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750 words describing your experience, and how the Elective has added value to your work

My senior elective was based in the Renal Unit at St George's Hospital in London. During this elective, I attended a combination of ward rounds, outpatient clinics, MDT meetings as well as some surgical ward rounds for both transplant and vascular access patients. St George's is a teaching hospital and thus I was able to attend as well as experience a wider range of teaching.

My time on the Renal Unit at St George's Hospital was an excellent learning opportunity. Having undertaken a junior elective in the Renal Unit at Monklands Hospital in Glasgow, I was interested to compare the presentations and treatment options for patients in both London and Glasgow. In particular, in London I was able to gain experience in patients presenting with ANCA positive vasculitis and associated renal disease, however in Glasgow very few patients presented with this. It would be interesting to further investigate this, by gaining statistical information on the epidemiology and questioning if there are any reasons for this. Notably for me, the Renal Unit in St George's was slightly smaller. However, the department was divided between Vascular Access and Renal Transplantation patients. Hence, it was very interesting to gain patient perspectives on all different forms of renal replacement therapy, from dialysis to transplantation. Furthermore, I was able to appreciate the necessity of good vascular access in patients whom were on dialysis, and the difficulties that can arise from a lack of suitable access.

During my four weeks there, I was joined by three other students from St George's university, two in their fourth year and one in his fifth. I was able to follow their timetable and attend their teaching sessions, however my supervisor was very proactive in arranging any particular clinics or theatre sessions that I was interested in attending. The teaching mainly included two consultant led bedside teaching sessions, which allowed me to practice and perfect my history taking and clinical examination techniques. The consultants would actively choose patients with either interesting histories or useful physical signs. In addition, I was asked to do weekly case based presentations. Subsequently, this was a useful learning experience, as it helped with improving my communication as well as my presentation skills. I also attended weekly radiology teaching, where we discussed interesting radiology reports from the ward.

Attending a variety of outpatient clinics, from post-transplant clinics to low clearance clinics allowed me to see a wide variety of renal diseases. On the ward, after attending ward rounds, all doctors were very keen to find me clinical tasks to assist with, from taking blood to obtaining IV access, hence I was able to gain a lot of clinical experience during this elective.

This opportunity allowed me to experience first-hand a wide range of different nephropathies and therapeutic methods. In particular, there was a notable case where a patient was allergic to dialysate, and hence the treatment, an essential component of management, was harming the patient. The multidisciplinary team were tasked with finding a solution that would enable the patient to undergo dialysis, such as anti-histamine treatment or obtaining different dialysate. This case underlined the significance and ethics of balancing treatment benefits and potential risks.

The placement emphasised the importance of good communication and a multidisciplinary team approach to the management of renal patients, as during ward rounds not only were renal physicians present, but the dialysis staff and vascular access team were also there to provide input. The majority of patients have a range of systemic illnesses; such as diabetes, vasculitis and coronary heart disease. Hence, input from a wide range of medical specialities to manage these patients is critical. Therefore, this placement emphasised how proficient communication between different departments and an integrative approach is crucial for good management of patients.

In essence; working in St George's gave me a better insight into renal medicine. I was given the chance to observe a wide range of thought provoking cases and experience different types of teaching. In addition, I was able to first hand practice examinations on patients, improving my clinical ability. Most importantly,

the placement placed prominence on the provision of holistic care. I have come to understand that efficacy in treatment is reliant on a multifaceted approach that focusses on integrating different systemic problems and therapeutics to find the most efficient beneficial solution.