ELECTIVE (SSC5b) REPORT (1200 words)

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

Objective 1: Describe the pattern of long COVID in Vienna, Austria and contrast this to the UK.

Prior to the elective, I expected that I would still be seeing a lot of COVID-19, however this was not the case. During my 3 weeks of being on the ward, I only saw 2 patients with COVID-19. There were also no long COVID clinics for me to join so my learning relating to this objective is based on research.

Much like in the UK, in Austria, long COVID is an umbrella term used to describe adverse health consequences that occur after an acute COVID-19 infection. The symptoms should either persist after acute COVID-19 infection or appear 4 weeks after an acute covid infection. The symptoms should not be attributable to another health condition. Two disease courses are defined. Persistent COVID-19 syndrome, which is where symptoms either persist or begin between 4- and 12-weeks post COVID-19 infection, and post-COVID-19 syndrome, where symptoms persist or new symptoms develop 12 weeks after acute COVID-19 infection. Several risk factors are noted, including age, previous health conditions, sex, severity of acute COVID-19 disease, type of COVID-19 variant, vaccination status and repeated infections.

In Austria, the management path of long COVID-19 usually starts with patients seeing their GP. The GP takes a detailed history and performs basic investigations. Patients can then be referred onwards to specialists where more advanced investigations can be carried out. Long COVID-19 rehabilitation can then occur either on the ward or in an outpatient setting. Due to the variety of presentations of long COVID, Austrian guidance emphasizes creating a personalized approach for each patient.

Objective 2: Describe the pathway to access specialists in Vienna, Austria and contrast this with the UK.

In Austria, accessing specialist healthcare usually involves navigating a healthcare system that priorities comprehensive care covered by large public health insurances. The process is generally straightforward, though it may vary slightly depending on factors such as insurance coverage and location. There are several typical routes to access specialist healthcare.

Firstly, one can access specialist healthcare via the General Practitioner (GP). This is a common first step for many Austrians seeking specialist care. The patients consult their GP or "Hausarzt" who then can refer onwards to certain specialties. GPs can also provide initial assessments and or management of simple conditions. However, this route is much less common than in the UK. Unlike in the UK, there is a secondary route for accessing specialist healthcare in Austria. Patients can contact a non-hospital specialist (Niedergelassener Arzt). These are doctors who have completed their specialty training and are considered full specialists. They are based outside of the hospital and patients can simply book an appointment with a specialist of their choosing. Additionally, compared to the UK, waiting times are relatively low. Compared to hospital-based specialists, these doctors can sometimes be limited in their choices of diagnostics or therapeutics. In cases where a patient's needs are beyond that provided by the outpatient specialists, they may be referred into the hospital outpatient system.

Most specialist consultations and treatments are covered by public health insurance in Austria. However, patients may need to pay out-of-pocket for certain services, such as elective cosmetic procedures or alternative therapies not deemed medically necessary.

Objective 3: Describe the organisation of ICUs in Austria and contrast this with the UK.

For patients requiring more specialist or invasive diagnostics and interventions than wards can provide, there are ICUs and IMCUs (intermediate care units), much like in the UK. IMCUs are designed for monitoring patients whose vital organs are at risk of failing or to serve as stepdown units for ICUs. ICUs and IMCUs are, in principle, run in an interdisciplinary manner. Generally, physician specialists are from anaesthesia and intensive care specialties or if there is a focus for a specific ICU/ICMU, then physicians may be from internal medicine specialties with specialisation in intensive care medicine.

During my placement, I spent time in an ICU for patients with respiratory conditions. There appear to be some staffing differences. In the UK, generally a 1:1 ratio of nurse to patient is maintained. In the ICU I was placed in, there were 6 nurses for 8 patients during the day and 4 nurses for 8 patients at night. For the 8 bed ICU, there were also a minimum of 2 doctors during the day.

In terms of the day-to-day, there were also some differences that I experienced. In the ICU that I was placed in, the day would start with one of the ICU staff going to the department morning hand over meeting and one staying in the ICU going over any new documentation. The ICU doctors would then meet in the doctor's office and get a more detailed handover from the doctor who was on call. The doctors then go and see the patients, reviewing their drug charts, vitals and perform a quick examination. Followed by this, the doctors return to the doctor's office and are joined by the nurse in charge. Nurses then come in one by one and discuss their patient with the doctors and documentation is completed. Following this, any procedures are done such as central lines and bronchoscopy.

Objective 4: Gain a working understanding of medical German.

This was an ambitious objective and I feel that I have only partially completed it. To approach this objective, I purchased a special textbook aimed at teaching medical German which I began working my way through before starting my elective. I also noted down any new German words that I heard throughout the day when on placement and then made flashcards of these words. Every day I would revise the flashcards and I would also pay special attention to German discussions, trying to identify my new words. In addition, I tried to read as much German medical documentation as I could find as I found this to be a great source of new vocabulary.

There were however some struggles. In the first couple weeks, I encountered so many new words that it was quite overwhelming and I was often exhausted by the end of the work day. However, as I got settled in, I could begin studying German grammar in the evenings. Another difficulty was that some patients spoke with quite a heavy dialect which I sometimes struggled to understand. I would often ask my colleagues about certain dialect pronunciation so I feel that I have come away with a decent ability to understand certain Austrian dialects. Another challenge was that medications are usually prescribed with a brand name, so I started to learn the brand name of the common medications such as furosemide and bisoprolol.

Looking back at where my German was at the start of the elective, I can confidently say that my German has improved. When I started, I struggled to follow the discussions between patients and the doctors, but now, I can understand around 90% of these discussions. I am also starting to understand more of the discussions between doctors, which initially was challenging due to the speed and technical nature of these discussions.