

(Audit reports given separately – contain patient details)

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. This practice lies between two economically different areas: one affluent and one relatively deprived. There is also a large proportion of the patient base who are immigrants and they bring their own health ideas, concerns and expectations to the consultation. As with many parts of the UK, chronic disease such as Diabetes plays a large role in this population. Part of my elective time was spent checking patients for chronic disease by offering simple tests – history, examination (BP check) and routine blood tests. At least one person had an abnormality which would otherwise have been unknown. It also gave reassurance to those who are healthy, some of whom were very health conscious but did not want to see doctor for a check up as they thought this would waste the doctors time.

Describe the pattern of health provision in relation to the country in which you will be working and contrast this with other countries or with the UK. The NHS, providing free healthcare at the point of access, is a unique system. Much envied around the world and yet perhaps quite not appreciated as it should be. I have seen patients of all ages, extremes in life, those healthy, or frail. All had access to good healthcare which they could augment. Choice of referral service, etc. was available to all.

Health related objectives

What unique aspects of care are needed when treating both affluent and deprived populations? I think the most important part of care is the relationship between doctor and patient. Regardless of status, all should be able to depend on the NHS, have access to the same services and be treated in the same way.

To understand how to better approach those with differing/challenging views on health. During my elective I had little contact with difficult patients. However, I did have one memorable patient. Before the consultation I had been told by other staff members (HCA and receptionist) that this particular patient was difficult. They told me this so that if I find myself in a difficult consultation and need help, I should be aware and not hesitate to get help. They also warned me that I should have a low threshold for seeking help. The patient came in for a general health check. He had attended a week before seeing a doctor who had suspected that he had diabetes. He was tested and had to attend for a second test the week after seeing me. Right from the start of the consultation the patient was rather confrontational. I knew from the other staff members that this might happen. After asking him a few simple question he told me that I was wasting his time, but he didn't want to end the consultation! He then told me that he was a doctor who graduated overseas and so couldn't work in the UK. I thought this was a bit strange. He then asked me to explain what his blood pressure readings meant and how he can improve his diet. It quickly became clear that he wasn't a doctor and so I began to explain everything to him. He was a challenging patient and certainly made the consultation difficult. However, I think that I achieved my necessary goals of the consultation and I think he received all the information that he needed to go forward in his new diagnosis of diabetes (this was confirmed a week later).

Personal/professional development goals. Must include some reflective assessment of your activities and experiences. There are several goals I have for development. Firstly, I would like to improve communication skills through interpreters. I have had little experience with this and think that this would be useful. I had some opportunity to perform clinical examination during the elective, but I still think that this is something I can improve. Perhaps it is only because I am not constantly examining that I feel this way. Doing audits was a great opportunity and one which will help build up experience. Having done one particular audit which may lead to a change in the services that are provided for the west London area was very rewarding.

It was also useful to do phlebotomy in the GP setting and having some extra practice. It was also useful to spend time with a phlebotomist who gave a few tips for taking blood from difficult veins. It was also good to spend time with in the new CCG set-up which gave me insight into the new challenges facing GPs and the NHS. The new structure of the NHS and how it functions is far more complicated than I could have imagined. It was fascinating to see the political structure of the NHS and how politics plays a part in the health care system.