

Roger Bramley

The role of pathology in the patient pathway

Summary

I spent my elective at the Royal Brompton and Harefield NHS Trust in London, a specialist trust in respiratory and cardiovascular disease. I wanted to observe a different sized hospital with different specialities from where I was training and spoke to my supervisor who suggested a number of places with historical links to my trust and individuals she knew who might be willing to take an elective. Of these, the RBHT seemed to best match what I wanted to get out of the elective period.

After talking to the consultant at RBHT I decided to theme my elective around the involvement of pathology in patient pathways and chose to look in detail at cystic fibrosis (CF) and familial hypercholesterolaemia (FH) as these fit in well with the specialisms of the trust. As a secondary aim I wanted to speak to some of the patients the work of pathology affects through attending clinics.

Within the biochemistry labs I saw sweat chloride testing and specialised vitamin analyses which are not performed at my base hospital. I then went to a paediatric CF clinic to see how pathology results are used to alter treatment and talk to patients and their parents about their conditions. I also wanted to find out more about how other pathology disciplines are involved in the management of these patients so followed some of the cough swabs from the clinic to the microbiology department to observe the analyses performed there, and spent time in immunology to see some of the allergen work for CF specific conditions.

I also followed the pathway for the diagnosis of FH. I first attended a general lipid clinic and saw a number of general cases before I sat in on an FH clinic aimed at getting a genetic diagnosis for the condition. One of the specialist services offered by the trust is LDL-apheresis (essentially a form of dialysis to remove LDL cholesterol from the blood) which I also observed and spoke to the patients about their experiences. I also carried out an audit into whether patients with very high cholesterol levels were being followed up appropriately within the hospital and whether those with suggestive symptoms or biochemistry were referred to specialist services or clinics which I presented to the FH team.

As well as these experiences I also helped to set up a new HbA1c POCT device for the CF clinic, assisted on a study into the effects of baby food osmolality, attended a ward round with a paediatric dietician in the neonatal cardiac ICU, sat in on a cardiomyopathy clinic, spent time in the genetics lab and had the opportunity to see many more areas. I enjoyed my elective and felt it gave me additional skills and knowledge that will be useful for my job.