

ELECTIVE (SSC5b) REPORT (1200 words)

A report that addresses the above four objectives should be written below. Your Elective supervisor will assess this.

During my elective abroad my main priority was to observe the differences in practise in an aesthetic department across Jordan and the United Kingdom. In the UK, anaesthetic practices are highly standardized and regulated by bodies such as the Royal College of Anaesthetists and anaesthetists undergo many years of training, adhere to strict guidelines, and maintain high standards of patient care. In general in the UK as I have observed clinicians place lots of emphasis on evidence based procedures and maintain a continuous adherence to protocols to ensure patient safety. However, I was aware that in many countries in the Middle East clinician practises slightly different. I underwent a couple of years of work experience there before beginning medical school and so I wanted to conduct my elective and complete my experience now that I studied medicine in the UK for six years. Whilst the medical education system in Jordan is well built the healthcare infrastructure varies across the country specifically between urban and rural areas. Upon speaking to my supervisor I was informed that major hospitals in cities like Amman have good facilities and practises that are quite compatible to those in the UK but rural hospitals and clinics lack that level of resources. This affects the consistency of anaesthetic practises which as I was informed by many practising clinicians during my elective effects the level of training that clinicians receive. The majority of clinicians must undergo training in rural areas however because the standard of care vary so much across the country clinicians usually received different levels of training in contrast to the UK where the majority of training is standardised. I was fortunate enough to visit a clinic in rural area that my consultant worked out for an afternoon and observed that the advancement of drugs and equipment we're very different at a much lower standard then in the hospital in Amman.

Another difference I observed was one that I had a pre-existing insight towards. Growing up a lot of my family members received care in Jordan and so I witnessed the style of care as a receiving patient and family member. Social norms in the middle east can affect the way that information is shared and consent is obtained. In the UK patient autonomy and informed consent are highly prioritised and often very well documented. I found that depending on the doctor patient often received different levels of interpersonal relationships with hospital staff. I did notice this was sometimes quite beneficial as due to the more casual way in which doctors spoke to their patients great report was often obtained which resulted in better care. Often in the UK the way in which staff communicate with patients is quite clinical as they follow through many guidelines and protocols. However I also witnessed in Jordan that often times because there is such a high emphasis placed on a doctor and patients placed them on very high pedestals mistreatment of patients is often brushed under the rug. New generations of doctors as I witnessed place greater emphasis and care on maintaining professional and respectful relationships with their patients in comparison to the older doctors still working in the Middle East. I've realised I appreciate building good rapport with patients and having interpersonal relationship however still maintaining the level of respect and professionalism that is required to deliver a high standard of care.

Another objective of mine was to observe the differences in surgical safety checklists ahead of surgical procedures. The World Health Organisation surgical safety checklist is a global standard however the implementation and adherence to this checklist varies across countries. In the UK the checklist is widely adopted and compliance is monitored. Throughout my training I observed a strong emphasis on team communication and accountability and all steps from pre operative cheques to post operative cheques are designed to minimise human error and maintain patient safety. Throughout my elective whilst The WHO surgical safety checklist is used and recognised its implementation can be inconsistent especially in the

rural areas I previously spoke about. I had many conversations with my supervisors where they explained that due to lack of resources time and understaffed hospital settings it can be quite difficult to adhere to every step in every checklist. Furthermore Jordan adopts a hierarchical nature in hospitals, which as I mentioned previously is often due to the pedestal that doctors are placed upon. This made me realise how glad I am to have received my training in the UK, as it gave me great perspective and a great appreciation for the importance of alternative hospital staff. I wholeheartedly disagree with disrespectful treatment to other members of staff coming from doctors. I've learned to acknowledge that whilst doctors do often lead teams, medical teams and safe practice can only be achieved with the help of every individual in the multidisciplinary team. The nature of some of the medical teams in Jordanian hospitals influenced the dynamics of checklist implementation as I observed that junior staff often feel less empowered to speak up if they notice a potential issue. Whilst this does exist in the UK and I have observed this on placement myself where oftentimes it's quite difficult to speak up as a junior, I observed it is much more difficult in the Middle East. This was something that a lot of the junior doctors I worked with over the course of my elective spoke a great deal about and it made me realise the importance of relationships among staff in maintaining good practice. I do believe these issues also play a role in the differences in the usage of guidelines in Jordan. Because there is a big prejudice given to doctors quite often patients wholeheartedly trust a doctor's opinion despite what a guideline might say. Before I went into my elective I had a preconception that guidelines and protocols were necessary to implement patient safety based on evidence based research. However during my elective I also realised that a factor we don't consider quite often is that every patient is indeed different and often times doctors with many years of experience may know when it is best to not strictly follow a guideline and tailor it more to patients that may strictly fit a protocol. My final objective was to improve and practical procedures and I do believe this experience allowed me to do both due to the lesser emphasis on guidelines and strict protocols doctors in Jordan often are exposed to a greater level of experiences and many more opportunities to do practical procedures. Whilst I was supervised on every procedure I did on a patient a lot of the doctors took time and effort to talk me through every procedure and allow me the opportunity to practise them. I did many cannulas catheters and even administered drugs to patients under supervision. I also had the opportunity to help with an intubation. Whilst I think it's incredibly important to practise practical procedures the main lesson I learned was to overcome the fear it takes to perform a procedure for the first time on a patient especially in stressful environments which will be a great skill that I can take with me as I begin my journey as a doctor.