

My Elective in Auckland, New Zealand in Intensive Care

This year I was fortunate enough to spend 6 weeks in Auckland City Hospital. I completed 3 weeks in a cardiovascular intensive care unit (CVICU) and 3 weeks in the department of critical care medicine (DCCM).

While on CVICU I primarily saw patients being managed postoperatively from cardiothoracic surgery. I also witnessed care being delivered for patients who were critically ill with respiratory and cardiac pathologies, for example severe pneumonia and myo/endocarditis. Interestingly, there were also several cases of rheumatic fever on the unit, which is more common in Pacific Islander populations than in the UK. This proved to be a useful and unique experience that I would be less likely to be exposed to in Brighton.

On CVICU I gained a basic understanding of many inotropes, and saw the use of a wide variety of medical technologies such as aortic balloon pumps, extra-corporeal membrane oxygenation, ventricular assist devices and pacing wires. However, potentially the most valuable and broadly applicable experience I gained was in improving my understanding of cardiac physiology, including interpretation of electrocardiograms and chest x rays. The medicine on this unit was complex and daunting at first, but the staff were welcoming and open to discussing cases. Over the 3 weeks I began helping with the less complex admissions and performing basic procedures, such as taking blood cultures and suturing. I thoroughly enjoyed my time there and felt I witnessed specialised and unique medicine, which undoubtedly helped further my understanding of the fundamentals of cardiac physiology.

Next I spent 3 weeks in DCCM. This was a more general intensive care unit, and also a tertiary centre for patients with neurological pathologies. I also spent a lot of time on the wards and in the emergency department, attending calls requiring urgent intensive care input. Some of the cases I assisted with or observed included trauma, overdoses, peri arrests and acute neurological events. I gained a lot of experience in improving my practical skills on this unit. I continued to take bloods and insert peripheral cannulas. In addition to this I witnessed a lot of airway management and assisted with some basic manoeuvres or in using a bag valve mask. Finally with supervision I was also able to partially assist with lumbar punctures, insertion of central venous catheters and arterial lines. For some cases I was also present when discussions were being made with family regarding end of life care for their relatives. This was invaluable in helping me understand how best to communicate with patients and their relatives in critical circumstances. I feel this second attachment added a much greater degree of variety to the cases I saw. Furthermore, witnessing the management of patients on the ward and in the emergency department felt more applicable to the medicine I had learnt in my clinical year, and helped highlight the areas I need to expand on.

These 6 weeks also gave me an idea of how the New Zealand healthcare system worked. It was clear that the mixed private and public funding system meant that generally resources were appropriately available. However there was still a

need for more doctors and nurses, especially on my second attachment. This showed, despite global management of a healthcare system being effective, specific frontline organisation is just as important to the effective running of any unit. Interestingly, both units were very consultant-lead with no doctors below registrar level being rostered. This meant paperwork was sometimes difficult to complete when the unit was busy, as the registrars would often be occupied directly managing patients. Regardless of these observations, care was still delivered to a very high standard and I was able to learn from practices of a high quality.

Overall I learnt a great deal from this elective placement, it provided me with much desired experience in intensive care and broadened my knowledge in a number of areas. My clinical skills improved and I feel more confident in seeking out opportunities to hone them further. Finally, it was interesting to witness all this in a different healthcare system. This will give me a wider perspective on the National Health Service and its future development.