

Real-life story - Catherine Brown

Catherine Brown is a trainee GP based in Lerwick, the Shetland Islands' main town. She is part of the Scottish Rural Track Programme which provides training for GPs to work in Scotland's unique rural environment.



Catherine Brown GP trainee

Employer or university Scottish Rural Track Programme

Salary range Unknown

How I got into the programme

For me, it was a shared passion of enjoying the bio-psycho-social model of healthcare, along with living in a rural environment that really appealed. This job offers some really exciting opportunities.

Most of my training is based in the health centre in Lerwick, which is the largest in Shetland. There's also a hospital here which has medical, surgical and emergency departments, alongside the out-patient department and a two-bedded high dependency unit. Part of my training will be spent in more remote practices, where the GP provides a 24-hour on-call service.

What I do

As a trainee, I have the luxury of 20-minute appointments to begin with so it's my chance to master consultation skills. These then reduce to 15 minutes before we progress to the 10 minutes in preparation for our clinical examination. I also have excellent teaching from my enthusiastic and supportive GP trainer.

I find it helpful to read a little about my patients before they come in, but it's not uncommon to be completely surprised by the patient presenting with symptoms totally unrelated to their background/most

recent presentations.

Morning surgery runs from 9am until 12.30pm, when I have an approximately 40-minute debrief with my supervisor before a brief lunch break.

Then it's on with paperwork and referrals before the afternoon surgery starts.

On alternate weeks, we have a meeting with our district nurses and Macmillan Nurses. This provides an opportunity to discuss patients with complex health needs requiring involvement of many members of the healthcare team.

Depending on the day of the week, there are pre-bookable/walk-in/ emergency clinics which ensure I see patients with a wide variety of conditions. I sometimes have to deal with unexpected situations.

I usually see my last patient at around 4.30pm, then have another debrief with my supervisor before the final round of paperwork and referrals. I generally finish work around 6pm, but there are days when I can stay until after 7pm, and others where I finish nearer to 5.30pm.

The best bits and challenges

Transferring patients to hospital is obviously the most appropriate way forward at times, but it's really satisfying to be able to successfully treat patients in the community and in their own homes when possible.

Through a recent case, I was able to note that I need to learn more about treating headache. I've put in my e-portfolio the need to spend some time reading about headaches and do a relevant tutorial.

At this practice, I work as the duty doctor about once a week which means going out on home visits to see patients too unwell or frail to come into the practice. I consider it to be one of the absolute privileges of working in general practice.

On my first day as duty doctor, ambulance control in Inverness (our regional control centre) called to say there was an out of hospital cardiac arrest and asked me to attend. To say I felt unprepared was an understatement! My main concern was actually that my attendance could delay the patient's arrival at the hospital, where he would receive the most definitive care.

Thankfully, both paramedic crews were in attendance when I arrived. Situations like this remind you of how many people you need during any such situation. They were doing a great job of CPR (cardiopulmonary resuscitation ? administering life-saving chest compressions to someone not breathing or who has suffered a cardiac arrest). They were actually in the process of intubating the patient when I arrived (passing a breathing tube into the windpipe.)

With adrenaline quite literally pumping, my role was to co-ordinate the team and deliver the adrenaline drug the patient needed.

My next house visit was to a frail elderly lady feeling generally unwell - obviously a contrast to the drama of the previous situation. But it was another example of the variety you see in general practice.

Out-of-hours work is also a compulsory part of training. The more remote practices in Shetland do their own on-call and NHS 24 covers the mainland. As a trainee, you always have a supervisor on-call, but the idea is very much that you go to see the patient(s) and call for review/ advice.

One of the most interesting calls I had was to an elderly lady with Alzheimer's disease.? One of the district nurses was concerned that she might have a urinary tract infection. She lived with her son and his family, with regular carers and great family support. Clinical assessment was in keeping with a chest and/or urinary

tract infection and the patient, her family and I agreed the best place for her to be managed was at home.?

In this case, I also liaised with the hospital about the most recent antibiotic sensitivities. All told, this consultation took me about 90 minutes. I had excellent support from my supervisor by phone and I ensured the family had my contact details overnight, if they were concerned at all.

Life outside work

I grew up in a semi-rural environment so have always been exposed to how much such environments have to offer.

Shetland is no exception. I enjoy a rich social life with good friends (medical and non-medical) whom I have met since moving here. Evenings are spent doing some form of exercise ? running, walking or swimming - and a social activity of some kind. One of my favourite activities is to go swimming in the sea, where the company of seals and numerous seabirds makes for a magical experience.

I enjoy cooking for friends, (freshly-caught fish in the summer!) after which we often play music or head out dancing, to a concert or to watch the northern lights.

Shetland has several festivals, mainly revolving around different genres of music.? Over the winter, we have several Viking fire festivals, the most famous of which is Lerwick?s Up Helly Aa. There is always something going on! Village halls form a real focus of entertainment, along with our arts venue, Mareel which has two cinemas, a theatre and caf?-bar, and the Islesburgh Community Centre.

At weekends I tend to go for long coastal walks on the beautiful sea cliffs, watching waves crash and the birds dive. The Clickimin Leisure Complex in Lerwick has excellent sports and swimming facilities and many of the villages across Shetland have their own swimming pool.

The down side is that it?s expensive to travel south to see family and friends. You get a rural living allowance if you work in Shetland though, so that helps and I also get discounted ferry and flight tickets.

Winters are long, but there are plenty of things going on to distract you from the dark. And then there is the contrast of summer, when it never gets dark at all!

Career plans and top tips for others

Definitely make the most of the 20 minute consultations you get as a trainee and also embrace the fantastic learning you get from your GP trainer.

If you?d like to learn general practice as a specialty with ?something extra?, I?d urge you to seriously consider applying for Rural Track GP training you?ll get to live in a beautiful part of the world too!

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