ELECTIVE (SSC5a) REPORT (1200 words)

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

My elective placement with the Emergency Medical Services (EMS) at Johns Hopkins Aramco Healthcare (JHAH) has been an extremely beneficial, educational, and enjoyable experience all in all. The staff have been so friendly and welcoming, and it has been such an incredible opportunity to observe medicine being practiced in such a different and unique part of the world. I have been fortunate in witnessing many cases over the past couple of weeks, and I believe that the wide variety of cases I have witnessed, as well as the relevant discussions with patients and healthcare professionals alike, has allowed me to complete my set objectives to the best of my ability.

Objective 1, Assessment and Triage: The system at JHAH works using a number code system in order to categories the acuity of cases; 1-4, with 1 being the most acute (e.g., cardiac arrest) and 4 being the least (e.g., influenza-type illness). Most of the cases coming in through to the EMS are usually 3 or 4, however, I was fortunate to be able to witness and participate in a couple of code 1 and 2 cases. The first memorable case was a middle-aged lady (50 years or so) who presented with collapse and severe chest pain. Immediately, she was suspected to have Acute Coronary Syndrome and I began working her up with the consultant of the day Dr Zafir. We conducted an A-E assessment and while this was going on, I was simultaneously able to take a focused history from the patient, where I was able to ascertain that her chest pain was of sudden onset and was radiating to her back. This history prompted us to consider aortic dissection as one of the causes for her chest pain and hemodynamic instability, hence we booked her for an urgent CT angiogram. This experience taught me the importance of taking a history even in the most high-pressure situations (i.e., where the patient is extremely unwell). It can be easy to forget history-taking and jump straight to examination/intervention, but I am reminded that 90% of the diagnosis can be found in the history, which can in turn aid in rapid intervention and treatment of critically ill patients. In my second week in the EMS shadowing Dr Basheer, I had a similar high acuity case where a four-year-old boy was bought into the resus room while he was actively seizing. Despite how intense the situation was, I was marveled at how swiftly and promptly the ED nurses and doctors acted to stabilize the patient according to the ABCDE algorithm. While actively seizing, one doctor managed the airway by turning the child's head onto his side and applying 100% oxygen, one nurse worked on gaining IV access, another was applying monitoring equipment, and another was drawing up the IV lorazepam. During this fast-paced situation, I found my role was in comforting the mother who had bought her child in and explaining to her what was going on as it all seemed alien to her at the time. This experience also exemplified to me how crucial teamwork and communication is when it comes to managing acutely unwell patients

Objective 2, Ethical and Cultural Competence: Being in Saudi Arabia for my EMS placement has taught me a lot about navigating various ethical and cultural dilemmas and situations. Primarily, the value of respecting patient dignity and privacy. Whilst this is the case of course in the UK, there are some additional things to consider when treating patients and families here in KSA. This includes principles such as always drawing the curtains around patient beds to ensure the privacy of women who cover themselves, ensuring that the least invasive examination/procedure is conducted, and that anything invasive is only carried out if absolutely necessary and with appropriate chaperones/documentation etc. Being here during Ramadan while patients were fasting also came with its own unique challenges, especially when patients would require any oral or IV medication which would conflict with their religious

duties to fast until sunset. This again required careful navigation and understanding where an agreement could be met between physicians and patients. For instance, in a severely dehydrated patient with gastroenteritis, the necessity for him to receive IV fluids (in his best interests and in line with the ethical pillar of beneficence) had to be carefully balanced out with a very compassionate and understanding conversation about what this would mean for him in terms of his own religious beliefs and his personal autonomy.

Objective 3, Global and Public Health: During my elective, I gained a better understanding of the role emergency medicine plays in public health. I witnessed first-hand how timely and effective emergency care can prevent morbidity and mortality. Additionally, the diverse patient population I encountered highlighted the correlation between social factors and emergency presentations. For instance, patients from lower socioeconomic backgrounds who often lacked an educational background and had poorer understanding of medicine and health often faced barriers to accessing healthcare, leading to delayed presentations and exacerbation of their conditions. For instance, I remember one particular case of a women who presented with injuries related to a MVA (motor vehicle accident) who presented several days after initially sustaining the injury. This experience highlighted the importance of addressing social determinants of health such as educational status, socioeconomic status, and cultural beliefs in improving health outcomes and reducing health disparities. This was something I witnessed in the EMS where most of the ED doctors took some time out after each consultation in order to educate less-informed patients on the importance of lifestyle modification including dietary care, exercise, smoking cessation, and stress management.

Objective 4, Personal and Professional Development: Throughout my elective, I actively sought feedback from supervising physicians and colleagues to enhance my performance in the ED. I embraced constructive feedback as an opportunity for growth and made a concerted effort to integrate feedback into my practice. For example, with my history taking skills, I was able to learn how to take a much more focussed history appropriate for the ED involving the history of presenting complaint, key negative symptoms and only important relevant family and social history. I also improved in my presentation and handover skills as the repetitive action of presenting patient cases to my supervising consultants forced me to learn how to become more precise and concise in my communication of information. This iterative process not only improved my clinical skills but also fostered a culture of continuous learning and professional development. Moreover, I was able to demonstrate a commitment to learning by attending the weekly educational seminars at JHAH and participating in various case discussions with clinicians on a wide variety of subjects (ECGs, chest pain, trauma, pain management etc.) to expand my knowledge base and enhance my clinical decision-making skills. Reflecting on my performance, I recognize areas for improvement, particularly in terms of communication with patients and colleagues. Moving forward, I am dedicated to further improving these skills through deliberate practice and ongoing self-reflection.