



SCHOLARSHIP REPORT

This report should be completed by recipients of awards and scholarships from the Royal College of Physicians and Surgeons of Glasgow on completion of the activity for which they received their award or scholarship. Please complete all sections of the report form.

Please return your completed report via email to: **scholarships@rcpsg.ac.uk**

Or via mail to: **Scholarships Committee Administrator, Royal College of Physicians and Surgeons of Glasgow,
232-242 St Vincent Street, Glasgow G2 5RJ, UK**

Please use typeface when completing this form.

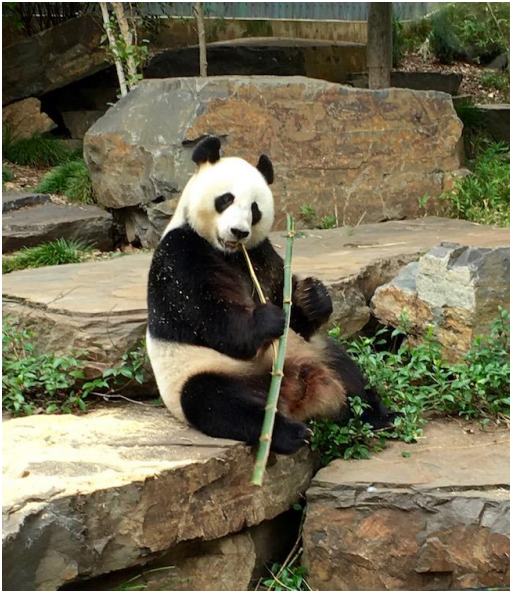
SECTION 1 PERSONAL AND AWARD DETAILS			
Title	Dr	PID	111781
Surname	Dickerson	Forename(s)	Jonathan
Scholarship/award awarded	Medical Elective Scholarship	Amount awarded	£1000

SECTION 2 PROJECT/VISIT DETAILS	
Name/Title	From subarctic archipelago to antipodean metropolis: a medical elective
Location	(1) The Lyell McEwin Hospital, Adelaide, Australia (2) The Gilbert Bain Hospital, Lerwick, Shetland, UK
Aims and objectives	<p>My clinical elective was in two halves, the first in Adelaide, Australia and the second in the most North-Easterly part of the the United Kingdom, Shetland.</p> <p>I had two related sets of aims.</p> <p>In Australia:</p> <ul style="list-style-type: none">• Observe and experience the Australian healthcare system• Gain exposure to anaesthesia and critical care in a different setting• Improve practical skills (e.g., vascular access, airway management etc.) and increase confidence• Increase understanding of the role for ultrasound in anaesthesia and the the unwell patient• Further explore anaesthesia/critical care as a potential future career path <p>In Shetland:</p> <ul style="list-style-type: none">• Gain experience of remote and rural anaesthesia• Improve practical skills (e.g., intubation and airway management) and increase confidence• Become more comfortable with responsibility for patient care• Observe how patient transfer to the mainland is facilitated• Further explore anaesthesia as a potential future career path

