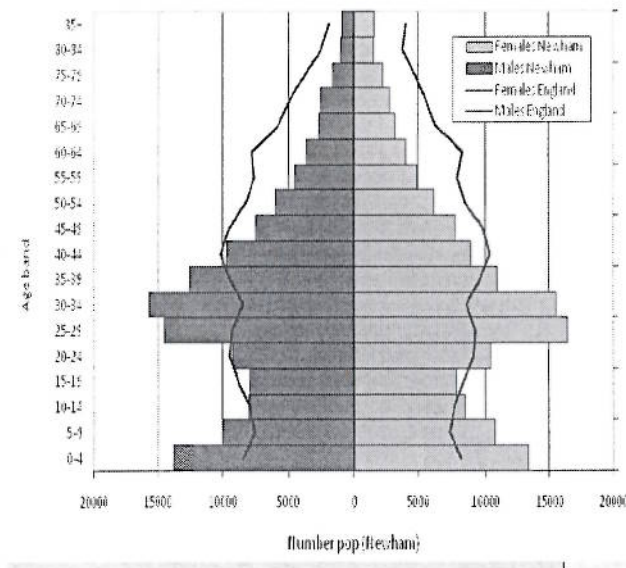


Electives Learning Objective

1. What are the prevalent haematological conditions in Newham?

Newham has high levels of deprivation, disease and mortality. The population of Newham in 2009 is 247,600 people, a growing population of one percent since 2001. [1] The population of Newham is predominantly young. Newham has proportionally more children aged 0-10 and more adults aged 25-39 than the England average. [1][2]

Figure 3.3: Age and gender population pyramid for Newham compared to England, 2009



In terms of ethnicity, sixty-eight percent of the population is non-white. The largest groups are Black African (15%), South Indian (12%), Pakistani (11%) and Bangladeshi (10%), Black Caribbean (7%) and Black 'Other' (3%) people. Recent population flows include an unquantified number of people from Eastern European countries such as Poland, Romania, Lithuania and Bulgaria. In 2001, 38% of the borough's population was born abroad. This includes a number of people who came as asylum seekers or refugees. [1]

The ethnicity and age proportions of Newham will affect the number and types of haematological conditions present in Newham. The most common haematological diseases in Newham are iron deficiency anaemia, sickle cell anaemia and thalassaemia. This reflects on the young age group and the large number of Black and South Asian population in Newham. Sickle cell anaemia is mostly picked up through neonatal screening (heel-prick test) and through genetic screening and counselling. Thalassaemia is also another condition that is usually diagnosed in young babies. Newham has its own specialised sickle cell and thalassaemia centre situated in East Ham. [3]

Other common haematological diseases that I have come across include vitamin B12 or folate deficiencies, ITP (idiopathic thrombocytopenia purpura) and different types of leukaemia and lymphomas.

2. How are the haematological services provided? Compare and contrast with a different country.

I chose to do my electives in Newham General Hospital. Patients with haematological diseases admitted in the wards are monitored by the haematological team. The team usually consist of a consultant, registrar and senior/junior doctors. There are daily morning ward rounds where the patient is examined and treated. Jobs that arise during the ward round are usually completed in the afternoon. There is a new patient clinic on Monday afternoons and follow-up clinics on Tuesday afternoons. There is a separate unit for patients undergoing chemotherapy treatment and blood transfusions. Complex cases are discussed in a multi-disciplinary meeting with the haematology staff from Barts and the London via video conferences. Once

weekly, there is a meeting to discuss patients undergoing chemotherapy with the haematologist nurse specialist and pharmacist at the day unit.

I have not experienced how haematological services are provided in another country. However, during my third year of medicine, I had a two week placement in haematology at Queen's hospital (Romford). The services provided at this hospital are very similar to Newham Hospital. The haematological team in Queen's hospital also have daily ward rounds, clinics and multi-disciplinary team meetings. The main difference between the two hospitals is that Newham does not provide special haematological tests such as enzyme deficiencies that can cause anaemia such as GP6D deficiency. If there is a request for special tests, samples of blood are usually sent to hospital in Central London. Newham Hospital also liaises with the haematology team from Barts and the London for the following services [4]:

- Haemostasis laboratory
- Red cell laboratory
- Immunophenotyping laboratory
- Molecular haematology laboratory
- Blood transfusion laboratory
- Immunohaematology / transplantation laboratory
- Cytogenetics Service

The Queens hospital has access to special blood tests however they do send samples to central London hospitals for second opinion or confirmation.

