

## **ELECTIVE (SSC5a/b) REPORT (1200 words)**

A report that addresses the above four objectives should be written below. Your Elective supervisor will assess this.

**Elective title: General Practice with a focus on Women's Health**

For the second part of my elective I spent three weeks in a General Practice surgery with a GP who specialises in Obstetrics and Gynaecology and Sexual Health. After spending three weeks experiencing obstetrics and gynaecology in a hospital setting, I wanted to experience women's health services from a community point of view, to better enable me to decide which path to pursue for my career. I spent time in the Morris House Surgery in Tottenham, which is a large and friendly GP practice. The majority of the week was spent in Tottenham, but in addition I was also able to attend some community gynaecology clinics in the Royal Free hospital with my GP tutor who works in both settings.

**Describe the pattern of disease/illness of interest in the population with which you will be working and discuss this in the context of global health.**

Tottenham is an area with a large immigrant population and it is very multi-ethnic. This presents many challenges to general practitioners working in this area. On a practical level, the language barrier can make consultations almost impossible, so the practice regularly uses "Language line" services to enable effective communication between the doctor and patient. In addition, patients who immigrated to the United Kingdom often have their own health beliefs based on what they are used to in their country of origin. This can make consultations difficult and often requires negotiation and explanation regarding the way the National Health Service works. One poignant example of this was an eastern European patient we saw who came into the consultation and asked for a blood test. On asking her why she sought a blood test and what symptoms she was experiencing, it became apparent that she was completely asymptomatic, however was used to having regular blood tests regardless of clinical need. The GP had to explain politely that in the UK, investigations are carried out if there is a reason to do them. Another example which highlights the problems faced when patients have a limited command over the English language was clear when a

patient came in with a letter saying she was still waiting to hear when she would have a sigmoidoscopy. When we read the letter it stated that to book an appointment for a sigmoidoscopy, the patient should call the given number. This was explained to the patient over language line and she was advised to ask someone to help her make the phone call but at this stage it was already a month or so late. These two examples really demonstrate the practical challenges faced by a large immigrant population who don't speak good English and/or have their own health beliefs.

It became apparent that Tottenham has a significant proportion of its population on benefits and thus is a reasonably deprived area in London. I found it interesting to note how work stress, anxiety, depression and chronic pain were very common consultations and many patients came in presenting with a physical complaint but in reality they were looking for a sick note. I noticed that whenever the GP would sign someone off sick for a length of time, the patient was always told to use this time to try and think about a solution to make their job more manageable to try and prevent a vicious cycle occurring whereby the patients feel unable to cope at work.

**Describe the pattern of health provision in relation to the country which you will be working and contrast this with other countries, or with the UK**

The National Health Service entitles all citizens to free healthcare at the point of access. This is a very unique system which is a common point of envy worldwide. As my placement was UK based I cannot compare it to other countries but I can compare it to my previous GP placement in East London. My last placement in final year was at the Mission Practice in Bethnal Green. The population there is similar to the population in Tottenham in a sense as there is a large immigrant Bangladeshi population which brings all the challenges faced above but in addition there is also a large British population so overall it appears less homogenous than Tottenham. One of the great strengths of the NHS is that all patients, regardless of where they were born are entitled to be treated equally and have access to all services the NHS has to offer.

**Health related objective:** To grasp a better understanding of Women's health related conditions in a community setting.

As mentioned above, my GP supervisor is a GP with a special interest in Women's Health. Thus, In addition to normal general surgeries, I attended weekly family planning clinics in Tottenham as well as a termination of pregnancy clinic and an additional family planning clinic at the community gynaecology centre at the Royal Free hospital. I think by far the most common women's health related consultation was about contraception and I feel I have a better understanding of all the different methods available and which contraceptive methods to advise to which patients taking into account their age, risk factors, co-morbidities, family history and personal preference. In particular, I got to witness implants being inserted and removed from the arm and contraceptive coils, both copper and hormonal be inserted and removed from the uterus. It was my first time seeing these devices being inserted. In the termination of pregnancy clinic I learnt the different options for termination, broadly divided into medical and surgical and the indications for each. Other gynaecological conditions I encountered were menorrhagia, post-menopausal bleeding, pelvic pain, polycystic ovary syndrome, fibroids and the menopause. I saw two patients with nabothian cysts (something I had never heard of previously) which were visible on the cervix during a speculum examination. I also witnessed several consultations about subfertility, which is a potential career interest of mine. I also got to watch smear tests and swabs be performed. Over the course of the 3

weeks we had two patients who were two-week waited to the gynaecologists for cancer and one emergency admission to the gynaecology ward for severe menorrhagia leading to anaemia in a 15 year old with a rare congenital syndrome called *biedl bardet*. I thoroughly enjoyed the Women's Health related aspect of this placement.

**Personal/professional development goals:** To increase my history taking, examination and communication skills

Due to the breadth of General practice as a specialty, I encountered a wide range of conditions and, as such, a wide range of histories to go with it. I have seen that one of the skills you need as a general practitioner is to be able to hone in directly on the patients presenting complaint as you only have a 10 minute slot. In addition, you have all their notes in front of you so a detailed past medical history, drug history and social history is not required. At my stage I found it quite difficult to do such focused histories but I'm sure this is something I'll improve at with time. I had the opportunity to examine several patients who came in feeling unwell but in particular I had the opportunity to practice otoscopy, which is a skill I find quite difficult as over the 5 years my exposure to it has been minimal. I do definitely feel more confident now at looking in the ears and so I feel I have gained in terms of examining patients. Lastly, I saw quite a few consultations with difficult patients and I got to see my

**GP tutor communicate effectively. Some patients got aggressive and threatening and needed to be calmed down and reasoned with but at the same time the doctor had to stick to their decisions if it's what they feel is best. Some patients were simply confused and needed someone to explain clearly what there diagnosis meant. Other patients got emotional and teary and needed a warm, sympathetic response to their pain. Some got anxious and needed a calm, sensible voice of reason to make them feel more confident and others were depressed and sullen and needed to be motivated and encouraged. My GP tutor was an excellent communicator and I feel I really benefitted from watching all different types of consultations.**

**In summary, I thoroughly enjoyed my time in Morris House Surgery and was made to feel really welcome by my GP tutor and all the other staff. I feel I benefitted both in terms of my medical knowledge and in terms of my practical examination and communication skills. Two months away from starting as an F1 I feel my placement in General practice has been a broad learning experience which will hopefully put me in better stead come July. In terms of women's health, I definitely would love to specialise in it as a career but I am still undecided whether that will be community or hospital based.**