Elective Report – 2016

Fatima Cheema, Final Year Medical Student

BACKGROUND

I carried out my medical elective at the Royal Prince Alfred Hospital (RPAH) in Sydney, Australia between June and July 2016. Sydney is the most popular city within Australia, housing the famous Opera House and the Sydney Harbour bridge. The RPAH is located approximately 15 minutes away from the central business district and is one of the major teaching hospitals in Sydney with approximately 700 beds, and hence I felt it would be a good hospital to work in, as clinicians would be happy to teach and help. The similarities in the health care system in Australia and the UK allowed me to feel comfortable and settle in well during my time there. 'Medicare' is the publicly funded health care system in Australia and despite being also funded by the government, it is in many ways, different to the NHS. For example, blood transfusions, dental services, optometry and ambulance services are not included in the Medicare system[1]. Furthermore, in Australia, the government run healthcare system also co-exists with a private health system. The government encourages its citizens to have private healthcare to "top up" the Medicare co-payment system as it offers free treatment for in-patient stays, 85% for specialist services and 75% for GP treatments.[1] Normally, patients are expected to pay at the point of care for any "excess" costs they have, unless they are insured or exempt. However, there is also a low earners card allowing totally free government-funded healthcare. Having always seen a government run healthcare (the NHS), I was curious to see how the health services differ when in a privately funded scenario.

ROLES AND RESPONSIBILITIES

During my time at the hospital, I was attached to the ENT department which also allowed me to branch out to sub-specialties such as head and neck surgery. My role was that of a medical student at the University of Sydney, this included attending theatres, clinics and shadowing the registrar. In addition to this, I had the opportunity to attend grand rounds with the other medical students which aided my learning on different medical specialties.

In theatres for example, I was able to scrub in and assist in several procedures such as tracheostomies, septoplasties, tonsillectomies and adenoidectomies. In clinics, I was given my own patient list and hence could take full histories, carry out relevant ENT examinations using the otoscopes and nasal speculums, and come to a possible management plan. I would then report my findings to the registrar who would review and discuss this with me. Being able to have my own patient list in a specialist field is something I have not experienced during my time at medical school, and therefore I found it to be a very rewarding experience as I was able to build a good rapport with the patients. It felt reassuring to see that I had a positive effect on the patients and the doctors. This furthered my confidence in my medical knowledge and professionalism. I was able to see how my 4 years at medical school have equipped me with the essential and necessary skills to carry out a full consultation with a patient about their medical problem as well as maintain a good rapport with them. As I had a 4 week placement, I was able to follow up patients from seeing them in the clinic to also assisting in their operations in theatre, and later checking up on them in ward rounds. This allowed me to have a realistic view of patient care in hospitals.

ENT is a broad specialty with sub-specialties within, for example it is closely linked to head and neck surgery. As part of the elective, I had the opportunity to also attend some theatres at the Chris O'Brien Life House which was situated opposite the RPA. The Life House is a non-profit integrated cancer treatment centre and I was able to attend some head and neck surgeries. It was interesting to see the coming together of oncology, ENT and head and neck surgery, in treating the cancers.

During my elective, I did not encounter many ethical dilemmas, however, due to the diverse cultural background of Sydney, some patients' inability to understand English formed a barrier of communication between the doctor and patient and myself. For example, a patient had a follow up appointment after having had a nasal septoplasty and turbinectomy. On arrival he was very distressed and anxious as his breathing had not improved and was getting worse. He was of Chinese descent and could not speak English and was hence not able to express his concerns and problems verbally. After speaking to him in simple English the doctor found out that the patient had not been taking his nasal sprays as directed due to the previous doctor not explaining the medication use clearly. In order to deal with this the doctor apologised to the patient and advised the patient to bring a family member/interpreter with him next time. At this point I thought it would be useful if we wrote down clearly the instructions for the nasal spray and handed it to the patient. He seemed happy and assured, this showed me that small things as such can have a significant impact on the patient's experience. This was something I could also apply in the UK as we also have patients from a wide range of backgrounds. It is a doctor's duty to ensure that a patient can understand the treatment when it is explained. It is not necessary for doctors to be able to speak different languages to explain simple things such as the example above. It is the manner and style in which things are explained, that affects how well a patient can understand them.

REFLECTION ON LEARNING OBJECTIVES

"*1. Acquire a detailed approach to dealing with ENT cases eg history, examination and management, especially emergency*

cases. I feel that 4 weeks in ENT will allow me to gain experience in both elective surgeries as well as emergency procedures such a tracheostomy. As surgery has always appealed to me, I hope I can in some way be part of procedures during my time there."

