ELECTIVE (SSC5b) REPORT (1200 words)

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

This is the report for my three-week elective in The Department of Otolaryngology (ORL), Head & Neck Surgery under the supervision of consultant ENT surgeon Mr Bren Dorman. I had already been in Auckland City Hospital for the previous three weeks on cardiothoracic surgery so the transition into this elective was seamless. This report will be structured around the four predetermined objectives finishing with a subjective summary of my experiences in New Zealand.

Objective 1: Describe the epidemiology of ENT conditions in the New Zealand and how these compare to other developed and third world countries.

This is a very broad topic which I can't cover comprehensively in this piece. For many ENT conditions the prevalence within the New Zealand European population matches that of the Western World (i.e. USA and Europe), perhaps unsurprising given the shared ancestral origins and similar cultures and behaviors observed in these groups. One such example is nasopharyngeal carcinoma.[1] Interestingly one condition which is more common in New Zealand is exostosis of the ear canal; a condition associated with repeated exposure of the ear canal to water, especially cold water, which earnt it the colloquial name "surfer's ear". [2] Due to the popularity of surfing and other water sports exostosis is more common in New Zealand than the UK.

ENT presentations in the third world often differ due to limited healthcare infrastructure and disparaging prevalence of certain pathologies. Examples include, but are not limited to, HIV, tuberculosis, tropical diseases, cleft lip/palates and advanced stage head and neck cancer presentations.

Objective 2: Describe the provision of public health care in New Zealand and compare in the NHS.

This objective was covered in my previous elective report for cardiothoracic surgery.

Objective 3: Describe the patterns of ENT conditions in the Caucasian and Maori New Zealand populations and discuss the difficulties they could present to a public health service.

According to the 2013 census the New Zealand population is made up of the following ethnic groups: European (74%), Maori (15%), Asian (12%), Pacific peoples (7%), Middle Eastern/ Latin American/ African (1%). [3] Maoris are known to have a 10-fold increased incidence of nasopharyngeal carcinoma than non-Maoris, which may be due to genetic susceptibilities to the disease. [1]

Moreover, Maoris have a 2.79 relative risk of smoking compared to non-Maoris which is likely to be a contributing factor. [4]

The health inequalities which exist between ethnic groups in New Zealand present an ongoing challenge for The Ministry of Health. These inequalities undoubtedly constitute a very complex public health topic and it is very difficult for me to do more than scratch the surface in this short elective report. It has been posed that indigenous peoples struggle to access healthcare services and it would therefore seem intuitive to attempt to improve access for these populations. The factors for this alone are complicated with socio-economic status, communication barriers and rural living all being implicated, not to mention cultural barriers. [5]

Objective 4: Become competent at diagnosis and managing common ENT conditions.

This objective was by far and away the most important for me and if there was a single outcome I had hoped to achieve it was this. Indeed, it was a major determinant in my choice of elective. Our teaching of ENT throughout medical school was sparse at best. Moreover, 25% of GP consultations deal with ENT complaints (50% in children). [6] With that in mind, I felt underprepared to tackle head and neck problems. Of course, there were other reasons to choose ENT and I currently have it high on my list of potential career paths. Nonetheless "becoming competent" was perhaps an overambitious aspiration.

I certainly feel my knowledge of ENT conditions has improved and I have a greater appreciation of head and neck anatomy than before. My awareness of surgical management options for a variety of conditions has improved and I have even observed procedures I had not previously know were possible. However, to say I am competent at managing and diagnosis common ENT conditions would be untrue. Upon reflection, this is largely due to how I spent my time on this elective. By spending a large majority of time in theatres I inadvertently selected for possibly less common or less simple cases, especially considering the tertiary status of the department. In doing so I probably haven't learnt as much about common conditions, especially pertaining to primary care, nor have I spent much time taking ENT histories or discussing medical management options. That said, I did pick up a lot from the mixture of clinics and endoscopy lists throughout the placement. By being in theatre so often, I have a stronger appreciation for the relevant anatomy and was able to see some of the most eminent ENT surgeons at work. I was present at the first tracheal autograft stent to take place outside of London; only the 27th of its kind, which was an unforgettable opportunity.

Although my time in clinics was limited, my experiences have given me more confidence in diagnosing ENT conditions, especially concerning red flag symptoms, which I'm sure will make me more confident in my own practice,

Summary

I have mixed emotions about returning home after this elective. Firstly, I will be sad to leave Auckland behind. It has been a home from home in many ways and my time at Auckland City Hospital has rivalled my favourite placements at medical school. Secondly, I will miss the student experience. Although my learning is by no means finished, far from it in fact, I will miss existing solely to learn and having the freedom to focus on personal development. On the other hand, however, I am excited to start work and in many respects, begin afresh in Leeds.

My time in Auckland has been a great learning experience, as much about myself as ENT. The result of final exams has settled in, bringing with it a sense of confidence and preparedness to start work. Spending three weeks in a department like that at Auckland City has restored a sense of faith in the medical profession which I had started to lose. It is a department I could see myself working in and with that aspiration comes a sense of determination to succeed in a surgical career. For that I would like to thank everyone at Auckland City ORL.

[1181 words]

References

[1] Ianovski, I., Izzard, M., Morton, R. P. and Plank, L. D. (2010), Nasopharyngeal carcinoma: differences in presentation between different ethnicities in the New Zealand setting. ANZ Journal of Surgery, 80: 254–257. doi:10.1111/j.1445-2197.2009.05132.x

[2] Adams, W.S. 1951 The aetiology of swimmers' exostoses of the external auditory canals and of associated changes in hearing. J. Laryngol. Otol., 65 (133–153), 232 250.

[3] http://www.stats.govt.nz/Census/2013-census/profile-and-summary-reports/infographic-culture-identity.aspx

[4] https://minhealthnz.shinyapps.io/nz-health-survey-2015-16-annual-update/

[5] 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

[6] M. Farooq, S. Ghani and S. Hussain (2016), Prevalence of Ear, Nose & Throat diseases and Adequacy of ENT training among General Physicians, International Journal of Pathology; 2016; 14(3)113-115