## ELECTIVE (SSC5c) REPORT (1200 words)

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

**What are the reasons for attendance to the Emergency Medicine Department in New Zealand? How do they compare to London/UK?**

**Emergency department (ED) attendances in New Zealand have broadly been very similar to those experienced in the UK. There is the usual amount of MI, stroke, falls etc but there is however some differences due to local factors. There are more injuries sustained from the areas industry such as farming injuries e.g. machinery incidents or even cows falling onto a patient in one case. There are big spikes in sporting injuries during the week reflecting the big sporting culture here in particular rugby. Whilst I was here there were a number of high profile road traffic collisions in the area whilst sadly most of these deaths happened on scene it reflected the high rate of road death and injury in New Zealand (double that of the UK). There appears to be a lot of public education and legislation such as the lowering of the drink drive limit happening here but the "road toll" as it is referred to here seems to keep creeping up. Some noticeable differences in the other direction were that it was quite rare to see a patient under the influence of alcohol or drugs and mental health patients which are very common comparatively in the UK.**

**There is a bigger drive here for patients to explore primary care options first and this is enforced more. The majority of patients presenting to ED here are serious enough that they warrant being seen in ED and have tried their best to deal with it themselves and/or see their GP if applicable. New Zealand has similar problems with access to GP as in the UK but with the added factor of having to pay a fee but on the whole this does not seem to deter people in the way it does in the UK.**

**How is Pre-hospital care and Emergency Medicine organised in New Zealand? How does this compare to the UK?**

**During my elective I got to spend time with the St John's Ambulance and the Taranaki Rescue Helicopter so saw the pre-hospital care side of things first hand. The ambulance service and helicopters in New Zealand are charities which are only partly publicly funded similar to air ambulances or the RNLI in the UK. The ambulance service used to be organised at a local level but in the last few years became a national body so is in a period of transition. Some ambulance personnel are volunteers and others are qualified paramedics which means there is a wide range of experience and expertise. There are some very long transit times from scene to hospital in New Zealand which means in some areas paramedics initiate treatments that would normally be started in hospital. In New Zealand there is some overlap between what in the UK we know as air ambulances and search and rescue aircraft. There are stand alone air ambulances and aircraft for patient retrieval and treatment but here in Taranaki it is a rescue helicopter which has a number of roles. Depending on the task they change the crew around i.e. for a mountain rescue they can winch down an alpine rescue volunteer and a paramedic or for a big RTC can take a medic and quickly strip out the seating to take multiple patients.**

**The ED where I worked was very streamlined. Patients were triaged by an experienced nurse alongside the receptionists who sorted all the paperwork. They are then seen in order of priority. In ED were based/or quickly available in most cases a medical, surgical, paediatric, orthopaedic and O&G**

**registrar which meant those patients needing admission or specialist investigation were dealt with quickly and freed up the ED team to deal with their workload. This close working with other teams had other benefits in terms of the sharing of knowledge e.g. bouncing an idea off the medical registrar or asking the orthopaedic registrar to take a look at an x-ray. Whilst patients were waiting to be seen by a doctor the nursing team would do a lot of the ground work already before you even saw the patient which was big shock to me. They would do obs, put a line in, order and take appropriate bloods, prescribe simple analgesia, order x-rays, get an MSU/dipstick and an ECG. This meant when you saw the patient you were half way there most of the time and with a good history could initiate a management plan based on good evidence.**

**What health conditions are more prevalent in the Maori population? Is this reflected in healthcare provision?**

**I had lot of exposure to the Maori population both whilst travelling and in the ED. As with any population there are a wide range of patients but some conditions appear to be more prevalent. There is a higher rate of obesity, diabetes, arthritis, chronic pain, IHD, stroke, and hypertension. Although there is a similar rate of mental health disorders there is higher rate of mental health distress mainly due to not accessing help or treatment. The percentage smoking is higher but diet and activity appear similar. The length of time that a child is breastfed is half that of the general population. Many of these problems are down to access to healthcare and inability to pay for treatment but there is obviously educational and genetic components as well. There has been a big push to integrate Maori beliefs such as spiritual (Wairua) and family (Whanau) wellbeing into healthcare models alongside physical (Tinana) and mental health (Hinengaro) to help uptake and understanding. There are also specific populations in New Zealand of pacific islanders, refugees and Asian migrants that have particular health considerations.**

**Reference: The Health of Maori Adults and Children Report . NZ Government. 2013 https://www.health.govt.nz/system/files/documents/publications/health-maori-adults-children-summary.pdf**

**To gain a further understanding of working in emergency medicine and medicine in general within New Zealand. To improve the key skills that will help me during F1 e.g. clinical reasoning and diagnosis and clinical skills such as cannulation, suturing etc.**

**Although the systems in New Zealand and the UK are broadly similar there are some differences. There seems to be a lot more job satisfaction in New Zealand with everyone enjoying their career choices and actively looking to better themselves and the department. Working as a doctor in New Zealand is better paid, less stressful, better supported and comes with a number of perks such as free meals. There is less pressure to pick a career path early and you can stay at a house officer level for as long as you want before stepping up to be a registrar. That all being said unless you are in a major city such as Auckland you miss out on a lot of exposure to certain specialities and you do need to be open to moving around the country or even to Australia to train and get work.**

**I have had a really good experience at Taranaki Base Hospital with the team getting me fully involved and having lots of opportunities to practise my skills. I have been actively encouraged to see patients, take a full history, formulate differentials and recommend a management plan to the senior doctors who would then action it or suggest other options. In the vast majority of cases the doctors agreed with me which is always a good confidence boost. As I said above there was not much opportunity to**

**cannulate as the nurses did most of them but I did offer to do a few to keep my skills up. There were however other skills to practice such as ultrasound scanning, fracture manipulation and plastering under supervision, minor ops such as toenail removal or a infected cheek piercing that needed removing. A great opportunity was presented to me when an elderly gentleman fell through a glass shower door and was covered in lacerations requiring suturing. He was happy for me to do all the local anaesthetic and suturing and after 36 stiches my skills had definitely improved. I would like to take this opportunity to thank everyone at the hospital for being so welcoming and giving me such a good experience.**