

# **CLINICAL ATTACHMENT**

## **Introduction**

Clinical attachment is something like work-experience which PLAB passed doctors tend to do to get used to the NHS and the way of working in British Health System. It is not a must but has lot of advantages with very few disadvantages. The usually placement varies from 4 weeks to 3 months and rarely may be for 6 months. Some doctors do this only to pass their exams like Part II and then go back to the country of their origin.

## **Advantages**

1. To get used to the NHS
2. To learn the way of working – Communication, English language and accent, Team working, consent, patient involvement and many more.
3. To get to know the role of nursing and other staff
4. To impress the consultants and others
5. To learn the subject and some preliminary skills
6. To have a local referee
7. To get a job
8. To spend time particularly when you are stressed with worries about job and future

## **Disadvantages**

1. Your weakness will be exposed
2. Your communication skills, mannerism, language, attitude and poor time keeping may go against you. I have had twice this experience and the candidates didn't get the job and were very disappointed and were angry with me. (This shows lack of insight)
3. If you don't get a job in the place where you do clinical attachment, it will undermine your self-confidence. There are times where even if you are a very good doctor you may not get the job because simply there was a better candidates (with experience of working in this country or MRCP part I or many other reasons)
4. Cost – cost of living and some places do charge you for clinical attachment. There may be places where you may be paid for clinical attachment (very rare nowadays). Some hospitals offer free accommodation. There are no National standards on these.

## **How to get a clinical attachment?**

- a) Personal contact – with your friends or relatives who known a consultant who offers clinical attachment
- b) Going through websites and sending CVs to consultants and asking for a clinical attachment

- c) Just try your luck by asking for an appointment or sending CVs to local consultants
- d) Indi\_go or other groups

There is no centralised database or facilities for this. We are now discussing with the Department Of Health (DOH) for this. My gut feeling is unlikely this will materialise but hopefully Indi\_go and British Association of Physicians of Indian Origin (BAPIO) will do something about this soon.

### **How long should I do CA?**

My simple advice is doing it for a period of 4-6 weeks only. Go to different hospital if you can get one as this will give you more chance to meet more consultants and more places where there may be jobs. This is the best way to get first job. DO NOT DO CLINICAL ATTACHMENT IN A TEACHING HOSPITAL. It is very very rare one would get first job in a teaching hospital. This is the reality of life. Do this only if you are doing CA to pass any exam not otherwise.

### **How to find accommodation?**

Be polite and speak to the accommodation officers. Most hospitals have this person and be nice to them and see if they can help you. Even if they don't have accommodation they may be able to suggest you how to find one. They have local knowledge. Accommodation may cost between 25 to 80 pounds per week.

### **How much it may cost me?**

Monthly it may cost between £ 200 to 300 per person. It may cost you more or less depending on your lifestyle. If you want to booze daily and spend on nice girl friends/boy friends and so on then life is costly.

### **What shall I do if I don't get a job even after doing a CA?**

This is a worrying time. If there is a job in the hospital where you have done CA and if you are not short-listed then usually there is something wrong with you. If you are short listed and not given the job then there may be something wrong with you or they had much better candidate. My advice would be talk to the consultant and ask for honest explanation. British culture is a polite culture and they may not tell you the truth about yourself, so don't get carried away even if they say you are the best thing after the 'slice of bread'. Reflect up on it, try to see where you might be going wrong and improve. In this discussion group Dr. Deshpande and others have given some reasons. Not informing some important things (like being absent without permission) poor time keeping, rude and so on. Or may be there were genuinely better candidates.

### **Why can't we have a centralised clinical attachment scheme?**

Why should someone make your life comfortable? They didn't ask you to come but you have come. Do not forget our individual responsibility. This attitude is unlikely to take you anywhere in life. Do not expect always others to do things for you. It is only you who can help yourself. Remember 10,000 doctors take PLAB and 6000 pass every year. Life is about demand and supply.

Best of luck and success will always come to one who works hard, respects others and show enthusiasm and commitment. Harder you work luckier you get but success is not always guaranteed in life.

### **What Can I do as A Clinical Attachee?**

This very much depends up on your consultant. There is no hard or fast rule except that you can't treat the patient on your own and can't sign prescription. Whatever you decide must be agreed and signed by a registered doctor. This is the legal requirement. But some consultants are under the impression that you can't take history or conduct examination. That is not true but the patient must give the consent that you can examine them.

These are the guidelines, which I would suggest

- a) Make sure there are written policy in the department for clinical attachment. (This is to those consultants who want to have clinical attaché in the unit)
- b) This should state clearly what he/she can't do
- c) Always tell the patients or parents that you are a clinical attaché which is like a student doctor and do they mind if you take a history and examine them and then proceed
- d) You can take blood sample but someone like SHO, Registrar or consultant must take the responsibility of supervising you. Do not take and blood sample without taking your seniors' permission and explaining to patients
- e) DO NOT SIGN ANY REQUEST FORMS. The doctor who is employed by the Trust like SHO, Reg, HO and so on must do this.
- f) Always wear a name badge. Ask medical staffing officer for one.

### **SOME TIPS**

- a) Try to impress your consultant not by telling them 'I am a hard working and good doctor' but let them judge it and you make sure they judge you right
- b) Always be polite
- c) Time keeping – be earlier than everyone else
- d) Mix with the crowd – Don't be aloof
- e) Start asking question – but not being nosy
- f) Answer when you are asked – Don't be show off and upset others
- g) Show interest and enthusiasm

- h) If not sure look up and answer next time (this really impresses me)
- i) Mind your language and tone. Communication is the absolute backbone of success.
- j) Impress the nursing staff – Consultants trend to trust them better as they know them very well.
- k) Be a team player.
- l) Be polite to your patients and other member of the staff
- m) Let them feel that if they don't give you the job, it is their loss and not yours (Very few of us have this talent)

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