

Final Report - Hippokrates Exchange Programme

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Dates of Exchange: 11th July 2011 - 25th July 2011

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Just in one sentence I just loved this experience! My objectives were almost all filled and I returned home with a huge sense of medical enrichment in many ways.

The first thing I want to point as strength is organization and few bureaucracies. Everything seems simple and we don't have lots of barriers to do things. For example one of my goals was to shadow in a clinic for teenagers regarding sexual health and contraception. In the clinic I shadowed they didn't have that kind of consultation so they managed a visit to Glamorgan's Hospital in the sexual health clinic. I had the opportunity to stay there a day and I think that was a very enriching experience. All the process to schedule the shadowing was very simple, quick and effective with no barriers. When I went there I was very welcomed, the staff knew already my coming and after a quick visit to the service I could shadow the consultation.

Everything is organized and in the first day I had the opportunity to know every people that worked in the clinic. Everyone was very nice, attentive and left all the space for me to search for help if I needed. Everyone tried to make me feel at home and as one of them.

Their ethical sense together with their organization style made that before patients enter the medical room they already knew that I will be there shadowing the doctor. This was possible thanks to an electronic board in the waiting room that brings all the information relevant for the clinic.

There the General practitioners (GP) need to invest in their quality improving their knowledge. Auditory is not a nightmare and is seen by everyone as a chance to improve. The GPs must undergo revalidation and this in an important subject. They have curriculum vitae online in the Royal College of General Practitioners (RCGP) that they must fill with all the formative actions and also make plans for knowledge improvement in short and long time and how they meant to do that. They must identify the areas with lack of knowledge or their own weakness so they can schedule activities to bridge it. I was really amazed by the powerful RCGP's website and all the concerning with improvement and continuous education.

I would like to highlight the access they have to knowledge bias free from the industry. They have a lot of formations free of industry sponsors and beside that are not expensive. Knowledge there is cheap, easy to get and very close to you.

Weaknesses found were not so many maybe because 15 days was a short period and I just had the chance to see what is good. One of them has historical background and relates with the lack of GP years ago that made the government to train nurses to do jobs traditionally made by GPS. This

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fact has advantages as for example to let more time free to the medical aspects of the consultation. Despite this I think sometimes the appointment made with the nurse became a waste of time since when it is needed the advice from a doctor they stop the consultation and go to meet a doctor to solve the problem. In my point of view it's waste of time and that can cause a breaking of confidence in the health team as the patient feels the person is not able to deal with the problem alone despite the fact that there always someone there to help.

Another weakness is also organizational. They don't have the continuity spirit of Family and General Medicine (FGM) in Portugal. In there a patient can be seen by any doctor in the clinic and they don't have the true family doctor. As they are followed by many professionals, some important information about development as a person and a patient (carrier of a disease). Also after birth they are not seen so often as in Portugal by the doctor, instead they have few consultations and some are visits by the home visitor (a nurse with special skills). This is another example of lack of continuity as we can miss some changes in a later period. The number of visits was revised recently based in a study to get the right number and the key time to make the visits and consultations; this was made regarding a study made by a doctor that proved that they were doing too many consultations in the first year. Probably in Portugal we should do a similar study as we are in very different realities and we cannot forget that in Portugal the cultural and educational level of the population is lower than in the United Kingdom (UK).

Opportunities...

I had the opportunity of seeing a different reality and ways of thinking and working. The organizational system is very different and I had the opportunity to see things that I can adapt to my reality improving my clinical practise. I had the opportunity to see how they manage chronic diseases as diabetes and hypertension and also preventive tasks as family planning. Home visits are very different from Portugal in number and also aims. From one side is good to have opportunity to use home visits as urgencies for people that cannot go to the clinic or for regular palliative care but for another side home visits there are very time consuming and it would be impossible to implement that way in Portugal as we work today.

The visit of the Sexual health department as a very nice opportunity and I was very glad to notice that in Portugal we work very well in this area that traditionally don't belong to GPs in UK.

As I had a lack of knowledge in compressive therapy I thought this could be an opportunity to develop skills in this area so I shadowed the nurses' team in compressive therapy.

My last year of practice was almost empty Intrauterine devices (IUD) fit. This exchange gave me the opportunity to see these procedures and comparing it to the way I was doing. One huge difference is the material used that is all disposable including the specula and hysteroscopes. In Portugal, in my practise just recently I had disposable specula but hysteroscopes are still not disposable. We talked about that and the main reason to be like that in the UK is because of the less price to use disposable stuff than to sterilize but also because of prions diseases that are not destroyed in their knowledge by sterilization.

In contraception I also noticed a huge difference because there they use long term contraception (IUDs and contraceptive implants) really more often than we do (at least in my practise and my clinic).

As I want to become a trainer I was very interested in this area in the UK so I had the opportunity to assist a practice visit in the aiming of certification of the clinic and the trainer as a good place and trainer in residency. This is like a small auditory listening all the parts evolved in the training process: trainee, trainer and the responsible for the clinic. Lack of time in Portugal prevents a lot of important tasks and this could be one important one.

I had the opportunity to go educational session for trainees in ethical and law aspects. I found it a very enriching experience as I could compare the differences between the thoughts of the countries

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and their almost obsession for ethical issues.

I didn't find many threats. Before the program I thought that language specially welsh accent could be a threat but I found it was not. I could improve my language skills and broad my vocabulary and language was not a threat at all. Staying at the trainer's house could be viewed as a threat because I would lose my "independency", was not. I think this was strength as we can make small tutorials, summary of the day and discussions in the differences of health systems and to upgrade objectives for the next days. Also it was a way to learn about the way of living and thinking about welsh people. One threat I found is the missing of the first day as because of the delays of the plane it was almost lost time. Another one as the impossibility to attend motivational interviews as I didn't shadowed smoke cessation consultations or life style changes. Actually I think they are too smooth in style changes and allow dangerous behaviours despite the high rate of obesity especially in children. I think this was a very rewarding experience and I will advise other junior doctors and trainees to do it. I think the last years of training program and the fists as junior doctors are perfect for these experiences as we are able to compare realities in a more professional way.