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Renal Association Medical Elective Report

I undertook my senior elective at Mater Dei Hospital in Malta, where I shadowed the renal team. I found this to be an extremely enjoyable elective, and I gained a much greater knowledge of Nephrology as a speciality and as a subject. I chose this elective as I had not had much previous clinical experience of nephrology and I always found it to be an interesting subject to study. Also, after seeing how many people were affected in hospital and the community by renal conditions made me realise how important a medical speciality it is and made me want to gain greater experience and knowledge on the subject. In addition, English is one of the main languages in Malta and so it was very easy to understand what was happening and to ask questions to patients and the medical team.

I was able to participate on morning ward rounds, where we visited many patients on different wards to review their renal problems, which was very interesting and showed me how renal problems are a co-morbidity to many patients as it often was not the reason they were admitted in the first place. In addition, I was able to examine the patients which provided me with some useful presentations to remember for future patients that I previously hadn't come across before, such as polycystic kidney disease and recognising the signs of acute kidney injury. The renal team were very inviting and friendly and thankfully keen to teach, and so described patients' cases as we saw them and explained the medications that they were on. The team consisted of an FY1, FY2, two specialty registrars and a consultant. They also talked about different drug interactions, which I found invaluable as it was one of my poorer topics in the past.

The morning ward rounds typically lasted from 8.30am until 12.30am, after which we went to the hospitals' dialysis unit every day. This was my first experience of a dialysis unit, and so was very interesting for me. Here I was able to assess and examine patients undergoing both peritoneal dialysis and haemodialysis, and was able to discuss the pros and cons of each with the renal team. In addition, I was taught how to identify and examine different types of fistula, and had a brief lesson on how the dialysis machines work. Talking to patients undergoing haemodialysis was very interesting, especially as I did not realise just how life-consuming it can be and how much time out of their lives it requires. After visiting the dialysis unit I could choose whether to spend time shadowing the junior doctors i.e. helping with bloods etc. or whether to attend a renal clinic with either the consultant or a registrar. Both of these options were very rewarding and allowed me to discuss and witness many aspects of common renal diseases.

Through the ward rounds and clinics I was able to see a wide range of patient presentations, including patients with chronic kidney disease, recurrent urinary tract infections, acute kidney injury from various causes, diabetic nephropathy etc. However, not all cases were quite so straightforward, and one case in particular proved a good learning case for me. A 40 year old man was admitted to one of the medical observation wards with recurrent rigors and feeling generally unwell with a headache and slight abdominal rash, who the renal team saw for the first time on my first day. He appeared to be fairly unwell, with intermittent fevers and nausea. My consultant believed it may be dehydration from gastroenteritis and so did the usual bloods and decided to observe him. We visited him every day on the morning ward round, and despite medical treatment his condition was not improving. It was then thought after around a week that he may have a viral infection or possibly meningitis, and so a toxicology screen and a lumbar puncture were performed. Luckily I was able to observe the lumbar puncture, which was extremely valuable as I had not been shown one before. The lumbar puncture results were clear, and it was eventually discovered that the patient had been suffering from Rickettsia. This was very interesting for me as we do not really see Rickettsia in the United Kingdom, and so discussing it with the senior registrar was very informative. This case helped teach me that not all cases are obvious and sometimes many investigations need to be performed over several days to get a diagnosis rather than getting one immediately.