

ELECTIVE (SSC5b) REPORT (1200 words)

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

Despite spending only a few short weeks getting to experience sexual Health and HIV, the placement was wholly worthwhile and rewarding.

I got to sit in on a variety of clinics and meeting that allowed me to further understand the field of sexual health and also view practice in the United Kingdom with regards to its suitability as a future career option.

In answer to the question of how sexual health provision differs from Barts Health compared to other parts of the United Kingdom the answer seems most obvious in terms of its city location, given its population density and the various socioeconomic differences that you would find in the East End and the City compared to a more rural area for instance. With respect to sexual health there is a younger population and also key demographics such as students that make sexual health services more in demand. For HIV related services they are managed in a more specialised setting than would be elsewhere. This is because the HIV rate is higher in London than the national average and the population density of London allows a service to be offered within a short travelling distance from a large number of HIV positive people.

The services offered in Barts Health are a mixture of walk in clinics and outpatient services. These may not differ vastly from places elsewhere in the country however the viability of maintaining a 5 days a week sexual health walk in centre are hard to find outside of big towns and cities in the UK.

I feel that I completed my original aim of improving my knowledge of sexual health with regards to history taking and diagnosis. Firstly, I was able to see a number of sexual histories undertaken in consultations for a variety of scenarios. I was also allowed to consult patients with the doctor present and then later get feedback on my question sets and interview technique. A combination of these two improved the level of my ability to take a satisfactory sexual history.

With respect to diagnosis, that was improved in a number of ways. Firstly, in seeing a whole host of positive diagnoses I was able to connect my theoretical knowledge from the lecture theatre into real life. For example: gonorrhoea. Before this placement, I had only seen case based scenarios and lecture slide picture of gonorrhoea. In seeing real life presentations of it and the variety that it can produce gave me a better sense of how to pick up this and other pathologies. With the diagnostics of sexually transmitted infections this placement allowed me to gain further knowledge of lab skills such as gram staining and specimen analysis. This isn't something that I've had a large degree of practical exposure to and so was grateful for the ability to increase this skill. I was also able to improve my theoretical knowledge on this placement by passive and active learning from the clinicians that I was sitting in with.

Another thing that I learnt from my time in sexual health is the importance of public health aspects within the field. With sexually transmitted infections, the prevention of transmission is vital to reducing the overall burden of disease in the community. Whilst on this placement I saw first-hand a variety of measures to reduce the levels of STIs. With HIV this was evidenced by patient education and working with the patient to ensure that their viral loads of HIV were such that the risks of transmission were lower. With other conditions such as gonorrhoea and chlamydia there were a few

main issues to factor, namely treatment and education. The treatment eliminates future spread and education about transmission can inform future patient choices. Services such as free condom provision also perform a public health role here.

One of the salient points on this placement was having contact with transgender patients seeking sexual health advice. Although transgenderism is not new, it has come to the front of people's attentions in the last few years with respect to various civil rights cases and also how society and public services in general treat transgender people. I must confess that I am not an expert on transgender issue with respect to healthcare and am still sometimes a little unsure how to approach a case that may relate to sex-specific issues.

In one of the clinics I sat in a transgender patient came in to see one of the doctors for a sexual health screen. The doctor was not sure what reproductive organs the patient possessed and as the details of the case would change the health presentation and possible follow up investigations decided to ask the patient about "whether or not you've had an operation or planned to". The patient took great offence at this and said that it was not the business of the doctor to ask those questions with respect to the case. Reflecting on this I wonder whether this exchange could have been handles differently. The conclusion I came to was that given the context of this consultation it was probably appropriate to ask those questions. However, I do wonder if a better doctor patient relationship could have been achieved by using signposting. In doing so, the patient would have been given and warning shot and justification for the questioning. This would have put the patient more at ease to answer what can be quite awkward questions to ask.

Another great learning point for this elective was getting to sit in on the male problems clinic. Before this elective started I had often thought of sexual health mainly from a sexually transmitted infections point of view. It was interesting to learn that there are areas of GUM that GPs can refer into an outpatient setting so that a specialist can see them. Until this placement I had not considered that aspect of the specialty.

One of the main reasons why I chose to undertake an elective in Sexual Health is my interest in it as potential future career. During this elective I have had the opportunity to discover what the relative career pathway was and how that will change in the future. I found it particularly interesting to note that in the future the role of Sexual Health may be diminished somewhat as the training pathway will involve a larger proportion of general medicine and the hospital on call shifts etc. that come with them. This is something that makes me more hesitant about pursuing a career in this field, as I am generally unsure about how suited I am to hospital general medicine. However, I am sure that as I embark upon the first two years of work as a Foundation Doctor my views on this could easily change and so with it my views on which area of interest to choose.

All in all this was a fantastic placement and I couldn't thank the helpful staff more that coordinated this and made this possible. It was a rare opportunity to take the time and pursue an area of interest for me, learn something new and explore medicine in general. I feel I have learned a lot of specific and general skills that I will take forward with me as I embark on my career as a doctor in the coming months.