

Phil Wild – Medical Elective in Cambridge and the Isles of Scilly, Summer 2017

For my elective I wanted to explore the more holistic and patient-centred parts of medicine. I also wanted to spend some more time in general practice because this is a potential career path that has interested me. Additionally I wanted to explore some other career paths. Finally I needed to stay in the UK. To achieve these aims I planned the following:

1. Two weeks in the Isles of Scilly on a rural GP placement
2. One week in liaison psychiatry at Addenbrookes
3. One week in hospital palliative care at Addenbrookes
4. One week in hospice palliative care at the Arthur Rank Hospice

My rationale for the rural GP placement was that it would epitomise all the things that inspire me about the job. For example, in the Isles of Scilly the community spirit and continuity of care with patients are very pronounced due to the small population size. Additionally, being away from the mainland, the few GPs there do everything from delivering babies, attending emergencies with the paramedics, managing a small short-stay unit and visiting patients in the hospice. Also the doctor patient relationship here is more pronounced in part to a small community and small number of GPs, but also because there was (on average) more time per appointment.

My rationale for the placements in psychiatry and palliative care was firstly that I have considered them as potential future careers and secondly if I choose to go down the GP route they are both important topics to be confident in.

What I did and what I Gained

The liaison psychiatry team is a multidisciplinary team which provides emotional and psychiatric support for in-patients and A&E. It is split into three teams which deal with patients over 65 years old, under 65 years old and A&E. Some patients seen were in hospital directly because of their mental health conditions e.g. substance addiction, deliberate self-harm, attempted suicide, schizophrenia, bipolar etc. Other patients were in hospital for medical/surgical issues which could have impacted on their mental health conditions e.g. depression, schizophrenia, substance addiction etc. On my placement I joined the doctors and specialist nurses and went to visit patients who were referred to the liaison psych team. With the >65 team I learned a lot about the use of anti-depressants in the elderly and I also practised some cognitive assessments, notably ACE-III a long and robust assessment which looks at all cognitive functions. With the A+E team I met patients with drug addictions as well as witnessed the aftermath of failed suicide attempts. Overall I learnt a lot of the importance of communication and patience in patients with mental health conditions.

During my palliative care placement at Addenbrookes I went to visit many patients in their last days or weeks of life. I learnt how as a future doctor I have many medical and simple practical ways I can make patients more comfortable as they pass away. I also experienced difficult conversations with people about dying, but I appreciated how they are incredibly important to have. I felt like for the patient to be comfortable as they died, they needed to be comfortable emotionally, just as much as much as physically.

During my palliative care placement at the Arthur Rank Hospice I witnessed palliative care at its very best. It was a new hospice, which was beautifully decorated and equipped with the best medical equipment. It didn't feel like a hospital at all. Every patient had their own private room with an en-suite and a view of the gardens. The nursing care was brilliant and the doctors visited the patients every morning and addressed all concerns the patients had and optimised their comfort. It was not just a lovely place for the patients, but also for the family to visit their loved ones and say goodbye. During my week there, inevitably there were a few deaths. Whilst it was emotional for us

and the family, it never felt like a failure (as it often does in hospital), but more of a natural process. The patients were comfortable and the family could say a proper goodbye. A highlight of the week was visiting the MND clinic which was held fortnightly at the hospice. Any patient with a diagnosis of MND, whatever age or stage was welcome and some people had travelled for hours to make it to the clinic. It was run by a multidisciplinary team consisting of 2 doctors, a specialist nurse, a speech and language therapist, a nutritionist and a physiotherapist. Each patient went from room to room, visiting each member of the team. It was remarkable to see these patients with such a devastating disease get the very best care that can currently be provided to them.

My final placement was in GP at the Isles of Scilly. These are a small cluster of islands a few miles out to sea from Land's End. The population size is around 2000, with the majority living on the main island called St. Mary's. To get there I flew from Exeter airport in a 20-seater twin otter. I stayed with an ex-paramedic who worked at the GP practice, together with his family. The GP practice is located on St Mary's, but each day one of the GPs goes to a different one of the smaller islands on the doctor's boat to run a clinic for people who can't make it to the main island. The captain of the doctors boat is on call 24/7 all year around and is always ready to leave within a few minute! There were three GPs and 2 practice nurses. The on-call GP had a range of duties from looking after any patients in the islands short-stay unit, going to emergencies in the doctor's car (see pictures) or even helping with deliveries! Just before I had arrived there had been a serious naval accident with one of the volunteers of the lifeboat crew, which the on-call GP had attended to stabilise the patient before he was flown to the mainland. If patients had needed secondary care either for emergency or after referral, there was a plane on standby to fly them to the large Cornish hospital in Truro called Treliske. The patient population was atypical. It had a large young fit working population, but also some elderly locals. There were also many non-residents consisting of tourists and seasonal employees, most of whom were European.

Conclusion

Overall I was very happy with my elective. I got a real flavour of different specialities with totally different patients. I am lot more comfortable and confident now with having difficult conversations with patients, due my experiences with severe psychiatric disease and patients receiving palliative care. I am also a lot more comfortable with the process of dying and confident with what I can do to help the patient and the family, something which I will be important once I start practising as an FY1.

The elective has also helped me to narrow down my options of future career paths. I am not so keen on general practice anymore and I am more leaning towards a medical speciality. There are a number of reasons I came to this conclusion. One is that I dislike the short consultation times. Secondly I dislike the large percentage of consultations which are quite repetitive and mundane such as drug reviews, blood test reviews, non-medical problems etc. Thirdly I realised that I get most satisfaction from studying one very focused topic and being an expert on it. I find it quite difficult knowing a little about everything.

Pictures