<p>Summary</p> <p><i>Include methodology, results and conclusions if applicable</i></p>	<p>The main highlight of my last year in medical school (bar passing Finals!) was my ten week elective period, crossing the globe. I am actively considering a career at the sharp end of medicine in the so-called 'acute-care' specialties, so an elective covering anaesthesia and critical care was ideal. These are topics that receive limited teaching time in medical school, despite being specialties that equips junior doctors with skills to treat acutely unwell patients, so the exposure provided on an elective was incredibly valuable.</p> <p>In Australia, I was based in the anaesthetics department of the The Lyell McEwin Hospital in Adelaide's northern suburb. The Lyell McEwin Hospital is a 336 bed teaching hospital (about half the size of the John Radcliffe – my medical school's main hospital) serving South Australia's northern population. It is recognised as a leading teaching institution for healthcare professionals and has undergone extensive restructuring, most recently to its emergency medicine and intensive care departments. My elective was based in the department of anaesthesia, although I was able to spend a week in the critical care unit providing me with a good exposure to critically unwell patients. My placement gave me a great exposure to Australian life and healthcare (and climate...) and increased my understanding of anaesthesia. As a teaching hospital (of the University of Adelaide), there were a large number of medical students in the hospital. Fortunately this was only towards the front of my placement and they are strictly timetabled whereas elective students are free to roam. As the Australian academic year runs Jan-Jan, this meant anaesthetics (and allied discipline) trainees were still relatively junior during my visit, limiting what I was able to do. Consultants had to prioritise their own trainee's exposure, so you were reliant on there being a competent trainee to let you be involved. Whilst this was frustrating at times, it didn't impact on my experience as at the very least I was still able to observe. I was able to participate in a wide variety of cases similar to the mix in Oxford.</p> <p>In Shetland – the most Northerly part of the UK – I visited the anaesthetics department of The Gilbert Bain Hospital in Lerwick. The Gilbert Bain is the only acute general hospital for hundreds of miles serving both the population of approximately 23,000 within the Islands and the 4,000 offshore workers. With just 70 beds it is the fraction of the size of mainland hospitals and thus offers a radically different insight into medicine. The remote nature of Shetland means that immediate resuscitation and stabilisation of a full range of emergency conditions is required and The Gilbert Bain has three consultant anaesthetists to enable this, in addition to locum cover. Owing to the remoteness a lot of patients are sent 'down south' – to Aberdeen – for treatment. Nevertheless, despite the small size of the hospital, I was exposed to a wide variety of cases and have dramatically increased my skill set. There were surprisingly numerous theatre sessions each week, where I was able to manage patients, eventually independently. Often visiting surgeons are flown to Shetland (usually from Aberdeen) for the more routine or stable lists. Whilst I was there, this happened to include a lot of dentistry and maxillofacial surgery. These are procedures I've not seen before in Oxford and as the majority of the patients on these lists were paediatric, it also gave me a wider exposure to anaesthetising the very young! The dearth of trainees meant I have been able to participate in a way that would not be possible in a teaching hospital. Whilst there are fewer surgeries than in mainland hospitals, I have been able to be far more hands on and this has been a fierce motivator – there just isn't the backup to be unconfident. In addition to anaesthesia, the hospital has a small A&E where I was able to bolster my general medical skills on days where there was no theatre list and limited anaesthetic input needed. I was also able to visit HM Coastguard on the island and participate in their helicopter winch training, again something just not possible outwith 'island life'.</p>
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<p>Learning outcomes</p> <p><i>Detail here how the aims and objectives were met</i></p>	<p>I managed to meet all of my learning objectives, both on Shetland and in Australia, and had a fantastic time.</p> <ul style="list-style-type: none"> • My practical skills improved and I gained confidence in intravenous cannulation, including under ultrasound guidance. • I managed to further my airway skills, not just using laryngeal mask airways and endotracheally intubations, but also blind and fiberoptic nasotracheal intubations. • I got to practice insertion and management of arterial and central lines. • I was also able to practice using ultrasound to assess the patient, especially in the intensive care unit. • I managed to increase my confidence at handling the unwell patient. • Whilst in Shetland, I was able to gain Paediatric Life Support accreditation, furthering my experience at working with children. <p>Ultimately, my elective strengthened my interest in anaesthesia and critical care and helped push me further towards post-Foundation Acute Care Common Stem training. Furthermore, spending time in Australia made me want to return. I'd even consider pausing my UK training to spend sometime abroad as an FY3.</p>
<p>Evaluation</p> <p><i>How has this scholarship/award impacted on your clinical/NHS practice or equivalent?</i></p>	<p>I had a fantastic time on elective, and this was greatly afforded by the generosity of The Royal College of Physicians and Surgeons Glasgow for which I am truly grateful. I can highly recommend both Shetland and Adelaide as places to visit and moreover for a clinical elective. Both places were a stark contrast but ultimately the medicine is the same, the challenges similar and the population-level medical problems comparable.</p> <p>I feel that I contributed to the team in both hospitals, although by the very nature of the Gilbert Bain being a small hospital I was able to contribute more. Indeed, I often found myself in situations that just wouldn't have been possible at home. I feel I am a more confident not just in my clinical practice, but also working in teams and communicating with patients.</p> <p>Overall, I feel that my clinical elective greatly complimented my time at medical school and added significantly to my education. My anaesthesia placements greatly increased my portfolio of skills and exposure and, in short, I had a great time.</p>

Adelaide



Wang Wang – One of Adelaide Zoo's two pandas.



A roaming koala.



A kangaroo appears!



Sevenhill vineyard at sunset.



The Lyell McEwin Hospital, Elizabeth Vale (South Australia).

Shetland



Lambing season in Shetland.



Shetland ponies seeking sweet treats.



The Skidbladner (replica Viking ship) on Unst, the most northerly island in Britain.



Winch practice at sea on 'Oscar Charlie' – HM Coastguard's Shetland-based helicopter.



The Gilbert Bain Hospital in Lerwick.

SECTION 4 | EXPENDITURE

Breakdown of expenditures

Please demonstrate how the scholarship/award funding was used to support your project/visit

Flights London to Adelaide – £1,200 | Transpot to Shetland (trains, ferry) – £410

Accomodation was gratis in both Australia and Shetland

Travel/medical insurance – £45 | Medical Indemnity (MIPS Australia) – free

Visiting student status at The University of Adelaide – free

Student Registration with Australian Health Practitioner Regulation Agency – free

Public transport and grocery costs were comparable to mainland UK

SECTION 5 | PUBLICATION

Scholarship/award reports may be published in College News. Please tick here if you agree to your report being published.

☒ I give permission for my report to be published in College News

If your report is selected for publishing, the editor of College News will be in touch to discuss this with you.

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