

# Lessons learnt from my medical elective in a developed country

## REFLECTIONS

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Medical electives are placements organised by students within the medical curriculum. I am a medical student from Mauritius, a developing island nation, where we have only one teaching hospital. Thus, carrying out a medical elective in a highly prestigious NHS hospital in London was an eye-opening experience for me. While I had many apprehensions on whether I would be able to adjust to and learn from a new health care system, I was very excited to learn from this new adventure. I scribbled a list of objectives before embarking on this journey and, after returning, I wrote how I achieved them.

#### **OBJECTIVE NO. 1:**

#### **EXPLORE THE DIFFERENCE BETWEEN THE NHS AND THE HEALTH SYSTEM IN MAURITIUS**

Through spending six weeks with the team of geriatric medicine at St Thomas' Hospital, I was able to make progress towards achieving my first elective objective: gaining an understanding of the differences between Mauritius and British healthcare systems. This placement allowed me to appreciate the experiences of both patients and healthcare workers in the NHS, which I could compare to my previous experience of placements within the Mauritian health care system.

#### **What did I learn?**

Both countries have a combination of public and private care. In Mauritius, the government runs hospitals and outreach area health centers, which provide a basic version of the services available on the NHS. One striking difference I found between Guy's and St Thomas hospital (GSTT) and Mauritian hospitals is the paperless system at GSTT. Every patient record and all documentation can be accessed via the intranet. In Mauritius, all the hospitals still use paper and sometimes, records are lost and handwriting is difficult to understand.

Another difference is the abundant resources available, such as urgent CT scans and blood results, and use of the latest drugs available on the market. In Mauritius, CT and MRI scans are only done on selected patients and expensive medications are not available in public hospitals.

Moreover, GSTT is very well staffed with designated teams that handle several aspects of the patient's health. In Mauritius there is a scarcity of professionals in each medical department, leading to severe staffing issues.

### What are the implications?

I gained a global understanding of the disparities that exist between the health care system of a developed and a developing country. It also helped me to gain a clearer idea of the healthcare model in a developed country.

### OBJECTIVE NO. 2:

#### OBSERVE THE DAY TO DAY RUNNING OF A GERIATRICS DEPARTMENT

The general setup of the geriatrics department was divided into 2 parts; the ambulatory care for older person (AOPU) and two admissions wards.

There are two consultants on each ward. A typical day on Henry's ward (one of three geriatrics wards) would begin with nurses handing over the patients and highlighting any specific issues that happened overnight. We would then proceed with the ward round where any new patients admitted to the ward were reviewed before going to see them. We went through their clinical notes on EPR (Electronic Patient Records) and their medications on 'Med Chart'. The consultant did a quick head-to-toe examination depending on the patient's presentation and clinical status.

After the ward round, we usually had a one-hour multidisciplinary team meeting (MDM) where the doctors, the physiotherapist, the dietician, the nurse, the social worker and the discharge nurse were present. The team would discuss each patient and actions which could be taken in their best interests. In addition to the ward rounds, there are morning and afternoon outpatient clinics every day. At GSTT there are various clinics; for incontinence, falls, heart failure, mindfulness, proactive care of older people (POPS), cognitive geriatric assessment (CGA) and bone health.

### What did I learn?

I observed some important aspects of how a geriatrics department works. First, there are two teams: the acute team and the ward

team. This makes triage of elderly patients coming to the hospital much easier.

Second, each and every aspect of the patient's health is taken into consideration. For instance, there is a dietician who will look after the patient's daily food intake, the physiotherapist who will assess the mobility of the patient, the pharmacist who will review the medications and the doctors who will see to patients' clinical status and well-being.

It was enriching to attend clinics as I had the opportunity to see how major problems faced by the elderly are tackled by the doctors. Besides the general functioning of the geriatrics department, I came across new concepts unfamiliar to me. One of them is the 'package of care': A continuation of care for people who are assessed as having significant ongoing healthcare needs, arranged and funded by the NHS. This notion was completely new to me as such care is not yet available in Mauritius.

I also learnt about the AMBER care bundle. This stands for 'Assessment, Management, Best practice, Engagement with patient and carers and Recovery of uncertain patients', and is a framework which provides a systematic approach to the management of hospital patients who are facing an uncertain recovery and who are at risk of dying in the next one to two months.

### What are the implications?

Working in a geriatrics department for six weeks changed my outlook on how elderly patients should be treated and cared for. I intend to bring the crucial things I have learnt back to my home country and apply them during my foundation years. I would also like to explore how to implement frameworks like the AMBER care bundle.

### OBJECTIVE NO. 3:

#### DEVELOP THEORETICAL KNOWLEDGE AND COMMUNICATION SKILLS

Being in a geriatric department provided many learning opportunities and a chance to enhance my theoretical knowledge as well as develop my communication skills. Since most elderly patients presenting to the ward or the AOPU had a number of co-morbidities associated with the presenting illness, it was a great opportunity for me to refresh my knowledge on those diseases and also learn how they are treated at GSTT.

For instance, it was quite common for a frail patient to have hypertension, diabetes, atrial fibrillation and osteoarthritis, amongst other diagnoses. I frequently used the EPR and e-noting to review and clerk patients. At GSTT I noticed that they make use of many evidence-based scores to assess patients. For example, I had only a brief knowledge on the National Early Warning Sign (NEWS) score, but at GSTT I had the chance to use it daily thus making

myself familiar with this scoring system.

While shadowing my supervisor I learnt a lot about how to communicate with patients and the importance of compassion and empathy. It was amazing to see how patients feel less anxious and become more engaged through these simple gestures.

#### **What did I learn?**

I learnt that compassion is a key component of patient care. The presence of a compassion gap will often lead to patient not engaging with the doctors, which impacts on their care.

#### **What are the implications?**

I feel more confident managing diseases that present in a variety of healthcare settings. I will carry the lessons of patient care wherever I practice in the future. Secondly, as a final year medical student and soon, a junior doctor, I hope to be as compassionate and empathetic to my patients as I can be.

#### **CONCLUSIONS**

My elective at GSTT, one of the most prestigious NHS hospitals in the UK, really has been an enriching experience for me. Six weeks in the geriatrics department changed my perspective on how elderly people should be cared for and, most importantly how compassion plays an important role in the holistic treatment of patients. I will try to implement the many things I've learnt at GSTT in my day to day work as a junior doctor. I wish to thank everyone who supported me during my medical elective.



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