RESPIRATORY MEDICINE

Elective Report: Asad S Mahmood, Paeds Pulm, MS-CHONY at NYPH

1. Describe the pattern of disease/illness of interest in the population with which you will be working and discuss this in the context of global health.
What are the common respiratory diseases that are treated at NYPH?

Overall, patients presenting to outpatient clinics and admitted on the inpatient service included various socioeconomic and ethnic groups. In particular however, the area local to the hospital had a large Domincan population and was, relative to the rest of Manhattan, a lower socioeconomic area. As a result there was a preponderance towards patients from this ethnic / socioeconomic group.

NYPH has large specialist cystic fibrosis (CF) centre and as a result many of the patients under their care had newly diagnosed CF or were long-standing patients. There was also a specialist sleep disorders service and hence many patients with conditions such as obstructive sleep apnoea (OSA) were discussed in weekly meetings. The paediatric pulmonology department also cared for many asthma patients and being a tertiary centre dealt mainly with more complex and severe cases. Moreover, they also were responsible for the care of patients with rarer conditions, such as primary ciliary dyskinesia, and pulmonology consults to other specialty services in the hospital.

Therefore, many of the illnesses encountered were similar to those that may be found in any UK, or any other developed country, tertiary paediatric pulmonology centre.

2. Describe the pattern of health provision in relation to the country in which you will be working and contrast this with other countries, or with the UK.
How does the USA's health system differ to the UK's NHS?

Health care in the USA is based on both private health insurance and government funded public, or social, care. It includes private health care insurance companies to whom a premium is paid but also includes government funded public provisions, for example in the form of Medicaid for patients from lower socioeconomic populations, and other schemes such as Medicare for elderly patients.

This is in contrast to the UK where all health care is to be provided by government funded health care services. Although patients have to option to elect to purchase private health insurance and seek health care in private hospitals. This means that in theory all patients should have health care available to them at the point of service regardless of whether or not they have health insurance.

Many of the patients seen had Medicaid cover, as they were from relatively lower socioeconomic population and it is a means-tested programme. Other patients had private health insurance. This meant that not all programmes, whether Medicaid or private, covered all medications and procedures. For example only certain brands of corticosteriod inhalers were available under each particular programme.

3. Health related objective.
How are paediatric respiratory diseases managed in a large tertiary centre?

Since the patients seen by the various physicians there were in different locations they way in which they were managed differed too.

The patients on the inpatient service were either consulted patients whereby their main doctors were from a different specialty, or the patients were under the care of the paediatric pulmonology team themselves. Often these latter patients were CF sufferers, but also included

patients suffering from other conditions such as bronchopulmonary dysplasia (BPD). Conditions such as asthma and CF had largely similar treatment protocols to that which may be seen in the UK. The patients on the inpatient service were managed in conjunction with the general paediatricians on the ward with whom management plans were discussed. The pulmonology team would make daily ward rounds in the afternoon which included an 'attending' (UK consultant equivalent) and a 'fellow' (UK registrar equivalent) and at different times in the year also included a 'resident' (UK senior house officer equivalent) and medical student.

The outpatient service included many patients too. They were seen in attendings' clinics daily and also in once weekly fellows' clinics on Fridays which were run under the supervision of a particular attending.

4. Personal/professional development goals. Must also include some reflective assessment of your activities and experiences.
How did learning as medical student in a USA hospital differ from that of a UK hospital?

Since many of the common conditions encountered and their treatment protocols were so similar to that of UK hospitals the experience was very similar to that of any previous clinical placement I had in the UK.

My role was similar too. As a medical student here, my time was divided between accompanying attendings in their clinics, observing their cases and discussing it with them after clinics. Outpatient work also included the fellows' clinics on Fridays during which I would begin taking a history and perform a physical examination from a patient before presenting it to the relevant fellow then the attending.

The other half of my time was spent on the inpatient service, where I would see consults deemed appropriate for a medical student. I would take the patient's history, examine them, then discuss my findings with the fellow and the attending before ward rounds. Then they would see the patient and make management decisions. Unlike most UK hospitals, patient notes here were typed out on a computer based system. Therefore, I would write up notes for each patient I saw, including the initial consult and subsequent follow-up notes. This was a highly unique and useful learning opportunity as it gave me practice in a system that will eventually be implemented in the UK.

some of the challenges I encountered were in differences in terminology and spelling. Especially for drug names since trade names are much more commonly used here rather than the generic name.