

Sakeena Subhani

Elective report

I undertook my elective in Neurology in The Royal London Hospital which is located in the East End of London and serves a diverse and multicultural population. The East End of London is home to some of the poorest communities in the country and conditions such as TB and HIV are high. The Royal London Hospital is also a level one trauma centre operating the Helicopter Medical Emergency Service (HEMS) from a helipad on top of the hospital. The HEMS and ambulance service brings major trauma patients from all over the south of England to the hospital of whom 1000 patients each year have emergency neurological conditions. Additionally, the neurological department receives a range of complex neurological cases.

I had previously carried out an SSC at this placement and so I knew what to expect. In my previous placement I was fortunate enough to clerk and examine stroke patients and witness acute stroke admissions. Additionally, I was able to see general neurological cases both on wards and in clinics. Interested in what I had seen, I decided to build upon the knowledge and skills that I had required in my SSC by undertaking this elective placement.

During my elective placement, I was able to appreciate first-hand the multicultural diversity of the East London area. During one neurology clinic, I witnessed a consultation between a Bengali male patient with epilepsy and the consultant. The patient did not speak any English. The consultant took this into consideration and invited a translator to translate for the patient. The consultant took a patient-centered approach and spent a good length of time to ensure he understood the history of the patient's epilepsy.

In the same clinic I also witnessed the consultation between a Chinese lady with query stroke and the consultant. The patient seemed very health conscious and was describing a wide range of symptoms she was experiencing. The consultant was aware of the different cultural values held by each cultural group and took this into consideration during the consultation, for example he was aware that people from the Chinese culture are often very health aware and at times overly worried about their health. In addition, the use of alternative herbal medication is very common in the Chinese culture. Taking this into consideration, the consultant sensitively explored whether the patient was on any alternative medication and established that she was. He then explained to the patient in a reassuring, non-patronizing manner that her symptoms were most likely functional as all her investigations were reported back as normal. An understanding of the cultural and language barriers faced by patients in the area helped ensure an effective consultation.

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What really struck me about the health care system in the Barts and the London NHS trust was the efficiency at which the multi-disciplinary team worked. During an acute stroke admission, the stroke team would ensure that the patient was seen as soon as possible as per the national stroke guidelines and that any thrombolysis was administered within 4 hours. Doctors, nurses and radiologists worked together to come up with a clinical diagnosis. Regular audits looking into past stroke admissions and the time taken from admission to investigations, clinical diagnosis and administration of any thrombolysis helped ensure the efficiency of stroke administrations. My week spent solely in the stroke department highlighted to me the importance of controlling common risk factors such as hypertension, high cholesterol and atrial fibrillation as these factors were common causative factors for stroke. This knowledge is valuable for whichever specialty I work in as these risk factors are so common.

I particularly enjoy seeing interesting rare cases which I may not have been able to see in any other hospital. One particularly interesting case was of an elderly lady who had episodes of catatonia lasting several days which would then resolve. She was able to retain information that was presented to in her catatonic state. Investigations revealed no organic cause for her episodic catatonia and an underlying psychological issue was suspected as an underlying cause. I also enjoyed the teaching I received. I received a lot of bedside and lecture-based teaching from consultants and registrars as there were many other medical students also attached to neurology, including fourth year students and other elective students. The teaching helped me develop my neurological knowledge and examination skills.

The only shortcoming I experienced was being unable to attend as many neurology clinics as I would have liked due to the vast number of students attached to neurology in the Royal London. Additionally, in some teaching sessions there were times when I was unable to examine patients due to the large volume of students. To overcome this, I would re-visit patients with interesting signs who I wasn't able to previously examine.

Overall, I thoroughly enjoyed my placement, I learnt a lot about the patient population as well as the health care system. I also developed my neurological examinations and skills and would highly recommend the placement to future students.