The Royal College of Pathologists
Pathology: the science behind the cure

Medical electives scheme report: Jasmine Makker

My medical elective experience

I recently had the opportunity to rotate with the Leukaemia service at the Memorial Sloan Kettering Cancer Center in New York. It provided several observations worthy of reflection and I hope to expand on some of these in this report. Differences, in my opinion, are the drivers of change and growth. They make us challenge our practice, beliefs, and understanding of things. At the individual level, we could reason that medicine – physiology, pathology, and clinical reasoning – transcends geographical boundaries and remains much the same. However, just like language and culture, there is nuanced evolution in its practice. 'Pre-rounding' entails the residents and medical students checking in on all their patients before the ward rounds start at 8 am with the MDT, which includes a consultant (or 'attending'), a registrar (or 'fellow'), 2 IMT-trainee equivalents (or 'residents'), 2 FY doctor equivalents (or 'interns'), a pharmacist, a social care worker, the patient's nurse, and a medical student. These early hours were when I felt that I could truly connect with my patients and build a meaningful rapport. Over the course of my rotation, for the 4-5 patients that I followed, I came to realise how they viewed this time as the most comforting, when they could relay all their concerns and ask questions to the most junior member of the team without worrying about taking up everyone's time. Sometimes, these would be complex questions about social care planning or the number of chemotherapy cycles, for which I could only reassure and promise to pass on the message to find an answer. At other times, they would mention how their pain was still not under control. For others still, these concerns would be as simple as requesting their diuretics at an earlier time or understanding their antibiotic plan, which I could easily address, or just be a

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listening ear when they would talk about how uncomfortable hospital beds were or how much they missed home food.

Medical school placements are often highly structured, with the intention to ‘cover as much ground’ as possible. Our rotation time is often strictly divided between attending ward rounds or clinics, teaching and simulation sessions, and shadowing in surgeries or procedures, and with the considerable emphasis on exams, our learning starts focussing increasingly on what is seemingly ‘high-yield’. The human aspect is often overlooked, despite it being core to the true art of medicine. It was in these early pre-rounding hours that I felt I did the most learning. Spending time with my patients during this time when they would be dispirited after having spiked yet another fever, delaying their discharge, or sharing the happiness that followed as they had been fever-free for more than 48 hours, has taught me more than I could have learned from reviewing flowsheet data. This was one of the most profound experiences from my elective, and I understood how by truly knowing the patient, both by spending time with them and by thoroughly reviewing their history, we significantly enhance patient experience and our ability to deliver high-quality care.

During my rotation, I also came to greatly value the idea of ‘lunch and learn’. Every day at 1 pm, we would have a teaching session or afternoon conference intended for the house staff (the residents). Sometimes the topics were related to theoretical clinical medicine, while at other times, they covered subjects like public health, sustainability, or artificial intelligence. In the midst of bustling clinical activity, tucked away in a small room with plastic cutlery and the pleasant containers that disposable plates made, focussing for an hour on the research and evidence on a particular topic provided great inspiration and allowed us to think about common problems from an expert’s perspective. One afternoon, we heard from Dr Urvi Shah, an expert in myeloma who has a keen interest in nutrition and its impact on cancer susceptibility and outcomes, an underfunded and often underemphasised area of research due to the innate difficulty in carrying out research studies that would inevitably be confounded with numerous variables and biases. During the hour-long talk, I gained a deeper appreciation of the need for understanding the ecological crises that we now face if we wish to prevent the medical crises the spillover will

ensure. This talk has inspired my interest and efforts in sustainability-related quality improvement projects at my local institutions.

My learning

In summary, this month-long rotation allowed a period of significant personal and professional growth in many different aspects, far beyond what I could have anticipated. I hope that I will be able to truthfully remember these experiences and learnings and carry them forward as I progress in my medical journey, and that I will continue learning from the patients I will have the honour of caring for.