

# Emergency Medicine, Urgent Care Clinic, La Jolla, California USA

## **BACKGROUND**

My elective was based at the MD Today Urgent Care Clinics in Carmel Valley and Scripps Ranch of San Diego, California. Urgent Care Clinics have common features: they provide unscheduled care, on a walk-in basis; extended opening hours of typically twelve hours a day, seven days a week; and when compared to general practice have additional services such as x-ray machines, fracture care and minor injuries facilities (1). They arose to meet the demands of the modern-day patient, providing a middle ground for acute non-life-threatening conditions without the added cost and aggravation of an emergency department. I saw a variety of patients with different problems requiring immediate attention. I also spent time shadowing an ENT surgeon at the Rady's Children's Hospital and with an interventional psychiatrist at the Kadima Neuropsychiatry Institute. These opportunities gave me greater insight into the range of medical facilities in the USA.

## **AIMS AND OBJECTIVES**

- To compare the USA and UK healthcare system in terms of:
  - i. The standard of services
  - ii. Patient access to services
  - iii. Attitudes of patients and staff
- To develop my practical and communication skills
- To reflect on my goals prior to my final year of medical school

## **REFLECTION**

### • ***A comparison of the USA and UK healthcare systems***

During this attachment, I observed some obvious differences between the UK and USA healthcare systems. The USA is a privatised system with very modern facilities and equipment. At the Urgent Care clinics, I noticed reduced emphasis on guideline adherence and a difficulty in regulating private corporations (3,4). Tests were performed more readily on patient demand rather than with justification for the impact on disease management. The histories I took were brief and focussed to provide a short-term solution for patients. Some admitted to using Urgent Care Clinics instead of seeing a general practitioner which I believe could lead to a lack of continuity of care.

It is easier to access specialist care in the USA as a referral from a GP is not required allowing individuals to choose which doctor they see and have more control over their treatment. During my psychiatry attachment, I was exposed to transcranial magnetic stimulation (TMS) and ketamine treatment, two services I had not observed whilst training in Yorkshire. This highlighted the issues of basic funding for mental health services through the NHS, contributing to the slow progression of innovative treatment options.

All the facilities I attended were modern and the standard of care was high. One difficulty in the USA is that many cannot afford treatment despite more money being spent per GDP than in any other country. This highlighted how fortunate we are in the UK to have access to free healthcare. I found it challenging to understand the highly complex billing system in place and imagine this would be even more difficult for a lay person bridging the gap in patient access to treatment. A promising advancement is the new Obamacare scheme which hopefully widens access to healthcare and at the Rady's Children's Hospital families could claim for financial assistance.

Despite the ethical issues of a privatised healthcare system, the staff were well compensated for their work and had a manageable workload. Strong teamwork was apparent and members of the Multidisciplinary Team respected each other. The patient experience was very different to that of an NHS patient but the medical care itself was not too dissimilar.

### • ***To develop my practical and communication skills***

The art of medicine is acquired through practice and my elective has given me time to grow both personally and professionally. I had a great mentor with excellent communication skills, which one day I hope to emulate. I feel more competent having had the chance to focus on my goals and practice communicating to a wide range of patients with a different culture from my own.

### • ***To reflect on my goals prior to my final year of medical school***

My time in the Adat Yeshurun community of La Jolla allowed me to form ties with the Jewish and Jewish-medical communities in La Jolla. I attended Shabbat services and was welcomed warmly by the congregation who I got to know extremely well during this time. I was fortunate to meet other young Jewish medical students with whom I could share experiences. The connections I made will be useful in the future should I return to the USA.

This scholarship gave me the opportunity to travel, meet new people and grow as an individual. I have learnt new skills and developed existing ones, directing my studies and priorities for my final year at medical school.

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