

## **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 medical conditions in local population and what impact do they have on life expectancy?**

The most common conditions I found here were very similar to in the UK. I was placed in general surgery and found the caseloads to contain the same common procedures. The elective lists read similar to UK eg problems such as varicose veins, hernia repairs, cancer operations, and the acute problems brought in were also the same, eg acute abdomens such as appendicitis.

The life expectancy here is equal to that of the UK. The population served here has been described to me as a lower social economic population than the New Zealand average. I am not sure if the health inequity that exists in the UK, for example to story of losing a year of life for every mile down the central line travelling East, exists here, although I did find some evidence online from the New Zealand Government Health website that suggested chronic ill health is higher amongst those living in deprived areas.

In the UK we have well documented and researched problems that affect different ethnic groups such as higher risks for certain health conditions, for example Diabetes type 2 in Asian populations, and problems with health engagement amongst certain groups. In New Zealand there is a large Maori and Pacific Island ethnic group that has been noted in Government documents to have higher risks for certain conditions too, such as Diabetes type 2, strokes, and heart disease.

Anecdotally only, I feel that the fitness levels of the population are better than in the UK. There are lots of public amenities. This small city has an Olympic swimming pool. The climate is also more favourable to outdoor activities (in summer months at least) and the landscapes and beaches offer many opportunities for hiking, sailing, surfing, cycling etc. Whilst available in England I felt like there was much greater access here, probably due to the lack of many major cities.

**How is secondary care organised in Gisborne to provide for rural communities, compared with the UK?**

Gisborne Hospital is a small secondary hospital serving a small city population of roughly 40, 000 people and the surrounding areas. The hospital has two designated surgical wards. Ward 8 has 22 general surgical beds and manages patients from a range of surgical specialties including Vascular, Upper and Lower GI, Hepato-Biliary and Gynaecology, whilst ward 9 is used for Orthopedics and rehabilitation. There is also ENT and ophthalmic provision. Overall Gisborne offers a comprehensive surgical service, although more specialist services may need to be transferred to other hospital such as neurosurgery. Oncology cases are often discussed in multi-disciplinary meetings via video link to tertiary centres allowing patients to utilize expertise from a wider range of health care specialists.

There are smaller health centers spread across towns in the bay region, some of which are small hospitals that can be used by doctors here for clinics. Rural nursing teams can offer patient care and follow up in a similar fashion to district nurses in the UK.

The surgeons here take on a wide variety of operations and keep their generalist skill sets. I have found that I have had a much broader experience of surgery in a theatre list here than on any one

surgeon's list in the UK. For example I had a day that started with an inguinal hernia repair, followed by a mastectomy and sentinel node clearance, followed by varicose vein stripping. In the UK it was often repeat operations eg a list of cholecystectomies.

I was able to go to a talk in one evening put on by the post graduate medical society of Gisborne with a speaker that was promoting rural practice and how to encourage and retain doctors in such settings.

To see how public health campaigns can be used affectively to engage a specific population and how they differ to UK based campaigns

There appears to be the same kind of public health challenges here as in the UK. There are several posters around the hospital with messages about stopping smoking and healthy eating. There seems to be a push on ending domestic violence too with posters placed in strategic locations like the toilets (including staff toilets) and in the emergency department. The government website reports increasing obesity as another problem, it was hard to gauge if there was any difference in the patients I saw compared with the UK.

To learn more about surgical presentations and procedures.

During my placement I have had great exposure to surgical clinical work, especially time in theatres. This has included a mixture of acute and elective surgeries, long and short operations, and open and laparoscopic. I have had chance to scrub in to over half of the cases and assist with tasks like holding the laparoscope, retracting, and dressings. The anaesthetic team have also provided teaching at the start of procedures.

Clinics have also been useful for practise examining patients and being able to ask questions about how decisions are made, for example when and when not to offer surgery. I also learned about consent and discussing options with patients, particularly counselling about risks and benefits of a procedure.

I have also been able to help on ward rounds and with the Junior Doctors on call clerking patients in A and E. This helped me to develop plans for investigations and tests, improve differentials, and think about when and how to refer on to seniors.