

OBJECTIVES SET BY STUDENT
3 Objective 3: Health related objective: To find out if for the conditions I will be seeing regularly such as rheumatoid arthritis and behcets disease are being followed to a similar treatment programme to that we find in the UK.
4 Objective 4: Personal/professional development goals: Can I see myself doing rheumatology as a career compared to general practice which my other elective is based on.

ELECTIVE (SSC5c) REPORT (1200 words)

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

Elective Title: Rheumatology in Canada

Objective 1: 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: To find out the prevalence of the conditions I have learnt about in medical school and see the recurrence rate of attendance in hospital

So my elective in Canada was a very interesting experience as I did this in family practice also known as a general practice which we have in the UK. This has exactly the same set up as UK GP's and also being a developed country like that UK I saw very similar conditions in regards to prevalence. In the UK it is safe to say that the conditions of rheumatology I have seen are usually osteoarthritis, rheumatoid arthritis, sjorgens syndrome and fibromyalgia. This was very similar to the type of patients I saw in Canada with regards to rheumatology.

I also saw the usual conditions that I would expect to find in a usual GP set up such as follow up appointments and reviews of medications. With the general elderly I found patients presenting with dizziness and memory issues. I did an MMSE on one lady who scored very poorly that she needed admission to the hospital. Therefore the issues I saw in geriatric care were similar to the UK.

Objective 2: 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: to find out what is being offered in terms of the services for the lifelong conditions and compare it my elective findings in India

So where I worked in Canada the people had to pay for extra services given to them. This included blood tests and general investigations like chest xrays and CT scans if they needed it. As I worked in a private hospital in India this was similar set up in regarding needing to pay for investigations however simple or general. These systems of services are both clearly different to what we have here in the UK as we have the NHS and on the majority investiagtions are free to carry out.

Objective 3: Health related objective: To find out if for the conditions I will be seeing regularly such as rheumatoid arthritis and behcets disease are being followed to a similar treatment programme to that we find in the UK.

I was in a general practice in Canada and found a lot of patients with rheumatological issues. The most common in the elderly was osteoarthritis. The treatment plan followed similarly to the UK which were lifestyle changes and to follow an exercise regimen. They were then followed up in about 6 weeks and this is the stage I usually saw these patients. I found most patients had also been prescribed pain relief medication in that time to were asked for their opinion if it benefitted them.

In the age population of 15-35 the common rheumatological issues were fibromyalgia with components of depression and these patient were encouraged to do exercise and or get a hobby. Some with severe depression were recommended to go the clinics. And this is something different to India, as although there patients with fibromyalgia were treated the same I sensed there were a lack of follow up in this condition. However they did get treated and managed well for this condition which I was surprised about as I thought such topics like depression maybe taboo.

In Canada I didn't see anyone with behcets disease and as I have mentioned previously this was such a rare disease that I guess because I was exposed to a lot of patients in the royal london hnospital as I mentioned.

Objective 4: Personal/professional development goals: Can I see myself doing rheumatology as a career compared to general practice which my other elective is based on.

So im definitely considering general practice as an option for myself as it suits the lifestyle I would like to have. Thus the experience I had in canada was exactly what I needed to see if I was cut out for it as I was given my own patients to see before the family doctor herself. Me and the patient would then find the GP and we would discuss whether I was right in my diagnosis and examinations and investigations I wanted to carry out. It was actually a real eye opener and helped me more in my deicson to become a GP with special interests in rheumatology. In saying this I am keeping my options open with the jobs I have chosen for foundation training in cardiology and respiratory too.

ELECTIVE (SSC5c) REFLECTION

This information will be used to monitor placements for safety and to provide useful information that we can pass on to students for the future. (Please complete the sections below).

Was it what you expected?
I really liked Canada as the area I lived in was very green and the GP herself was very nice. She would make me feel part of the team which is exactly what you want on elective.
Clinical experience?
I saw similar cases to what I'd see in the UK however I found in interesting to see I knew how to treat these conditions with the GP.
What did you learn about the people and the country?
Very hospitable people like in India. I stayed with uncle and aunt. Also the GP lived locally and would sometimes invite me to eat to her and her husband.