

ELECTIVE (SSC5b) REPORT (1200 words)

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

In UK, every patient initially accesses medical care by attending a general practice and therefore this serves as their first point of contact. Most patients are managed in the primary care by the general medical practitioners. East London general medical practices have a varied patient base from different ethnic and cultural backgrounds. Their disease presentation is extremely varied with routine chronic conditions of diabetes and hypertension at one end of the spectrum to different tropical infections and infectious diseases that may present acutely or sometimes with a more prolonged course. Studying the pattern of presentation of different diseases in relation to patient's perception would enable a better understanding of patient needs to develop treatment strategies.

With increasing globalisation, migrating populations are forming a significant percentage of patient population in major cities. It is important to understand the disease burden of this population on NHS to both address any misconceptions amongst the public and to improve treatment outcomes.

Communication skills play an important role in health care. This was reiterated during my time at Dr Bhadra's practice. This surgery had a large patient base belonging to Bengali community with minimal understanding of English. Most clinicians here were bilingual and could communicate freely with the patients. They could address their patients' health concerns, taking into consideration their cultural beliefs. This encouraged patients to be more forthcoming with their concerns.

The GPs here operated on an open-door policy, allowing staff members to approach them with any issues even during clinics. This enabled quick resolution of problems and smooth running of the practice where the clinical and administrative staff complimented each other. In previous GP practices, I was placed in the communication was largely through computer messages and I realised that issues can be resolved more efficiently when communicating in person. This also allowed the staff to work proficiently under stressful situations.

There was a remarkably high incidence of diabetes and hypertension in this patient population. Patients were not always compliant with their management plans. It was difficult to understand whether this was due to limited understanding of the disease process or indifference due to the pathology being so common amongst the community. There was also a high incidence of ischemic heart disease and obesity.

Consultations where patients presented with vague symptoms were challenging and required a good grasp on tropical disease manifestation. Sensitive approach had to be taken while assessing these patients. Instead of requesting a whole battery of tests which may unnecessarily add to the patient's anxiety, the doctor took a tactical stepwise approach in these situations. With this approach, the patient could be reviewed at more frequent intervals to assess symptom resolution or disease progress while limiting resource utilisation.

Resource management is a difficult but indispensable skill especially in the current day NHS and GPs try to attain optimal treatment outcomes with limited material and manpower resources. Judicious use of resources in disease investigation and management requires a strong grasp of clinical

knowledge. Throughout medical training it is repeatedly reiterated to carry out only those investigations which are expected to confirm or rule out a pathology. During my time in this practice, I was fortunate to experience at first hand remarkably efficient resource management. My supervisor also took the time to explain the commissioning system and resource allocation for patient needs thereby giving me an insight into the administrative side of NHS. This experience would be highly beneficial for my future practice in NHS.