Ahmed Amin Ben Khoud

My elective was in Cardiology department in Queen's hospital in Romford. My rationale for going here was threefold; I wanted to see whether the work load and patient demographics of a Cardiology ward differed from the specialised tertiary centres of the inner cities. I also wanted to learn more about the common cardiovascular presentations that I might encounter as foundation year doctor and to learn more about the diagnosis and the most appropriate management for my current level of training. Finally, I wanted to further explore cardiology as a field for my future practice.

In the past, I have completed a 5 week placement in Cardiology in Whipps Cross Hospital, as well having the opportunity to spend some time in the cardiology department of the London Chest, Barts hospital and the Royal London Hospital. I was able attend paediatric cardiology clinics during my Paediatrics placement at Homerton Hospital. However whilst at Whipps Cross Hospital, this was combined with a vascular firm which was where I ended up spending most of my time, limiting the amount of exposure I had to learn about cardiology. For this reason, combined with my previous interests, I felt it would be helpful to be able to spend a little more time learning about cardiology before I graduate. As a future FY1 in the Severn deanery, I felt that going to a hospital on the outskirts of London may better reflect the patient load I may encounter within my upcoming FY1 placements. Moreover, with cardiovascular presentations being prevalent amongst both acute intakes and inpatients regardless of speciality, I thought that observing the management of said patients would put me in good stead.

When entering medical school, I had a perhaps commonly naïve impression that doctors, despite specialising in a myriad of fields, were similar to the old style internalists who could and would treat any and all ailments of a patient under their care. My progression through medical school and my time spent on placements has taught me that this, at least in London's hospitals, is an extremely rare occurrence. For example; a patient on the ward is a chronic type 1 diabetic managed on a basal bolus insulin regimen. When her blood glucose regimen was becoming deranged, rather than adjust the dose of insulin, a referral was made to the diabetic team to come and review the patient.

In more secluded district general hospitals, it may be the case that consultants take more of a holistic approach with regards to managing all their patient's ailments. Indeed on the cardiology ward, there were patient's with no cardiovascular pathologies present being managed by the ward doctors. Nevertheless, I have noticed from my London placements that referrals are very common. It is common for consultants to spend more time managing "outliers" (patients under the consultant's care who are not on their usual ward) than their own patients on the ward. There are obvious intrinsic advantages to such an approach; an expert in the patient's condition has a direct role in that patient's workup and has input into their management. However, that does tend to lead to a certain fragmentation in the care of patients, with patients often being unclear about who is directly caring for them; they may feel impotent in their own management and confused at the multiple personalities that emerge from behind the curtain often leading them to be frustrated (and less amenable to speaking to medical students). "Oh, which one are you?"

Whilst the previous point might not be entirely noteworthy, what I found more striking was that sometimes the cardiology department would refer patients to other cardiology services. Queen's cardiology department does not offer all of the services the other hospitals such as the London Chest

would offer. This includes interventional angiography although I have observed diagnostic angiography at King George's hospital. These procedures seem to be offered more commonly at tertiary centres (although some district general hospitals such as Whipps Cross do have these available). I noticed that when patient's deteriorated on the ward, they would have to make a referral to another hospital. Typically they would then follow their advice on how to manage the patient in the acute stage and then transport the sick patient by ambulance so that they could receive interventional treatment elsewhere. Obviously the sooner patients are treated the better their morbidity and mortality would be after a cardiac event. Nevertheless it did seem quite bizarre to me that patients in a hospital could not be managed whilst they were there and would have to be shipped off somewhere else.

In terms of the patient demographics, they were concordant with my experience in other hospitals in the North East London deanery. In other words, aside from Caucasians, it was not uncommon to see patients from Indian subcontinent. Compared to tertiary centres, there were more "everyday" pathologies with patients with common cardiovascular pathologies making up the majority of the patient case load. Acute coronary syndrome, arrhythmias and heart failure was common; channolopathies were understandably less so. However I did meet some patients with more interesting conditions. For example, a patient with mitral valve prolapse secondary to co-existant Marfan's syndrome was present on the ward. Connective tissue diseases often have a wide variety of cardiovascular presentations. It made acutely aware of the possible cardiovascular complications of patients with systemic diseases.

My experience at Queen's hospital was fruitful and enlightening; it me made aware of the challenges of a district general hospital and reminded me that I will soon be encountering those hurdles during my first placements. The fragmentation of services that I encountered was inherently problematic however the team were nevertheless flawless at negotiating these difficulties. I enjoyed further learning about the management, both acute and chronic, of 'bread and butter' cardiology whilst also widening my vision to suspect cardiovascular disease when dealing with non-cardiology patients. I feel that my experience at Queen's hospital will stand me in good stead for my future clinical practice and any impending career choices I may make in the future.