ELECTIVE (SSC5c) REPORT (1200 words)

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

Common acute and chronic conditions seen in General Practice- how they differ from the UK?

Ontario, Canada is a great city to learn medicine and practice acquired skills. Similar to the UK, patients can suffer from a wide range of different conditions, both acute and chronic in nature and I was interested in learning what these conditions were and how common conditions were diagnosed and managed differently in primary care compared to the UK.

Objective 1: 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: What are the most prevalent acute and chronic conditions seen in primary care and how does it differ from the UK? :

In the patient population seen at Kennedy Medical Practice, it was evident that the vast majority of conditions seen were very similar to those seen in East London General Practice. In Ontario itself, there is a large Asian population similar to that seen in East London which could be the cause behind the prevalence of common conditions that exist in both areas. At this particular Ontario Practice, there was a large number of patients with longstanding diabetic issues most of which were also accompanied by both hypercholestremia and hypertension. However one main difference that was noticed was how high the incidence of thyroid disease was amongst the Canadian population in particular amongst the Asian population. The vast majority of these patients who has a thyroid related condition also varied substantially in age from as young at twenty to as old as seventy five. When observing the elderly population at the practice, conditions seen here in East London were also common amongst the population there such as arthritis, asthma and cancer. However compared to London, where respiratory related pathologies are more common such as COPD and lung cancer, chronic conditions seen in Canada were diabetes and thyroid cancer with a vast number of women having had a hysterectomy at some point earlier in their life. Mental health conditions were rarely seen whilst working at this Canadian practice with approximately only 2-3 patients being affected. Of those seen, there were no sufferers of schizophrenia and the patients were diagnosed with depression, panic attacks, or post traumatic stress disorder.

All the similarities and differences noticed are mainly caused by social factors. In the UK, smoking and drinking are common lifestyles choices and due to the longstanding impact of obesity and heart disease affecting the general population, there has been significant effort placed to implement healthier dietary changes which have been highly successful. In contrast, as mentioned earlier, with a large Sri Lankan population living in the local town, culture has a significant influence on these patients' health. Due to the high carbohydrate and oil based foods and meals eaten, there is a higher incidence of diabetes, heart disease and hypercholestremia present. With smoking and drinking being frowned upon in this culture, these habits are only seen amongst the male patients with none of the females seen being smokers or alcohol consumers. The high stigma attached to mental health issues is a common occurrence in a lot of cultures around the world and is still a major concern in the UK. Although unlike London where mental health issues are increasingly becoming of topic that people can talk about more freely and openly, in the majority of Asian populations, the stigma attached is

still as high as it has always been. For this reason, it is likely that patients may not like discuss their personal problems thus leading to a large number of undiagnosed cases amongst this population.

Objective 2: Describe the pattern of health provision in relation to the country which you will be working and contrast this with other countries, or with the UK: How are the most common acute and chronic conditions seen in primary care treated and how does it differ from the UK in particular focusing on conditions such as diabetes and asthma:

When looking at the treatments given for diabetes, the management is the same as in the UK. Patients firstly start with making dietary changes accompanied with regular blood tests to check if the changes implemented alone are sufficient to stabilise blood glucose levels. When dietary changes are not enough then patients can be started on anti-hyperglyceamic agents beginning with metformin then prescribing additional medication such as a sulphonylurea or gliptin. If these medications are still not adequate then patients would be started on insulin. With regards to asthma treatment, the medications used are again the same as the UK however the brand names are different.

Objective 3: Health related objective: Understand the impact of chronic conditions such as diabetes on patients and their families:

When observing chronic conditions, it is interesting to see how these conditions had an impact on patient's lifestyles. In the majority of cases, patients had excellent medication compliance although found that because they lead very busy lifestyles, they struggled to maintain healthy diets. Many patients mentioned when taking detailed histories that even when they try to implement dietary changes they struggled to keep their blood glucose levels down. The stress accompanied with having a condition such as diabetes amongst these patients appeared immense particularly when coupled having leading a busy lifestyle of having a job, attending regular GP appointments and looking after a family. In this case, one benefit seen at this particular practice was how they had a nutritionist attend three times a week with one day solely allocated to see seeing diabetic patients. Patients seem to find this particularly helpful because the nutritionist was also Sri Lankan and so was able to give appropriate dietary advice specifically tailored to all the Sri Lankan diabetics.

Objective 4i): Personal/professional development goals: To improve my examination skills and adapt and apply my clinical knowledge in the context of Canadian General Practice:

The vast majority of my placement involved me taking histories and examining patients. One technique that I thought worked extremely well was when taking histories I was able to directly enter the patients' presenting complaint along with what I think may be the possible diagnosis. This was an excellent way of testing my clinical knowledge because after I saw the patient, the doctor would see

the patient and tell me what the patient's diagnosis was. The main way I had to adapt my skills was trying to familiarise with the medication since the brand name of the medications particularly those used for asthma and pain relief were completely different from those used here in the UK. Having good exposure to weekly drug representatives who came each week to discuss medications with the GP helped me with this greatly. It also gave me insight on how various medications worked through looking at research study data and what medications were popularly used by other local practices.

4ii) Develop an understanding of how primary care systems work in Ontario and in particular understand their interaction with secondary care:

In Canada, many of the primary care practices are currently run by a single GP. However there is a slow shift to many practices becoming a team of healthcare professionals providing different services to their patients. In other words, it is slowly shifting towards a team consisting of physicians, nurses, dieticians etc working as partners resulting in better delivery of care. In doing so, such teams are in a better position to concentrate of health promoting strategies and improving the management of chronic conditions. The communication between primary and secondary care is also excellent. At this particular practice, the GP in some cases contacted certain specialists directly with regards to certain patient referrals and most patients were usually given an appointment within one to two weeks. Blood tests and imaging results also arrive promptly usually within a matter of days to the practice so that the results can be discussed with the patient and further action can be taken where necessary.