experiences whilst on warfarin. However, not every insurance policy will cover the cost of these agents (30 days of apixiban costs $373). In our system, as long as NICE criteria were met, patients would be eligible, irrespective of their financial status. Whether it is more equitable for everyone to be taxed upfront in order to pay for universal healthcare for all, or, to only pay into insurance if you feel like you need to is a discussion I have had on numerous occasions whilst in America. My conclusion, admittedly biased, is that I would not swap.

2. Computerisation. There is no paper at Yale. Everything from writing notes, prescribing drugs, ordering tests, ECG tracings are all done of the computer screen. As per GP surgeries, the benefit of this is that one can read notes from five years ago without the hassle of having to leaf through reams of paper and read questionable handwriting. That said, I do not think it will be too many years until we have similar systems in our hospitals, particularly our big tertiary/teaching centres.

3. Ancillary staff. This is an aspect of healthcare delivery that the UK could certainly attempt to adopt. In the UK, there are three tiers of staff: doctors, nurses and healthcare assistants. In the USA, as far as I can ascertain, the hierarchy is as follows: doctors, physicians assistants, advanced nurse practitioners, nurses, healthcare assistants. What this means is that many of the jobs performed by less senior doctors in the UK (bloods, ordering tests, blood gases, discharge summaries) are performed by these ancillary staff members. The benefit of this is that doctors have more time to think about a patient's clinical picture. In America, doctors spend significantly more time discussing a patient, their condition, their results, and their investigations in order to come up with a plan. Medicine is more of an academic pursuit here, and it is reflected in doctors' knowledge about evidence. Being able to sit and talk about conditions and receive teaching as part of the ward round is one of the things I have enjoyed most about being here. I really feel that being around such thorough discussions about patients has really informed my skills regarding management and decision-making will improve me as a doctor when I return.

4. Knowledge. I have been fortunate to be surrounded by people, both fellows and attendings, who are extraordinarily knowledgeable in the field of cardiology. What is more, they have always been willing to teach and I have gained an awful lot from spending time with them. Although the American day is long (12 hours a day is reasonable, 80 hours per week the norm) the pace of work here is not as high as in the NHS. As I mentioned before, there is time to discuss the patient in detail and form management plans. Further, since all of the notes are typed on the computer, if an issue

arises or a debate requires resolution, it is easy to quickly look up a paper or an article online and find the answer. It is this "on-the-go" learning that I am determined to make part of my daily practice when I begin work in August. If one ensures that one learns about a condition contemperoneously with seeing the patient, then it stays with you and if one gets into the habit of reading the original evidence upon which everyday clinical decisions are a made then I strongly believe that it will make you a better doctor.

5. Attitude. The American attitude to patients is outstanding. There is sometimes a sense in our London hospitals that people are not as friendly as they can be and that adversely affects the morale of the staff. Of course, there are problems, in fact, I perhaps should not have been surprised that many of the same problems that we encounter regarding clinical care are present here, but the positive disposition of the American healthcare workforce is something that we would do well to adopt. A second point is the relative informality I have observed within the hierarchy whilst at Yale. Everyone seems willing to listen to others' point of view and whilst it is clear where the decision-making authority lies, one has never felt belittled or not listened to solely for the sake of being more junior.

I feel I have been extremely fortunate to have been placed with the cardiology consult service during my elective for a number of reasons. As part of the consult service, one is often the first to assess a patient from a cardiac standpoint, this means that a thorough assessment is required and the workup is begun, and more often than not, followed through to completion by the team. This has meant that I have been able to really get to grips with patients' histories and get a good sense of the decision-making processes are at each step of the way. Secondly, the consult service is a small team; only one attending and one fellow. This has meant that I have been given quite a large amount of responsibility in being the one to do the initial clerkings and the present to the fellow in the morning and then the attending during the afternoon round. This has allowed me to hone my presentation skills. Also being required to be the one who writes the note on the patient has added to the sense of responsibility and to see only very short addendums written by both the fellow and attending has elicited a small sense of pride. Finally, I have been fortunate that the consult service, as well as the cardiology service as a whole, has been staffed by some extremely knowledgeable, funny and friendly individuals, many of whom have gone out of their way to ensure that my time here has been as enjoyable as possible. I would like to mention that Dr. Grant Bailey has been particularly exceptional in this regard and I strongly feel that it is having him as my supervisor that has permitted me to have such a memorable time at Yale.

I would strongly recommend an elective in cardiology at Yale to all medical students.