COMMUNITY MEDICINE

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Do rural general practice settings differ to East London practices; place particular emphasis on the patient population groups observed?

What has become apparent to me is that east London general practice settings are very different to more rural GP settings. In general, from my experiences, within the rural setting the patients were often professionals and younger than patients I had been used to seeing in the East London practices. The patients may well have been from slightly more affluent backgrounds. This is not to say that I did not see older patients, indeed I did. A good example in the difference is that prior to my experiences at the more rural practice I had seen many cases of people dealing with addiction. Whilst I saw some cases of recovering alcoholics, I did not really see any cases of narcotic addicts (active or recovering). Another point highlighting the difference in these two areas was the patient's willingness to pay for their subscriptions. Whilst at the rural practice a large number of patients paid for their own medication, I have been on placements where patients have refused. I have also seen patients receive medication which has not been the most beneficial for them due to monetary reasons. An example of this was when a female patient refused to pay for a medication so she was prescribed an alternative which was known to cause her unpleasant side effects. Without delving into the ethics and details of such practice, I can safely say that this kind of thing was not remotely occurring within the rural practice setting.

Describe the importance of inter-professional communication within the general practice setting, and how may you change your approach as a result of seeing this in practice? Furthermore, explore any variance in its effectiveness that you have experienced across different general practice settings.

I ultimately believe the key to a successful practice is through inter-professional communication. This is important in any setting when practicing medicine. However, from my experience I believe it is of particular importance within a general practice setting. I feel when doctors have a successful rapport with other staff members, this made for a more pleasant and efficient workplace. I now realise it is essential for all members of the team to communicate clearly, effectively and to support each others concerns. This successful teamwork integration stimulates patient centered care; allowing the patient to show good communication and involvement in their care when expressing preferences. Furthermore, this has inspired me to treat my colleagues' and patients' with respect, honesty and support. Also, I now understand the importance to communicate clearly, understand my colleagues' roles and address the patients

concerns. As a doctor, I will establish patient-centered care through an early collaborative inter-professional approach; addressing the patients medical and social needs. This will ensure a safe and coordinated care.

From my experiences of working alongside GPs in both rural and east London settings the importance of inter-professional communication has always been equal and apparent. Thus, it would appear if successfully implemented, the result is likely to be a smooth running and coordinated practice.

Describe ways in which community placements can benefit learning and ones professional development as a student.

Firstly, it is apparent that community medicine offers a vastly diverse population group with regard to age, conditions and presentations. Such a medical environment provides the learner with an extensive learning platform. Furthermore, the most valuable element for me personally is the practicality of prescribing drugs with clinical reasoning. This is an extremely important element for all medical students, as it forms the platform to the foundation year doctor. Additionally, it is fascinating to see patients who are constantly being reviewed, with regard to their treatment. Of particular interest is observing patients' having problems with adherence, leading the GP to stress the importance of the drugs, their roles and the significance of adherence. I feel it is particularly inspiring to see the GP's patience and refusal to become exasperated with challenging patients'. Something I had been aware of was the new culture of patients printing information from the internet and discussing it with their doctor, without really understanding it. I know that different physicians will have different approaches to dealing with this. I now realise that with any patient, we should always listen first. This seemed to be the key to much of the Doctor's practice. It was evident that patients were only interested in having their concerns alleviated and often all the GP had to do was listen to them, and respond with simple advice and encouragement. I think many times patients fear that the doctor is not aware of all their concerns and the only way to address this is to be silent and listen to them. Another key question often asked was a simple why? Patients would often claim to have a problem or they would demand a medication and the GPs are always interested in the why of it. This would lead the patient into calmly considering their position. Many times, I have been able to see the effectiveness of such simplicity. Of course, the most beneficial thing of all was being able to discuss issues with and obtain opinions of an incredibly experienced practitioner. Not only was this helpful in adding subtle changes to my practice it was also useful in learning from their experience. More than ever, the correlation between good practice and experience was clear to me.

Briefly explore the role of a GP in relation to the community, teamwork involvement and palliative care.

Although I have learnt a number of things from the GP as a physician, I now also put more emphasis on the GP's role outside of being a physician. An example I

would like to use to illustrate this is palliative care. This highlights the general practitioner's role within the community. GPs are often the co-ordinators of care in the community. GPs that follow the Gold Standard Frameworks are often the lead co-ordinator and they will liaise with hospitals and hospices. They are often responsible for home visits to patients also. They will also work with district nurses, Marie curie nurses and patient's families very closely. In cases where patients pass away at home, the GP is often the first one called to certify the death. In order to run an effective practice the GP will also rely on having efficient staff working alongside them. The role of the receptionist should not go unmentioned due to the fact that this is the person that the patient first comes into contact with. In my experience the receptionists have been very efficient, as well as polite and helpful. In many ways they are a reflection of the Doctor. This was another point that I had not really considered before reflecting on my experiences. Furthermore, I feel as though General Practitioners do not get enough credit for the work they do, which is not seen by the public. Doctors are continuously striving to meet QOF targets as well as improve the care delivered to patients at all times. I feel this is particularly admirable and shows the brilliant work ethic and fundamental caring attitude towards patients and their needs.