3. Describe some things that you have learnt in haematology.

I have learnt how patients with common haematological diseases are managed in the wards and community. Patients admitted for sickle cell crisis are examined and are treated with saline fluids and pain management. I learnt the importance to ensure these patients' health do not worsen and develop acute chest syndrome which can be deadly.

I learnt the importance of checking side effects of medications that can derange blood results. One example is when I came across a patient in an outpatient clinic with bendroflumethiazide induced thrombocytopenia. The patient's blood test results were linked to the time when the patient started to take bendroflumethiazide. The patient was advised to withhold the drug and a new follow-up appointment was made.

Another example of the importance of checking side effects of medication I experienced is when a patient on the ward was referred to the haematology team for bruising. The haematology team discovered that the patient developed ecchymoses and purpura after the use of selective serotonin re-uptake inhibitors. Notes were written to alert psychiatric team and other doctors of this side effect so that further action can be taken. I had the opportunity to look and identify cells under the microscope with the help of the senior doctors. I am now confident to identify sickle cells, target cells and normal haematological cells such as the different types of white blood cells.

I would like to become a general practitioner (GP) in the future and therefore it was useful to see the sort of referrals the haematology team receives from GPs. I learnt which referrals from GPs are correct referrals and ones that were inappropriately referred.

During the five weeks, I have also revisited common basic haematological knowledge; one would need to know at a foundation doctor level.

I was also given the opportunity to present an interesting case to haematology team. With the haematological team's recommendation, I presented a case on a young patient with diffuse large b-cell lymphoma. Here I took the opportunity to learn advanced knowledge on diffuse large b-cell lymphoma by reading around the subject. I read numerous journals to explain the treatment the patient was receiving. I enjoyed this learning experience and also grateful for the opportunity to present to the team.

4. Give a brief account of where you have demonstrated skills of professionalism.

I have been punctual every time I have attended the hospital. I have taken half day leave due to being unwell and have informed one of the doctors in advance. I been advised to take leave for the safety of the chemotherapy patients we handle with.

Before presenting the case presentation, I have obtained consent from the patient for presenting his medical history to the team. On the presentation, I concealed the patient's identify due to confidentiality reasons. I continued to being honest and respectful towards patients and staff members throughout this elective. I have demonstrated respect to patient's dignity by covering the patient after examination and using the screens to maintain privacy.

I am aware of my limits and boundaries and I request help when needed. There had been times where I was unsuccessful to cannulate patients with sickle cell disease and in this situation I have requested help from the senior doctors.

I have assisted in writing notes during ward rounds and I always made sure that it has been read and counter-signed by the senior doctors. This ensures that I have written the information correctly and appropriately. I hope that my medical professionalism will enable me to develop a trusting doctor-patient relationship in the future.

References

1. Newham Council. *Demographics*. [online]. Available from: <http://www.newham.gov.uk/NR/rdonlyres/08581283-CEFB-41B5-8631-DDCF8983A657/0/JSNA2009FINALSection4Demography.pdf> [accessed 04/05/12]
2. London. *Data Management and Analysis* Group. [online] Available from: <http://legacy.london.gov.uk/gla/publications/factsandfigures/dmag-update-20-2007-ons-ethnic-group-estimates.pdf> [accessed 04/05/2012]
3. NHS Newham. *Sickle Cell and Thalassaemia Services*. [online]. Available from: <http://www.newham.nhs.uk/main.cfm?type=SICT> [accessed 06/05/2012]
4. Barts Health NHS. *Haematology- Blood Sciences*. [online]. Available from : <http://www.bartsandthelondon.nhs.uk/for-clinicians/gp-referral-guide/haematology-blood-sciences/> [accessed 07/05/2012]