

# Elective Report – Nadia Taylor

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## **A description of the pattern of disease/illness in the population with which I worked**

### *(a) Parkinson's at Edgware Community Hospital*

The Parkinson's patients presented from North London, mainly from referrals from GPs, consultant geriatricians or old age psychiatrists for diagnosis or transfer of care. Neurologists or an allied health professional would refer when they required help from an MDT. An interesting comment by Dr. Mathew was how she felt that the Parkinson's Plus group of patients were under-diagnosed. I felt that during my time in the unit there were actually a large proportion of patients with Parkinson's Plus in comparison to Idiopathic Parkinson's disease per se. This has severe consequences to their outcome considering their progression of disease and treatment response is so different.

### *(b) Paediatric Neurology at Great Ormond Street*

Usually when one works in a hospital in a geographical area one can discuss the importance of epidemiology in that area due to the patients that present from the surrounding. GOSH is such a fascinating place in that the patients that present to the hospital do so for other reasons than proximity thus they have varied backgrounds. The only illness that does follow a pattern that I have witnessed is that of suspected genetic disease and consanguinity.

## **Comparing and contrasting the health provisions of hospitals where I have previously worked, the Parkinson's unit at Edgware community hospital and GOSH.**

Dr. Mathew and I discussed the history of the Parkinson's unit at Edgware community hospital. The service was evidence based to begin with, as European Parkinson's Disease Association (EPDA) patient charter was used as a benchmark to develop the service. The team work in partnership with patients, families and voluntary organisation and the success of the service is largely down to its patient centeredness. What made this unit so special was the extra care and thought that had gone into its creation. In the heart lay a purpose built gym for Parkinson's patients for their PT and OT sessions. There were large sized rooms for group work. A dining room meant Dr. Mathew was able to complete her day assessments and patients and carers could have a cooked meal without a second thought to the logistics. To finish was a garden, purpose built for these patients potentially with limited mobility or wheelchair-bound to enjoy with their friends and family. A calm and serene place to enjoy during their visits.

I was supremely impressed with GOSH. Something as simple as giving each child and family their own room and privacy during their visits was so valuable for them. Alongside this was the fun and

interactive environment for the children with play technicians presenting i-Pads with games. Everywhere you look there is another light show or interactive floor to play with in an effort to de-medicalise the environment. Technology also plays a huge part in the day to day activity of the doctor. Ward patients names and details are logged into a system and displayed on an interactive board near the nurses' station. The doctors use handheld devices to see the patient's observations and drug charts and all logged on computers. Notes, although most still handwritten, many have moved onto computer with registrars walking around with laptops typing away about their consultations. Although there were occasionally teething problems with this from a logistical point of view, this seems to be the future of day to day life of the doctor in efforts to streamline medical communications. I haven't seen anything like the above in any of the hospitals I have worked in previously.

## **The importance of the MDT in the of management of movement disorders in the paediatric and adult populations**

An important similarity between the two centres and their treatment was the way they managed the patient in a holistic fashion, not just medically, bringing in the skills of all the necessary members of the MDT. With the doctor acting as the overseer to ensure the patient/child received all that they required.

The patients I have met in both groups run on the spectrum of minimally affected to extremely complex. When one runs into the complex patient it is vital the clinician considers all their needs. The latter is where the MDT plays an absolutely vital role. The Parkinson's clinic at Edgware provides integrated multidisciplinary care from a single point of access from diagnosis to end of life, thus ensuring continuity of care which is vital in a progressive neurodegenerative condition like Parkinson's disease. Following initial assessment patients are then referred on to respective disciplines i.e. PT, OT, SLT, Dietician, depending on their clinical need. Every new patient is discussed at the weekly MDT meeting for goal setting and then reviewed at a later stage to see whether goals were met or not.. The movement disorders department at GOSH runs a joint clinic with the physiotherapists where the child's needs are assessed equally from a medical and therapy point of view. This ensures that the child is catered for from an entirely holistically point of view to optimise their quality of life. Finally both clinic settings mentioned involving palliative care when suitable.

## **A discussion into whether I achieved the following personal/professional development goals:**

- 1. To experience specialist areas of neurology I wouldn't have otherwise seen in my career*

This is a goal I feel I absolutely achieved whole-heartedly. What I found most beneficial was the one-on-one time I spent with many clinicians in both centres. Being able to discuss each case in depth was something I truly enjoyed. Using my previous knowledge and building on this on a case-to-case

basis with clinicians from many backgrounds in various situations and complex patients. I was fortunate enough to be involved in teaching well beyond my previous training.

## *2. To undertake some research in a specialist area*

I was approached to undertake an audit for the Parkinson's unit. This was the ideal audit for me to be involved in as, although I had completed a small audit previously, this was a much larger audit looking at compliance with NICE guidelines in the management of Parkinson's disease. I gained skills which I can take forward into my future career. I was also able to understand the important issues for the unit looking forward into the following year.

## *3. To gain coping mechanisms when dealing with difficult emotional situations.*

This was probably something I was most worried about stepping into GOSH and something I am concerned about as an emerging junior doctor. Probably as when I mentioned to family and friends what my elective placement entailed in GOSH I was met with the same reaction of "won't that be very sad?" To be honest I haven't found the need to hone these skills in this environment. Ofcourse I have been moved by the trials and tribulations that the children and parents have to endure. However, what I have been more touched by is the resilience of the family members. How the support of the wonderful staff at GOSH has given some of the patients and families I have met an upbeat outlook. I have nothing but the utmost respect for these families and carers. So, I haven't learnt coping mechanisms here but a true understanding of the importance of a positive mental attitude.