

## Renal Association Elective Report – Kevin Joyce

I spent my elective at The Wollongong Hospital in New South Wales, Australia. This is a tertiary referral hospital of ~600 beds situated in a small city about an hour South of Sydney. I enjoyed 6 weeks attached to the renal medicine team there.

I chose Australia as it was important to me to be able to speak to staff and patients in English, it was a country I had always been interested in visiting, and it has a medical system that provides universal access to healthcare and is widely regarded as very successful. Wollongong hospital is public hospital attached to Wollongong university and has its own medical school. I chose renal medicine as it is a core medical speciality that I am considering pursuing as a career, and a speciality I had not previously been attached to in the UK.

I spent much of my time on the renal ward, shadowing junior doctors, attending ward rounds, performing basic clinical skills, taking histories and assisting with ward jobs. I also attended renal outpatient clinics, spent time in the dialysis centre and attended medical student and junior doctor teaching. The renal team were extremely welcoming and friendly, engaged with me and got me involved.

I learned a lot of clinical medicine during my placement, renal medicine encompasses a lot of general medicine in its scope. The main piece of clinical learning I am taking away is a better understanding of the assessment of fluid status, and management strategies for both overloaded and clinically dry patients. Determining the position of patients JVP is very important to renal physicians and something I got a lot of practice at doing. Dialysis is another important area of renal medicine that I was able to learn more about during my time in Wollongong. An appreciation of the sheer time commitment that dialysis entails is one of the first things that struck me. Long term dialysis sessions are generally three times a week for five hours, plus setup and travel time, adding up to a lot of time spent in the dialysis centre. This is even more of an issue when considering the geography of Australia compared to the UK. Some people simply live too far away from a dialysis centre for long term haemodialysis to be practicable without moving house. Home peritoneal dialysis and home haemodialysis are options, and the centre in Wollongong runs training sessions for patients and family to facilitate this, a number of which I was able to sit in on. There is a shortage of rural doctors in Australia, and the Wollongong medical school has a specific objective to train doctors that are likely to pursue rural / outback medicine in the future, as such many of the students have GP or other placements at very remote practices deep into the Australian countryside.

Care of the dying is another major component of renal medicine, and the opportunity to sit in on conversations with patients and family regarding the benefits and problems with dialysis was extremely useful, both to understand these and to see conversations about nearing the end of life. The doctors were very passionate about palliative care, and endeavoured to make the end of life for patients as dignified and comfortable as possible, and to explain to me the considerations and practicalities surrounding this. I think the most memorable moments of my elective were conversations with patients and families nearing the end of life on the ward.

Medical practice, the structure of medical teams and the medical training program in Australia is remarkably similar to the UK system. All Australian residents receive government insurance (Medicare) for healthcare in public hospitals. Approximately 50% of the population also have private medical insurance. I did not spend any time in these private hospitals, but many consultants had both public and private practice. A noticeable practice difference was that patients choose their

doctors in the private system, many patients would ask for specific doctor recommendations if being referred to another speciality for any reason.

My elective gave me a great insight into renal medicine, I would recommend that every medical student try to have at least one placement on a renal ward. I have improved my knowledge of both renal and general medicine, and begun to understand some of the workings of a different, yet also successful healthcare system. I would like to thank the Renal Association for their bursary which helped to facilitate a great elective placement.