I feel that I have fulfilled this objective as I was involved in both elective and emergency procedures. I enjoyed scrubbing into the tracheostomies as it allowed me to learn the anatomy of the neck visually. I felt nervous before scrubbing in for the first tracheostomy, as I feared making even a small mistake could have dangerous consequences for the already unwell and intubated patients. After successfully assisting in the first tracheostomy, I felt confident when scrubbing in for the consecutive ones.

Whilst shadowing the registrar on her on-call bleep, I had the opportunity to see many cases in the emergency department. One particular case was of a 14 year old boy who had been admitted to A&E with an apparent quinsy. On the way to the emergency department, I was able to visualise the classic signs of a peri-tonsillar abscess; hot potato voice, drooling, and an unwell looking child. Upon arriving, this was exactly what we saw. I felt pleased to be able to recognise these signs and observed the registrar assess and drain the abscess. It was pleasant to learn and see new things which I had not experienced before during medical school, having only read about them in textbooks.

"*2. Become familiar with specific ENT problems. I feel that during my time on surgery I did not experience much on this subject and hope to be exposed to more ENT related conditions in more depth during my elective period.*"

This objective was met via the many clinics I attended, through them I have become familiar with common ENT related problems and feel I have more knowledge on them than I did previously. I have always found the best way to learn for me is to see real life cases on the wards or clinics, and this is why the ENT clinics were very useful for my learning. Amongst the common ENT cases I saw, there were some very rare conditions which I learned about. One example of this was a patient with throat pain, dizziness, earache and white ulcers in the mouth. His diagnosis was a herpes zoster virus of the glossopharyngeal nerve. It was fascinating to see a rare condition as such, however despite it being rare, I was able to use the principles of my medical knowledge and make-sense of the condition. Another useful case I saw was a 60 year old lady with multiple health problems presenting with a recurrent chronic cough especially at night. Previously, I had mostly associated coughs with respiratory conditions; however I have now learned to always consider acid reflux irritating the pharynx and/or larynx as a differential in these patients, which can easily be treated with a PPI.

"*3. As ENT is a specialty which appeals to me and I could potentially consider as a career, I want to gain a realistic idea of the working hours and the day to day life of an ENT consultant/surgeon. I hope that with a 4 week period, I am able to make an informed decision regarding this. I will aim to shadow as many doctors and will ask them about their daily routine and how they find working in ENT.*"

Having built a good rapport with the ENT department, I was able to speak to the registrar and consultants about their experience of working in ENT. I feel that ENT is a potential field I can work in. The specialty is not limited to any age, or patient group. It deals with babies to adults to the elderly, and has a mix of medicine and surgery. Despite the demanding hours in training it has a rewarding path in the future. My positive experience in ENT in Sydney confirmed that it is a specialty in which I can see myself in, and as a result I decided to change one of my SAMPs for ENT. Therefore, my new objective this year is to take all opportunities during my ENT SAMP to find out the pros and cons of the specialty in the UK, as I appreciate that Australia has a different ENT training programme. I will also aim to find more information about what I can do at an undergraduate level to build up my experience in ENT as well as during my training years as a junior doctor. I feel that my elective has allowed me to learn a vast amount about ENT and has also given me an introduction to head and neck surgery. I have identified the areas which I can focus on in particular during my SAMP and feel that by doing so I will have a well-rounded understanding of ENT in the UK.

Whilst I have learned a lot from my elective, I feel that the other medical students I interacted with and the doctors have also learned from me in some ways. I feel I have contributed to the hospital by assisting in the clinics, especially when there was only one doctor available for a list of over 40 patients in one day. When being taught by the doctors, I could see that they were passionate about teaching and this allowed them to exercise their teaching skills on students not at the Sydney medical schools, but on students from abroad including myself. In particular, the doctors enjoyed teaching me about the different treatment options for certain diseases that are used in Australia and not in the UK. I will be aiming to discuss these treatments with my ENT consultants whilst I am on my SAMP later this year.

The medical students were interested in finding out about the medical curriculum in the UK and I was able to discuss the similarities and differences in our systems. In particular, the students at the central medical school in Sydney had mostly experienced medicine in fast paced, urbanised central General Practice (GP) and hospitals, and not experienced medicine in rural areas. With my several GP placements having been in rural areas e.g. Haverthwaite, Arnside and Sedbergh), I was able to discuss with them my experience of working and learning in a small rural GP practice compared with a larger central GP practice. They were fascinated to hear about some of my home visits which included visiting farmers. I felt happy to be able to share my experience with them.

Overall, I have had a very useful and enjoyable experience with the ENT team at the RPA as well as Sydney itself. I liked the easy going lifestyle it has to offer and its friendly people.

REFERENCES

1. Australian Taxation Office. Available from; https://www.ato.gov.au/Individuals/Medicare-levy/