

## **Medicine – Melbourne, Australia**

I undertook my medical elective in Melbourne, Australia during August and September of 2011.

I spent my first four weeks in A & E at the Alfred Hospital, a large state trauma centre, receiving at least three or four helicopter transfers from smaller state hospitals each day. This was organised through an exchange programme between King's College London and Monash University in Melbourne. During the placement, there was very little expected of me, with my supervisor stating that I should attend between 20 to 40 hours per week. There were two shifts; 7am to 3pm or 4pm to 9pm. However I found as a student, it was more beneficial to start late morning at around 10.30am and stay later until 7pm around four days each week. As with any Emergency department, there was little structure and it took a while to find which Consultants were willing to teach and let me get involved. The department was divided into fast track (minors), 'majors', short stay, 'resus' and trauma. Once I settled, there was plenty to do: endless bloods, cannulas, plaster casts and suturing. Eventually they were also happy to let me get involved with the trauma, where most of the "action" happened. This included a man with a depressed skull fracture from an exploding wheel valve, with cerebral spinal fluid pouring out of his forehead; and a farmer who had an epileptic seizure into a tank of hot alkali. It was amazing to watch the team coordinating efficiently, learning immediate management of multiple traumas.

I then spent four weeks attached to the Respiratory team at the Royal Melbourne Hospital, organised through the University of Melbourne. My supervisor was Prof Louis Irving, head of the Respiratory and Sleep Medicine Department. He was very attentive from the beginning and ensured that I was aware of all the opportunities available to me. This included daily ward rounds, bronchoscopy, EBUS (endobronchial ultrasound), various outpatient clinics, MDM meetings and radiology as well as various teaching sessions. The team was based on a respiratory ICU consisting of four beds (patients needing non-invasive ventilation were sent there). They also took care of other respiratory referrals in the hospital. Each day started at 8am, and as the consultants also encouraged me to go out and see the city, I attended four days per week. There was little hands-on but plenty of opportunity to learn, especially XRAY/ CT interpretation and NIV use, thus providing a very useful placement for final year and beyond.

Melbourne is a great city with plenty to do; bars, shopping, sports, museums, music, culture, beaches (on the odd warm day!) in addition to surrounding state attractions such as Phillip Island, Mornington Peninsula and the Great Ocean Road. The city also has a vibrant Jewish young professional scene. It was very easy to meet people at the synagogue and I was inundated with invitations for Shabbat meals. The main drawback of elective in Melbourne related to it being winter time, when contrary to prior reassurance it was cold and became dark early in the day. This took some adjustment coming from the UK in summer.

My time in Australia was a valuable experience for a number of reasons. Firstly, I had previously considered going to work for a year in Australia and this was a positive 'trial period' where I found it very easy to adapt to the lifestyle, the community and above all the medical system which is similar to the NHS but places greater emphasis on the use of private healthcare for those who can afford it. The placements proved to be varied, achieving a good balance of skills practise and learning opportunities to build on prior clinical experience.

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