

The Renal Association Elective Bursary Report

This spring I undertook a four week nephrology elective placement with the University of British Columbia at St Paul's Hospital in Vancouver, Canada - a large acute care hospital with a specialist renal unit situated in the heart of the city. The hospital is home to leading nephrologists and provides tertiary care to the 4.5 million residents of British Columbiaⁱ. Whilst on my placement I aimed to learn more about the day to day functioning of a large renal unit as well as see some of the more specialist services the centre can provide. I also hoped to gain an insight into the new services running at the hospital that are not currently structured in the same way in the UK.

During my placement, I was given the opportunity to fully experience the renal unit and meet many members of staff, as well as patients. I spent the first two weeks on the inpatient ward shadowing consultants and learnt a lot about renal medicine including how to write dialysis orders, the importance of appropriate fluid balance for patients and the treatment of many different renal diseases. I was also able to observe outpatient clinics, visit the dialysis unit and attend teaching with the residents. Whilst on my placement, I was lucky enough to be invited to attend lectures from visiting consultants on topical issues such as the withdrawal of dialysis at the end of life. Coincidentally, I was then able to apply these principles whilst helping to manage patients on the ward, something that made the experience even more worthwhile. During my second two weeks, I spent time with the consulting team, assessing patients referred to the service from different specialties around the hospital and from accident and emergency. Although daunting at first, by the end of the placement I was able to be allocated 4 – 5 patients on the list and see them each day on my own before reporting back to the consultant and helping to decide on and implement a management plan. It was a fantastic opportunity to apply many of the skills I have learnt at medical school to real situations and so I felt a valued member of the team for the duration of my placement.

As well as experiencing life as a medical student in a different county and increasing my knowledge in the field of nephrology, I also hoped to find out more about the screening and treatment of patients with chronic kidney disease in Canada and how this differs from in the UK. At present, the Kidney Foundation of Canada is working to increase the early detection and prevention of chronic kidney disease and has recently implemented a national screening programme for at risk patientsⁱⁱ. This programme, called the See Kidney Disease (SeeKD) Targeted Screening Programme, has already screened 1700 patients in British Columbia alone and identified early stage renal disease in 22%ⁱⁱⁱ. Once these patients are identified and referred, at St Paul's hospital, they attend a new specially designed clinic called the Kidney Care Clinic. This is a specialist clinic run 3 times a week for patients with chronic kidney disease where they attend and see many different healthcare professionals who work together to provide holistic care. Interestingly, this type of screening programme and follow up clinic for chronic kidney disease is not currently utilised in the UK.

Speaking to patients and attending clinic whilst on placement, it was clear that the ability to see the consultant, pharmacist, dietician, nurse and social worker at one clinic was very beneficial and a service that they suggest should be routine care in all specialties. The healthcare professionals themselves were also very positive about both the screening program and the new clinic setup reporting that it saved time and provided better patient care. Personally, I found this to be an excellent service for patients with only positive feedback. From this experience, it seemed that a similar programme in the UK could help to improve the experience of patients with chronic kidney

disease and that the model at St Paul's hospital could be used as a suitable framework for such a system to be implemented. Further analysis of the benefits of this setup will be carried out in the future when the longer term effects will be more apparent and this will hopefully continue to show an improvement in the effectiveness of services for patients.

Overall, undertaking this elective in renal medicine in Canada has greatly increased my knowledge about renal medicine as well as my confidence in speaking to and examining patients, presenting cases to members of the healthcare team and carrying out clinical skills. I thoroughly enjoyed the four weeks and feel it was a very valuable placement. As well as gaining an understanding of healthcare services in a different country, I was able to learn about and witness the very successful chronic kidney disease screening programme and clinic system being implemented at St Paul's hospital. My experiences allow me to suggest that the use of a similar model in the UK could improve patient care and outcomes in the future and that the clinic setup is something that could be transferrable to many different medical specialities, not just utilised for patients with chronic kidney disease.

ⁱ British Columbia Statistics, Population Estimates.

<http://www.bcstats.gov.bc.ca/StatisticsBySubject/Demography/PopulationEstimates.aspx> (accessed 15th July 2014).

ⁱⁱ The Kidney Foundation of Canada. *See Kidney Disease (SeeKD) Targeted Screening Program*.

<http://www.kidney.ca/page.aspx?pid=2136> (accessed 1st January 2014).

ⁱⁱⁱ The Kidney Foundation of Canada. *Annual Report 2012*. http://www.kidney.ca/file/bc-documents/KFoC_BC_Annual_Report_2012_online.pdf (accessed 1st January 2014).