

ELECTIVE (SSC5b) REPORT (1200 words)

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

What are the most prevalent chronic conditions in the Cook Islands, does this differ to the UK?

The most prevalent conditions we found in the Cook Islands were Diabetes type 2 and hypertension, quite similar to the UK. There is a public health campaign evident as there is a picture on a large board outside hospital warning of the effects of uncontrolled blood sugar with a rather ghastly picture of someone's necrotic toes. There seems to be similar compliance issues with medication for a significant minority of patients, as in the UK, and high BMI seems to be a driving factor for many of the cases seen. There were similar rates of minor illness such as upper respiratory tract infections. We saw little depression or anxiety during the placement. With the climate being tropical there is a higher rate of skin infection and antibiotics are needed more frequently. A lot of people sustain minor cuts and injuries due to work eg fishermen and the high exposure to water probably leads to higher rates of infection, as well as insect bites being more common here. Another difference here is fish poisoning being a relatively common diagnosis, something we don't really hear about in the UK. This stems from the island diet including lots of fish, and often is linked to the eating of raw or seared fish, which is the preferred serving for many islanders, including at traditional feasts.

How is health care provision organised in the Cook Islands to provide for a small population, compared to the UK?

The hospital here is very small compared to those in the UK. It has a four bed men's bay, 4 bed paediatric, and 6 bed female bay. There is also a maternity unit, a HDU, and isolation area, and a triage / treatment room. There are 2 outpatient consulting rooms, a lab and X/ray room, plus the pharmacy. The pharmacy is the only one on the island. There is only one Doctor, but she shares on call with a nurse practitioner. Overall there are roughly 26 members of staff, both clinical and non-clinical. Rarotonga (the largest island) has a hospital with several Doctors including surgeons. It can be called upon when required, providing lab and imaging services, as well as referrals, sometimes by photo sent electronically, to aid diagnosis and treatment.

During the working week the hospital functions as both secondary and primary care, with outpatient / GP appointments running morning and afternoon. There are days designated to non-communicable disease, anti natal care, and blood tests. Out of hours the hospital has a constant nurse presence with either the

Dr or nurse practitioner on call. The nurses are very skilled in a wide range of practical skills to help cover the needs of the islanders.

To see how health care can be distributed to remote populations in discrete island communities.

The larger islands in the Cook Islands have a hospital on them, whilst smaller ones have a clinic. If anything can't be dealt with by them it can be referred on to Rarotonga where more services are available. The work of the two man public health team is important, they cover more than my original view of what public health involved, and play roles in environmental issues such as the drainage of stagnant water and burning of tyres. There are village inspection carried out throughout the year to check for any potential issues. The drive on non-communicable disease is also well seen in people's

behaviour. On attending hospital all patients are triaged, much as in A and E in England, but here the standard observations include weight and blood sugar (for adults). The patient expect this, indeed many go straight to the scales on entering the room.

There seems to be a good team ethic amongst the staff both here and in Rarotonga. Lots of the nurses I have spoken with have worked on several of the islands during their careers. Nurses can do there training at Rarotonga, although there is no medical school in the Cook Islands (New Zealand and Fiji have medical schools).

To develop the ability to make treatment plans including when a case needs escalating to more specialist care.

Working here has helped me develop working diagnosis and treatment plan. Dr Helen had let us see patients in clinic, formulate a plan, and then discuss it with her. This has included shadow prescribing. I have also been involved in ward rounds when Dr Helen has made Rarotonga referrals and I have begun to see what can and cannot be managed here. The staff have been very helpful, and the resources such as the antibiotics guidelines for Cook Islands booklet is really useful, as well as the New Zealand formulary. I have also been involved in out of hours care as we have been resident in the hospital at weekends including over the Easter weekend, so have got to see patients first before reviewing with Dr Helen or Maria (nurse practitioner)