ELECTIVE (SSC5b) REPORT (1200 words)

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

Elective Report

I was placed under the supervision of consultant cardiothoracic surgeon Mr David Haydock in the Cardiothoracic Surgical Unit (CTSU) at Auckland City Hospital. After a quick induction in the morning I was given free rein to make the most of every teaching opportunity on offer within the department. A three-week placement has never passed so quickly. Looking back on that time gives me the chance to ponder all that I've seen and learnt, which might have otherwise passed me by in that brief flash of time. The bulk of this report will focus on the four learning objectives established before the elective started. I hope to finish with a subjective summary of my experiences.

Objective 1: To describe the epidemiology of cardiovascular disease in the New Zealand population, including the Maori people, and compare it to the UK.

On the first morning in the department I went straight to theatres to introduce myself and begin the learning process. The first case was underway; an open aortic valve replacement. The patient was already draped and the chest open. I took my spot at the head and began discussing the case with the anaesthetists as the surgeons went about their business. Admittedly, I was a little surprised to hear the lady was in her thirties but my finals knowledge kicked in reminding me of early calcification of bicuspid aortic valves. The lady was Maori so I asked if the condition was more prevalent in said population. It was explained, to my surprise, that this lady had rheumatic heart disease; a condition which I presumed was incredibly rare in recent times. I soon learnt that rheumatic heart disease is still problematic in New Zealand, especially in the Maori population. This was further emphasised by television campaign I saw throughout my time in New Zealand warning the public about rheumatic fever and rheumatic heart disease. According to the New Zealand Ministry of Health both mortality and hospitalization rates associated with rheumatic heart disease are around 5 times higher in Maori populations compared to non-Maori populations (RR 5.23, CI 3.99–6.87 and RR 5.30, CI 4.47–6.29 respectively) [1]. This was an interesting learning point. I had assumed that prevalence of cardiovascular diseases would be more prevalent in Maoris however reading around the subject confirmed this is true for stroke, ischaemic heart disease and heart failure.

Objective 2: To compare and contrast the provision of public health care in New Zealand and the UK.

The healthcare systems in New Zealand and the UK are very similar, a fact acknowledged by the Medical Council of New Zealand. Both countries have large public healthcare provision for citizens and travellers alike. Moreover, both countries have private sectors which afford slightly more

flexibility regarding which doctor you see and in which hospital or clinic you are seen. In both countries private insurance can be obtained privately or via an employer.

Objective 3: To compare the attitudes towards health in the Caucasian and Maori populations of New Zealand, and how they differ from attitudes in the UK.

Unfortunately this is not an objective on which I can claim to have a strong grasp. I spent virtually all my time in theatres with patients under general anaesthesia. Very little time was spent on the wards and I discovered there aren't many clinics in cardiothoracic surgery. The clinics which I did attend didn't really touch on the attitudes of Maori and Caucasian towards health, or their healthcare beliefs. An interesting review explains how socio-economic status, communication barriers and rural living can contribute to the disparaging health status of indigenous populations through unequal access to healthcare services [2]. This, however, does not account for differences in culture or behaviours. The Maori people recognize four cornerstones of health; spiritual, psychic, bodily and family dimensions [3]. In truth, this doesn't seem to differ drastically from the Western understanding of health however more emphasis is placed on the spiritual dimension in Maori culture. Furthermore, Maori elders have a highly influential role in determining Maori attitudes thus co-operation with Maori elders is crucial for any public health intervention to have successful uptake in Maori communities. It seems that in Western culture health is a much more personalised concept, in that your problem is your own and the result of factors in your life. In Maori culture health is seen as a much broader concept, often pertaining to the whole community and being influenced by much broader external factors.

Objective 4: To continue developing my communication and team-working skills. To become competent at basic surgical skills (e.g. suturing).

These objectives are difficult to reflect on. Personal development is a continuous work. These three weeks have no doubt helped me along that journey however it is difficult to define how. Coming from an occupational background in theatres I felt comfortable in that environment, and that was indeed where I spent most my time. My role in theatre was largely observational but I used my previous experience from working as a healthcare assistant to make myself useful. This usually included helping to turn around the theatre between cases (e.g. disposing of clinical waste and drapes, wiping down surfaces, changing the bins etc.). There were subtle differences in the routines in comparison to the hospital I have worked in at home so it was interesting to talk to the theatre support staff about why things were done slightly differently. My time on cardiothoracics was highly informative however improving my own surgical skills was, regrettably, unsuccessful. I learnt a lot and had an excellent view of the procedure from the anaesthetics machine however my time scrubbed was minimal. I was happy watching from the sidelines and it was very useful being there. Upon reflection, I could have been more proactive and forthright in my participation. This is something I have acknowledged previously and will be a valuable lesson I can take from this elective.

Summary

I have thoroughly enjoyed my time in Auckland. I have been lucky to meet such wonderful people during my time here who have taught me a lot about myself on a personal level. I have found the kiwis to be invariably friendly and welcoming and they have made returning home all the more difficult.

Spending time on cardiothoracics has highlighted how tough life as a surgeon can be. It is physically demanding, and while I can't claim to have experienced the psychological strain of the job, I can certainly understand the gravity of the work these surgeons undertake. Although I have spent a lot of time in theatres on routine elective cases, I don't believe I have ever seen such daring or impressive procedures as those performed by the cardiothoracic surgeons. It has been a privilege to watch them work and has undoubtedly inspired me and raised the benchmark for my own practice. I would like to thank everyone in the department for their time and making this elective a true pleasure.

[1155 words]

References

[1] Mortality Collection Data Set (MORT), Ministry of Health; National Minimum Data Set (NMDS), Ministry of Health

[2] Sonia Marrone (2007) Understanding barriers to health care: a review of disparities in health care services among indigenous populations, International Journal of Circumpolar Health, 66:3, 188-198

[3] A Maori perspective of health. MH Durie - Social science & medicine, 1985 - Elsevier