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COMMUNITY
MEDICINE

I was delighted to be able to do my elective here in such a friendly environment. General practice and community care is something that has always interested me. The doctors and other staff at the practice were very welcoming and willing to teach. I learnt a lot during my time there from how to communicate with, support and advise patients on their particular conditions. I sat in with a number of doctors from the practice with varying styles but what was evident was that each GP valued their patients. I have found in general practice doctors are able to develop a rapport with patients which would not otherwise be possible in other settings and I think this helps in patients being open and honest about their problems, which is a lot of time the first step in getting appropriate help. In many instances in general practice the patient does not have a "significant" enough problem to require any treatment or referral. A lot of the time patients just require reassurance from a doctor in regards to problems which commonly resolve spontaneously or need monitoring over a time frame. I found it is very much a skill to do "nothing" but do everything needed in supporting patients.

The demographic of Twickenham is very much middle class. The patients have much more of an understanding of their condition, but at the same time they can misinterpret information which they have found from sometimes unreliable sources on the internet. This gives a whole new challenge to GPs. Much time can be spent just convincing patients they do not have a particular condition instead of explaining what they do have! I also witness many requests for new wonder drugs that patients had read about in the newspaper. Explaining to the patient why these treatments are not available on the NHS can be difficult at times, as some patients can interpret this as the doctor not providing them with the best possible treatment. Many patients have private health insurance and more of a sense of entitlement for healthcare than I witnessed during my time in East London. At the same time, patients here are very good historians when it comes to getting an idea of the time course of their symptoms and what they have been experiencing. I would say the patients here are more likely to be compliant to treatment as well as they can fully understand or already know about the possible complications from ignoring medical advice.

I got an insight into how the surgery functions. From the computer system to the QOF targets the practice aimed to achieve. Common assessments made were blood pressure, BMI, cholesterol, blood glucose, smoking and alcohol intake. It was great to see how doctors would try and put the patient at ease and the manner in which they explained the results which can be confusing for patients. Giving lifestyle advice to help patients improve their modifiable risk factors was always at the forefront of care here. For a lot of patients who were compliant this made a big difference to their health. The management of hypertension using antihypertensives was always patient centred. Some patients were unable to tolerate certain drugs and so had to be put on to different ones. I saw the management of diabetes in the community as well. The diabetes nurse was able to give a thorough diabetic review and explain the important monitoring and control of blood sugar, whilst also seeing if the medication was appropriate for each patient. I witnessed some of the complications of diabetes such as peripheral neuropathy and foot ulcers. Educating patients on checks they can do themselves at home was evidently important.

I also got a chance to improve my obstetrics and paediatrics after a short rotation previously. Female patients often came for pregnancy checkups and I was able to assist in this. It was a great experience which I feel not only improved my examination skill but my communication skills as well. Mothers would often bring their children in out of worry, even when the child would be perfectly healthy. The GPs were very understanding and offered reassurance. Educating mothers on potentially serious signs before letting them leave the surgery was important in case the child's condition were to progress. In the majority of instances, however, the problem would resolve itself spontaneously and would rarely need a follow up appointment.

Many patients at the practice were open about very personal details about their relationships and work. It was great to see how patients were comfortable in confiding in their doctors. There were patients who needed management of depression, social care, referral to counselling services and alcohol intake advice. It all comes into the holistic care that GPs try to offer patients and in my opinion what makes GPs a backbone of the community.

I have very much enjoyed my time at the surgery and would definitely recommend it to those with an interest in general practice.