

RENAL ELECTIVE REPORT

Background

I would like to begin by thanking The Renal Association for a bursary award which helped me to complete a four week nephrology placement at St Vincent's Hospital, Melbourne, Australia.

St Vincent's is a tertiary hospital in central Melbourne which provides general and specialist medical and surgical care. Furthermore there is significant research conducted within this hospital, which is colloquially renowned amongst local medical students as one of the more 'academic' teaching hospitals in Melbourne.

Placement Reflection

My elective placement mainly consisted of time spent on the renal ward, which admitted all patients with a history of a renal transplant, those who required dialysis for chronic kidney injury and patients with clinical or biochemical evidence of acute kidney injury. In this way, patients presented to the renal team either through the emergency department or were elective admissions.

During my placement, I attended daily ward rounds with the renal team. The team consisted of a senior clinician, typically a registrar who was sometimes accompanied by the on-call consultant, a resident (equivalent to a house officer) and an intern (similar to a foundation year 1 doctor). Towards the start of the four week elective, I would mostly observe the interactions of the team with patients. In a multicultural city such as Melbourne, it is very common for patients to have a first language other than English and indeed during my first week over half the patients spoke only mandarin. I learnt how effective communication with patients is the most important tool of a doctor to effectively manage patients, and that other clinical assessments such as biochemistry results and medical imaging are only supportive to the information gleaned from talking to patients. In those who were poor historians, I learnt the how effective taking collaborative histories from patients' relatives can be, and strategies clinicians can implement to communicate with such patients such as telephone lines and interpreters.

As my placement progressed, I was gradually given more responsibility during the ward round and quickly progressed to recording the details of clinical encounters in the patient notes. Initially this involved scribing notes dictated by one of the doctors. However, over the placement I was guided by the intern and learnt how to identify the background issues of each patient by myself, note down clinical examination findings in medical shorthand and begin constructing management plans. This will undoubtedly prove an essential skill in my clinical practice as it is one of the primary duties of a foundation year doctor. Similarly I also began to learn how to manage clinical scenarios that interns are commonly bleeped for (e.g hypotension, deteriorating urine output), how to complete discharge summaries and some basic clinical procedures – all of which are key proficiencies of a junior doctor working in the National Health System.

Seeing patients daily and being able to follow them up during an extended placement allowed me to build on my knowledge of renal conditions. I was taught how to perform a full peripheral and central examination of the renal system, and the acute and chronic signs

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of renal disease. I also learnt about the essential components of management plans for patients with renal impairment, such as immunosuppression regimens in kidney transplant recipients and bone protection in those with chronic kidney disease. One of the more common case presentations that I encountered was the wide range of opportunistic infections that can affect those with renal transplants, and how these can present with both renal and non-renal manifestations. This learning was consolidated during case discussions with the head of the renal department during weekly tutorials.

In addition to ward round, I was invited to participate in a range of other activities within the renal department. These included radiology and pathology meetings, observing patient dialysis education and running teaching sessions for second year students at the outset of their first clinical placements. These allowed me to appreciate how multi-disciplinary input is needed to afford the best care for renal patients, with many cases requiring consults by dieticians, specialist nurses, pharmacists and social workers.

Conclusion

Not having had a renal placement during my medical education thus far, I found my four-week elective in the nephrology department to be especially instructive and rewarding. I learnt how to assess patients with renal disease and formulate management plans for them, and enhanced my understanding of the roles of different allied health professionals in the department. I also greatly ameliorated my knowledge of the role of a newly qualified doctor within a medical team, which will be extremely beneficial in my upcoming foundation year placements.