

## **Final report and evaluation of EBCOG-supported stay at UCLH**

First of all thank you very much for supporting my three months clinical stay at University College London. I am grateful for your support regarding my clinical fellowship where my main focus was to explore the area of Obstetric Medicine, the way it is practiced in England.

I was so lucky to be connected to Dr. David Williams, a lead obstetric physician, whom I followed during the stay. I followed Dr. Williams during his weekly clinics, where he assessed and treated women with various medical problems in pregnancy. These excellent clinics were very interesting as they gave me the opportunity to observe how one single experienced doctor dealt with all these complex medical diseases.

Dr. Williams deals with all kinds of different diseases within neurology, cardiology, pulmonary diseases, gastroenterology, nephrology, hepatology, endocrinology and rheumatology. Examples given could be inflammatory bowel diseases (IBD), anti-phospholipid syndrome, thyroid diseases, connective tissue disorders, etc. He also did special combined afternoon clinics together with a neurologist, hepatologist, nephrologist and a rheumatologist. Indeed the whole ward is organized with several combined/joint clinics consisting of an obstetrician sitting in together with a doctor in internal medicine. Other clinics, I observed, were haematology, diabetes and HIV-clinics. It has been very inspiring to experience how this organisation led to a unified system with great patient satisfaction and better compliance since the patients had to go only one place in order to sort out their medical issues. Furthermore, my clinical stay provided me with the opportunity to attend various meetings within Maternal Medicine and Obstetrics.

In the first month of my stay, I went with Dr. Williams to the Annual Meeting of the MacDonald Obstetric Medicine Society in Edinburgh, Scotland, where the newest research in the field was presented and debated. It was a true pleasure to join all these academic meetings as the amount of teaching sessions certainly is greater from what I have experienced in my home country, Denmark. Weekly and/or monthly meetings included systematic CTG-interpretation, teaching sessions in Fetal Medicine Ultrasound, Perinatal Pathology Meetings, Perinatal Morbidity Meetings, Clinical Governance Meetings, Women's Health Audits, Director's Journal Clubs with Professor Dr. Peter Brocklehurst as well as an Operative Vaginal Delivery Master class with attendance of Dr. Ross W. McQuivey from Stanford University. The quality of the teaching I received was high and definitely provided me with new knowledge on several topics in Obstetrics and Gynaecology.

From the Annual Meeting of the MacDonald Obstetric Medicine Society in Edinburgh, I noticed that even though Obstetric Medicine plays an important and central role at the University College London Hospitals, this is not necessary the same case at other English hospitals. At other hospitals current practise leans more towards Danish practise in keeping Obstetrics and Internal Medicine apart as two different specialties. In fact, the future of the subspecialty was eagerly debated at the meeting where leading physicians argued for the

importance of maintaining Obstetric Medicine as a subspecialty now that an increasing part of (the female) population have to deal with medical diseases like obesity and diabetes.

Besides the daily clinics, I spend much time observing clinical practise at the Maternal Fetal Assessment Unit, the Fetal Assessment Unit and the Maternal Clinical Unit. This gave me the possibility to compare several aspects of English clinical practise with Danish clinical practise. For example I had interesting discussions with consultants on the use of Fibronectin Test and the repeated use of steroids in preterm labour, which is clearly different from Danish practise where current practise favours measurements of cervical length and a general more conservative use of steroids.

I also had the chance to help out one of Dr. David Williams Ph.D. students with recruiting clinical data and patients to their study on preeclampsia, gestational hypertension and intrauterine growth restriction (IUGR). The study is known as the VAMPS2 and addresses the question why some women develop these conditions and whether it is possible to ultimately find a cure for the unpredictable condition preeclampsia.

Overall, I had a truly great clinical experience from which I clearly benefitted from with regards to my academic skills and my learning goals. It has been an excellent opportunity to meet another European clinical practise. At the end of my stay, I even succeeded in being registered with the General Medical Council as a medical doctor in the United Kingdom with full license to practise. It has inspired me to exchange my views on the English organisation in Obstetrics and Gynaecology - and especially Obstetric Medicine - whenever I get the opportunity to do so. It would be my hope to someday see the introduction of this subspecialty in Denmark as I am convinced our patients would benefit from this practise.

Forward-looking, I strongly encourage EBCOG to continue to support trainees in the field of Obstetrics and Gynaecology with clinical fellowships. I can highly recommend this clinical fellowship to anyone upcoming in this field.

Thank you.

Kind regards

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