

ELECTIVE (SSC5c) REPORT (1200 words)

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

There was not a huge difference in the sort of diseases that affected the people of South Cambridgeshire compared with East London, most probably due to the close proximity of the two places. Both places also have a economical make up, but a much different ethical background. Despite this, there were many of the same diseases encountered.

Throughout my two weeks at the Health centre I was lucky enough to encountered a wide variety of disease, including some rarer conditions that I did not expect to see. For example a young man with a short history of peripheral neurological symptoms who turned out to have Guillian Barre Syndrome after being admitted to A and E, a longstanding pleual effusion in an elderly gentleman previously thought to be heart failure and a patient with dysphagia, hoarse voice and tongue fasciculations thought to be either late onset Motor Neuron Disease or potentially bulbar syndrome.

Amongst these interesting cases I also got to experience every day cases and diagnose/ chose treatment myself. For example differentiating between viral and bacterial upper respiratory tract infections and choosing whether to give antibiotics, diagnosing rashes, diagnosing muskuloskeletal problems and deciding whether or not they needed to be referred.

I got to see my own patients before presenting to the GP and felt like I had much more responsibility than I had in the past. I felt that my opinions were very much valued and trusted and for the first time I felt like people were actually asking for my opinion on tricky cases and considering my answers as one of the team.

As well as sitting in with doctors on general clinics and seeing my own patients, I also went out on home visits, including to the funeral directors morgue to confirm deaths and learning how to properly fill out death certificates, two skills that will be invaluable to my career as a junior doctor. It was interesting to compare this process to when I've seen it in hospital, which are quite different. On my visits I also went to see many palliative patients, and saw the care behind how they chose which drugs to give/ doses etc at the end of life, and the process behind putting someone of end of life. This was very interesting for me as I did a palliative care project at my last GP putting a folder together of end of life care for the patient and doctor including making a leaflet; so this was useful to see it put into practice and see patients on the 'Just in Case 4 drugs' list. The visits also took me to a few nursing homes as well as other patients deemed to be acutely unwell and saw several admissions to A and E.

I also got to witness/ help out with some minor surgery and family planning services where I got to remove some skin tags and watch mirena insertions/ removals as well as removal of benign skin lesions and an ingrowing toe nail. I have never seen minor surgery performed a a GP surgery so was interesting to see what can be done and how that compares with hospital surgery.

I managed to get some more practical experience too in my time at the surgery, particularly spending time with the nurse practioner surgeries and when on the rapid access clinic. It was useful to do venepuncture and speculums while on placement so that don't feel rusty when performing them as an F1 in a few months time. As well as this I inserted a pessary for the first time. This was true of examining patients too, I got to see a lot of signs, including a systolic heart murmur (most likely Aortic stenosis), a pleural effusion and neurological symptoms as suggested above.

To compare this to Japan, where I had a mostly observing role, it was hugely clinical and practical. In Japan I got to see/ learn about and experience a completely different medical culture and within that see many diseases I would never in a lifetime get to see again, which was incredibly. In stark contrast, whilst I did see some rare things in Sawston, the clinical experience that I got their in terms of history, examination, practical skills and experience of what it really feels like to be a GP was fantastic.

All in all I found my time at the practice incredibly useful in the transisition from student to doctor, I felt for the first time like I had some responsibility and my opinion truly valued. The team were brilliant, the doctors and nurses amongst the best that I've encountered as a student moving around GP practices. The experiences in terms of oppotunites to examine patients with signs, take histories diagnose under pressured time slots, decide and contribute to treatment plans as well the opportunity to see/ aid with minor surgery, experience house visits and practice my practical skills ready for my job in August were invaluble. I felt like this was the perfect interim between student and doctor and a great contrast after doing my first 4 weeks of elective in Japan. At the end of these 2 weeks I felt like I had a genuine taste of what it is like to be a GP and would seriously consider this as a career option in the future.