

Elective Period 2012

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List of my Objectives:

1. Compare and contrast common neurological conditions and their management in Sydney and in the UK.
2. Discuss how management and patient care differs between the NHS and the health care system in Australia.
3. Reflect on my own personal experiences - both in hospital and outside of the hospital.
4. Carry out a research audit.

My objectives will be covered in this report.

Report:

I carried out a Clinical Neurology placement in Sydney. Why Neurology and why Sydney? Currently, Neurology is the career I wish to pursue, and Sydney is somewhere I have never been to and somewhere I have always wanted to visit. I booked my elective well in advance, which was certainly a good idea. It was stress free and organising it and having it planned ensured I got the most out of the experience and also enjoyed it as much as possible.

I flew over to Sydney on the Sunday after I got my final year results. I met my consultant on Monday morning and luckily did not suffer jet lag. He was an interesting character and I instantly knew I would get on well with him. I learned a great deal of Neurology from him, but I also learned how to be a good professional doctor. He was the most efficient doctor I have ever met and did not waste one minute of his day. He was very keen to teach me about professionalism and the boundaries that exist between doctors and patients as well as the importance of how to address them in an appropriate manner.

The way he communicated with his patients was very different to what I have witnessed in the UK. He was abrupt with them and very direct with his questioning technique but for him it worked. In a short space of time, he was able to get all the information he required from them, a skill I have been working on since starting my clinical years.

Furthermore, his room was laid out differently to those in the UK. It was very old fashioned with a big wooden desk between him and the patient. They also had old examining couches and never did he have a chaperone in the room when examining a patient. I asked him about this one day when a lady had to undress and he laughed saying the boundary is there I am the doctor she is the patient. There is no need.

Patients respected him and came from all over Australia to see him. One couple traveled by car for three days to see him and another couple had flown from Adelaide for an appointment with him. He was mainly based in the private hospital and did on calls in the public hospital. I had not done private medicine before and honestly did not think it was much different to public. I was wrong.

I was very surprised at the private patients. They would arrive at the clinic with a diary of symptoms they had been experiencing. For some patients this diary would be very detailed and made me wonder if this was the problem as opposed to the "symptoms" they were experiencing. For some I was right, as it was purely psychological, for others these diaries proved invaluable at tracing back the history of events leading to the diagnosis being made. Private patients also knew a lot about their symptoms, illnesses and the management they wanted or were receiving. It was a very different experience for me to sit in on a clinic where patients asked for MRI scans and asked for specific treatments. It was also different to see patients paying. Other differences I noticed were how the investigations were reported back. Patients came in with their MRI and X-ray scans in a folder. There was very few scans held on the computer system and it was interesting having to view them on the old back light system.

The conditions I saw in his clinic were similar to the UK; migraine, epilepsy, multiple sclerosis, movement disorders and stroke patients. He also saw medical legal cases, which I did not sit in on. The management was similar except for migraine, where Botox was used quite a bit for refractory migraines. Epilepsy treatment was similar but again some differences arose in the guidelines on driving and medication was very patient centered rather than following guidelines. The consultant also trusted the patient and discussed with them about driving rather than having set rules. This was different to the UK. However, if the patient had had recent seizures they were categorically told not to drive until the next clinic meeting.

When he was on call I stayed late until eight or even 9pm in the evening and discovered that Australian doctors rarely eat. This took me some time to get used to. We are taught in the UK to have a break and eat but there, you "grab and go".

I enjoyed the emergency department as I would clerk patients on my own and then present them to him and the registrar. To begin with, I was not expected to do much and I think this was because the final year medical students in Sydney do not have the same level of clinical skills as we do. Thus, they were impressed with my examining style and level of history taking which was a confidence boost for me. Hereafter, I was allowed to do more and make suggestions for management plans. Final year medical students there focus more on theory than clinical skills.

In addition to general neurology clinics, the ED and multi-disciplinary meetings, I attended Botox and movement disorder clinics, which were fascinating for me as it is movement disorders I am most interested in. Spasmodic dysphonia was a condition that was very common in this clinic and I had not seen it in London despite sitting in on two very busy Botox clinics in London. I also witnessed deep brain stimulation, which was the most dramatic thing I had seen at Medical school. The result of this therapy on the patient's life was incredible and has completely changed his life for the better.

The ward rounds I attended were most unusual. Eleven consultants would come as well as the Professor of Neurology with the registrars and two house officers, in addition to the number of medical students attached to Neurology, and all the patients would be seen

and discussed by the bedside. To me it looked daunting from a patient's perspective but again it seemed completely normal. They did not close the curtains; each patient would be discussed as if it was a multidisciplinary meeting right at their bed side. They were also fully involved in treatment plans and all decision making. Any complex cases were then discussed at the neurology meeting held on a Wednesday morning. In the UK this would involve neurologists, surgeons and radiologists and here it did also, except the patient would also be in attendance. I enjoyed this as they then knew exactly what was going on and were generally happier with the plan as they too felt in control of what would be happening to them and their management plans.

Unfortunately I did not get to carry out the research project I had wished to, as my consultant did not have the time, but I started an audit in my SSC 5b in London based on the new guidelines for Epilepsy management and carried out work on this in my spare time in Sydney. I also reviewed the guidelines for Epilepsy in Australia and am doing a comparison between the two. This I discussed with the registrar who worked on the team.

I had a very busy 5 weeks in my placement and attended numerous clinics, ward rounds, on calls, community clinics, etc. I have only touched on what I did in this short report. Although I did not think many differences would exist between Medicine in Sydney and Medicine in the UK, many did and I am glad to have had the experience to witness these.

Outside of the hospital, I also had a lot of fun. I met the Sydney medical students there as well as two girls from Oxford. We socialised in the evenings. At the weekends I met some Bart's students and we did weekend trips together. I stayed in a house lodging with two girls who take students from around the world. The location was perfect it being a ten-minute bus ride from the hospital and 20 minutes from the beach and the centre of Sydney. I really made the most out of being in this wonderful city. I went to a big Rugby game, I was cast as an extra in an Australian show (by chance), I learned to surf, I went on boat trips, hiking trips etc, and I think this is why I enjoyed it so much. I really made the most of every minute I was there.

I was apprehensive about my elective before I left London, it being the furthest I have traveled from home, and essentially on my own. But I discovered that I am much more independent and stronger than I had thought I was. I made some great friends and know I will be back in Sydney in the not so distant future. I loved my elective experience and it was the perfect way to end Medical School.

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