

ELECTIVE (SSC5b) REPORT (1200 words)

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

- **Describe the most prevalent chronic medical conditions in local Maori population and what impact do they have on life expectancy**

As in the Cook Islands, the Maori population appeared to have particularly high incidence of diabetes. This being said, presumably due to a combination of the availability of a wider range of foods, and the climate which is more friendly to an active lifestyle, this seemed less widespread than I observed on Aitutaki.

In addition, I have seen a much higher incidence of rheumatic fever whilst in Gisborne, leading to subsequent heart valve replacements, witnessing the first patient I have seen with 3 valve replacements. I have learnt that the Maori population has a higher incidence of this. However, as the population here have access to excellent healthcare and referrals to specialist centres when required, this can be managed in a manner similar to in the UK.

Skin infections were common, with many inpatients suffering from cellulitis, more so than I have observed in the wards in the UK.

- **Describe how secondary care is organised in Gisborne to provide for rural communities, compared with the UK**

Gisborne Hospital is a small hospital, similar to district generals in the UK, serving approximately 40,000 people, and a further 15,000 along the coast. Some specialty services are limited at the hospital as they have established systems for tertiary support and clinical backup with Waikato Hospital, Auckland Hospital and Starship Hospital. This includes clinical advice and urgent transfer when required. Having the chance to take a patient transfer flight demonstrated how well this system works, and how seamlessly the teams can work together between hospitals. In addition to this resource, some consultants in Gisborne visit smaller hospitals further afield, such as in Te Puia, to do regular specialty clinics for the smaller populations there.

Though I was attached purely to the medical team, I frequently had interactions with other specialties and allied professions, sitting in on family meetings, and understanding how social care is organised in Gisborne.

Although relatively small, services provided are still extensive, including acute medicine, general surgery, orthopaedics, mental health & addiction services, gynaecology, obstetrics, child health, intensive and coronary care, assessment and rehabilitation, emergency department, laboratory, radiology, physiotherapy, dietetics, Orthotics, occupational therapy, audiology, social work, domiciliary care and palliative care.

- **See how public health campaigns can be used effectively to engage a specific population, and how this compares to UK based campaigns**

Media such as posters, radio and TV adverts widely advertised the damages of smoking. There was a strong emphasis on the risk of transitioning from being a 'social smoker' to a regular smoker. In addition, the hospital grounds have regular reminders up that the entire premises are a smoke free

environment. I was unable to gather how prevalent smoking is in comparison to the UK, but there were several patients on the ward with smoking related diseases such as COPD.

Roadside billboards are often used to advertise public health messages with regard to driving. One of the most striking efforts by public health evident in Gisborne is that of road safety. There are frequent signs along the roads advising people to reduce their speed and not to drink and drive. Roads are often very empty and wide, meaning people drive fast, unchecked, along very winding roads. In the UK I have rarely seen billboards used for these purposes, and the use of media such as radio and TV is more common.

- Learn more about common medical presentations and procedures to secondary care

As part of the medical team, both in routine shifts and during on call periods, I have come across a wide range of common illnesses, both acute and chronic. In particular, the on call shifts showed me a variety of presentations, across all ages and specialty areas. I was able to carry out initial assessment on patients, going through the full clerking procedure from history to exam to management plan. This was a good refresher of the practical application of management of acute presentations such as chest pain or headache, after having completed written exams. In addition to these practical elements, I have learnt more by attending junior level teaching, one particular session on the assessment and management of stroke

Overall, my placement in Gisborne has given me excellent further preparation for life as a foundation doctor. I have been able to become part of the medical team, carrying out duties that may be expected of me in my foundation job, both practical and administrative.