

SSC5c Elective Report

1. What are the most common presentations seen in General Practice in Coventry? In comparison to my experience of General Practice in East London, how do they differ if at all and why?

From my experience in Coventry, I saw a wide variety of presentations including Obstetric & Gynaecological cases where I consulted a few women who were pregnant, mental health cases which were mainly depression and anxiety disorders and numerous musculoskeletal cases. Compared to my experience of General Practice in London I don't feel there is a difference in General Practice in Coventry compared to London. In London I noticed the presentations varied depending on areas within the city. In the more deprived areas with higher rates of unemployment I saw more cases of depression. In a Practice I attended in Central London there were fewer cases of depression. Willenhall is an area that does have a high rate of unemployment with many patients on benefits which could explain the number of depressed patients I saw. Therefore I don't believe presentations to GPs vary based on geographical location. What I believe does make a Practice different to another is what services are available and what special interests the doctors have. For example in Coventry, Dr Saeed is a GP with many years experience in Orthopaedics so in his clinics I mainly saw musculoskeletal problems and he also holds minor ops surgery which I had never seen before in Primary Care. The Practice nurse is qualified in Asthma/COPD management so I got to see some patients have spirometry testing. There is also a community midwife who comes and sees the women for checkups and addresses any concerns they may have.

2. How does referral to Secondary Care differ to what I have seen in East London? Are there fewer Specialist services available in a smaller city like Coventry? If so how is that hurdle overcome?

Referral to Secondary Care doesn't really differ at all to what I saw in London. Some referrals were made to particular consultants by writing letters, others through the Choose and Book system. I saw a few urgent 2 week referrals made. One was for a woman suffering ongoing headache with visual disturbance. The other was for a man with a change in bowel habit and weight loss. During my time in Coventry I wasn't aware of any lack of services in the city or surrounding area.

3. To know the management of common problems/conditions seen in Primary Care and learn when it is appropriate to refer.

The most common presentations I saw were depression and musculoskeletal problems. As the weeks progressed I felt more confident in knowing how to diagnose and ultimately manage patients. What I came to realise is that medications are not necessarily first line treatment for depression. I saw GPs suggesting conservative measures like lifestyle changes, self-help methods and counselling for depression. With Dr Saeed I learnt how to manage common musculoskeletal problems such as shoulder impingement, knee osteoarthritis and back pain and even got to do an intraarticular injection. I also learnt how important eliciting red flag symptoms and signs are in deciding whether to refer.

4. Personal/professional development goals – to confidently carry out consultations with patients by taking good histories, examinations and formulating differential diagnoses and management plans. Reflect on a consultation I found challenging.

My aim for this Elective was to improve on my consultation and clinical skills to ultimately prepare me for practice as an FY1 doctor and further as my goal is to eventually practice as a GP. I was able to carry out consultations one to one during which I became familiar with the EMIS system as well as being observed taking histories, presenting and explaining management plans. I received valuable feedback on my history taking and presenting skills and realised that General Practice works very differently to hospital medicine. I learnt that as well as managing the medical aspect the aim is to also manage the patient's ideas, concerns and expectations.

I felt I was able to do more, be involved in cases and see things I have never seen before particularly minor ops surgery every week where I was allowed to assist in excisions of moles, observe intraarticular injections and do numerous joint examinations. During my time here I also did a Practice audit on Hypertension looking to see if NICE guidelines were being followed. I found this to be an extremely useful exercise.

One consultation I found challenging was a joint consultation with Dr Verma when a 13 year old girl presented with her aunt. The aunt spoke first asking for contraception for the girl. The girl herself wasn't engaging in the consultation and was just playing on her phone. The issues surrounding the case were complex as we were unable to elicit any information about the girl's partner or if she was even competent. What made it particularly worrying was how the aunt was trying to dominate the consultation. I was thinking at the time if this was a case of child abuse. As she wasn't engaging it was decided by the GP to reschedule an appointment this time with her mother. Reflecting on this, I wouldn't know how to take the situation further as it isn't a case which has a set management procedure which I found was a common theme in General Practice. I feel I would be able to deal with the patient up to the point of managing the situation. With time and experience and knowing what services are available I feel I would be able to then manage a case like this. On discussing the case afterwards with the GP the next step in this case would be to perhaps talk to the girl on her own and if child abuse was strongly suspected to take it a step further.

The other thing that I found challenging was the fast turnover of patients in General Practice. During medical school I have been used to taking up to half an hour to clerk a patient. In General Practice it is 6 patients an hour. I also learnt that practice in the real world is very different to what I learnt in medical school as patients don't always fit the mould. It showed me areas for improvement such as communication skills and using layman's terms to explain to patients and particular weaknesses such as formulating management plans.

Overall, I really enjoyed my time at Willenhall and felt it really prepared me for practice as a doctor. It has definitely confirmed my goal of wanting to become a GP. The challenges faced in consultations, the ability to get to know your patients and to follow them up all appeal to me. To be able to see a patient progress and get better over a long period isn't a privilege many hospital doctors have.