

## **ELECTIVE (SSC5b) REPORT (1200 words)**

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

### **Accident and Emergency in Malta**

The most common presentations I came across whilst in the accident and emergency department were not so dissimilar to patient presentations I had seen in the UK. Within the department, there were 3 sections termed Area 1, 2 and 3, with Area 3 dealing with the most acutely unwell patients that had arrived to the hospital via ambulance. These patients experienced a range of problems, spanning from acute asthma exacerbations, cardiac chest pain, abdominal pain with pyrexia, and also included traumatic events such as RTC, fall from a height and a stabbing. Although this was not something I saw as a patient presentation during my time in Mater Dei, it was interesting to see a diving incident form which included details such as type of gas mix used during the scuba dive, maximum depth of dive, total dive time, whether symptoms started on ascending, descending, on the bottom or whilst surfacing, as well as past scuba diving events and the surface interval between dives. Speaking to the A&E doctors about the frequency of patients presenting with diving incidents that required forms such as these to fast track them to the hyperbaric unit, I was surprised to find that these events were not as common as I had previously thought.

Malta has a public healthcare system like the UK, and therefore the way in which the A&E department was ran was very similar. Healthcare is free at point of delivery to the citizens, who if presenting to A&E, will be triaged, assessed, and monitored in one of 3 areas until they are ready to be discharged or are seen by another medical specialist to be transferred to a different ward. What is different is that not all specialties are catered for within Mater Dei, the only general hospital in Malta. If patients require oncology, geriatric or dermatology services they are required to visit or be referred to Sir Anthony Mamo, Sir Paul Boffa or Karin Grech rehabilitation hospitals respectively. It was interesting to see that most of the medical professionals were familiar with each other, and oftentimes the majority of the doctors knew each other as classmates, since there is only one medical school to graduate from in Malta, and I felt that this helped make communication within the team of doctors, especially when seeking advice from other specialty doctors, more efficient. Something I found interesting was a patient safety notice issued by the Clinical Chairperson of the Emergency Department, which stated that all Foundation Year Doctors were required to discuss their patients with a senior doctor within the A&E department within the first 15 minutes of their first contact with the patient, following which a management plan is formulated and approved with the senior doctor, and countersigned in the notes by them. I felt that having a policy mandated in this way, although bureaucratic in some ways, demonstrated the dedication of the A&E department to uphold patient safety; within the UK, although it is commonplace to discuss with an FY2 or above as an FY1 new patient presentations, it is not something that is so strictly enforced.

To explore the impact of COVID-19 on the Maltese healthcare system as well as more specifically within the A&E department at Mater Dei, I researched the literature in addition to speaking to more senior doctors who were able to give me a more shop floor level understanding of resource allocation at the time. In a population- based study published using data from the Clinical Performance Unit Mater Dei

Hospital as well as the Ministry of Health, a drop in A&E attendance was seen in the 2020-21 period (1). Data shows that A&E attendance dropped significantly, presumably due to the population's fear of coming into contact with COVID-19, a sentiment that was shared and also seen globally, with a reduced number of patients presenting to outpatient department services as well as being admitted into hospital. However, the reduced presentation to A&E was more concerning, as it meant people were putting off potentially life saving treatment modalities, and therefore poses a public health risk that further increases mortality of the population as well as increasing future healthcare burdens. However, it was noted that following the vaccination rollout scheme, A&E attendance rose back to previous rates. In terms of COVID-19 policy at the height of the outbreak, the main concern of the country was to avoid inundating Mater Dei as it is the only public general hospital in Malta, and therefore other healthcare spaces that were non-essential were cut back on. Additionally, public health measures such as the Protection of the Vulnerable Persons Order, particularly important as Malta has a sizeable ageing population, in addition to initiating a telemedicine service at Mater Dei Hospital in the summer of 2020 to decrease the number of face-to-face presentations, were key to ensuring vulnerable population groups were both protected and had their healthcare needs met simultaneously.

Overall, the two weeks I spent shadowing the healthcare team at Mater Dei Hospital I gained insights into what a career in A&E would look like. Although at times there was a language barrier where some doctors preferred to speak Maltese with each other and to patients, I felt very supported and felt the team of consultants and more junior doctors were very approachable to answer any questions I had. I enjoyed the varied presentations of A&E, and although at times stressful with the number of patients that were waiting to be seen, it was a very stimulating and rewarding experience.

1.Cuschieri S, Borg D, Agius S, Scherb H, Grech V. COVID-19 and vaccination induced changes in hospital activity in Malta, Q1 2020 to Q1 2021: a population-based study. *Journal of the Egyptian Public Health Association*. 2022 Feb 8;97(1).