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Elective Report 2014

Cedars Sinai Hospital, Los Angeles

Simon Lee

I chose to do my elective at Cedars Sinai Hospital in Los Angeles. The weeks I spent there allowed me a unique opportunity to experience a healthcare system that in many ways is considered a polar opposite to the NHS. Having read and heard so much about healthcare in America, this was a valuable opportunity to experience and gain a better understanding of how the US system operates first hand. With both the NHS and US undergoing major reforms that will undoubtedly change the landscape of medical care in both countries, I was able to compare each healthcare system and learn more about the changes that will occur as Obama's health reforms are brought in. The exposure and the knowledge gained during my time at Cedars Sinai no doubt improved my understanding of healthcare models in operation. This allowed me to develop new perspectives and ideas that I can use in my future career to manage any changes in The NHS as it continues to evolve.

In the UK, the NHS is often taken for granted by those living here, most notably the ability to receive free healthcare at the point of need. During my time at the hospital I got to speak with patients and doctors alike who work in America and was able to discuss the pros and cons of both systems. The patients in particular were shocked as I told them the NHS is free to everyone at the point of need. This was a completely alien concept to them and one they could not comprehend. For those living in America, healthcare is not a regarded as a right but more of a luxury for which only those who can afford it have access to. However, now with the new reforms coming in it seems like the middle class citizens in the US are going to be the ones who suffer. For those earning below a certain threshold, healthcare is going to be free through insurance programs but for those earning above this level they will have to cover a lot of their own medical costs. If you're extremely wealthy this won't be such a problem but for those just about the threshold this is likely to hit them hard. Whilst I believe healthcare should be funded by the state and everyone should have access regardless of their financial position having free healthcare at the expense of others is not the way forward. Often during my time in America I couldn't have been more appreciative of the system we have here.

Despite these issues, the hospital was nothing like the hospitals I have experienced during my time at Barts. Walking into many of the wards was like walking into what I think a NHS ward would look like in 15 years time. Everything was computerised. From accessing the controlled drugs to opening the doors to writing in the patient notes there was no paperwork involved. This not only improved efficiency and reduced waste it also allowed easy access of patient information and test results. Everything could be looked up straight away. Ward rounds took place a lost faster. Each person on the ward round had a computer they took with and from there they could look up drugs, change doses, order tests and check results without having to go anywhere or fill any paperwork out. This was a relatively new addition to the hospital and had been brought in about 3 years ago but it does show that computerized medical notes are possible. Whilst the cost of implementing this was nearly half a billion dollars at just the one hospital, I believe the NHS need to take note.

I spent the large portion of my time in theatres doing anaesthetics or anaesthesiology as the Americans like to call it. I would get an email the night before informing me which resident (junior) or attending (consultant) I would be assigned to for that day. The main difference in their practice of anaesthetics was the fact that the patient was induced in the operating theatre, not in a separate room as is done here. I can see the pro and cons of both methods but feel by putting the patient to sleep in the theatre it means that they do not need to be transported anywhere once this is done. Once asleep all the equipment can be set up there and nothing needs to be moved. This proved a lot more efficient and safer.

Along with my senior, I would do pre-rounds on the patient before they were to be brought in. This would include a thorough history of any medical conditions and any medications they were on, much of which is the same here. A quick examination would then follow and any issues that could arise either with their induction or whilst asleep were established. After this I got to cannulate and prepare the patient for surgery. All the time it is very patient focused. Local anaesthetics is always used to avoid the patient feeling any pain when cannulating and they are often given a relaxant, usually Oxazepam, to calm them down before surgery. This made the whole experience less traumatic for them as most would be extremely nervous beforehand.

Whilst in surgery I was given a lot of responsibility although I was always being overseen by the senior. I got to induce the patient, maintain their airway and if possible I was allowed to intubate. It seemed the US doctors expect a lot more from medical students and even when I tried and failed, I was continually encouraged to give it another go as long no harm was being caused to the patient. By the end of it I felt extremely confident about my intubation skills. I also got to attempt a number of arterial lines and a couple of central lines which are now skills that I would feel competent at performing.

I loved my whole time in LA. The experience at the hospital was great and I got to learn a lot and do a lot too. My time there has definitely improved my skills as a doctor. The lifestyle is also a great one. During my time off I got to check out what California has to offer. I managed to take a golf buggy tour of Universal Studios, have dinner with Simon Cowell and party with Snoop Dog! The beaches and pools were also great fun and the weather is definitely something I will miss the most. I highly recommend to any students considering an elective in the States to do it at Cedars Sinai.