

OUM FINAL YEAR STUDENTS ON ELECTIVE ROTATIONS AT THE AUCKLAND MEDICAL SCHOOL IN NEW ZEALAND

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Preamble

Our medical school established this program so that we experience how medicine is practiced outside of Samoa, learn how to work in a clinical situation within the New Zealand Health System and use that experience to improve and make a difference in the way we will practice medicine in Samoa after we graduate in a few months. We were glad that New Zealand was chosen and even better, that the well-known Middlemore and Auckland City Hospitals were the venues for our elective course.

First Impressions

The first week was our introduction to the hospital, and although we hadn't seen patients, our elective experience had already started. We were very impressed at how highly secure the hospital premises were compared to the Tupua Tamasese Mea'ole Hospital in Apia. We were each given a swipe card that only allowed us into the different areas of the hospital that were relevant to our rotation. Using swipe cards made the hospital a safe environment not only for its workers but especially the patients.

Technology

In our first week in the hospital we were experienced the luxury of having a range of computerized and electronic equipment at our fingertips. We were each given a password for our personal profiles in the hospital system through which we were able to log on anytime not only to retrieve patient information and medical histories, but also to access the different departments of the hospital to help us with our hospital work. We were amazed at how this computerized system made life so much easier for the doctors. With this computerized system, there was no need to call the laboratory to book any blood orders, run down to radiology for x-rays, scan reports or go through many files to find old notes and records of patients. All this was available at the press of a com-

puter button. Remarkably blood results, x-rays results, all the old records and histories of previous treatment and hospitalization of the patient were available on any computer within the hospital.

Team-work and Patient Benefits

When we were assigned to our teams for the rotation, we felt a little intimidated and under-prepared compared to all the local members of the team, as they were all professionals in the different fields. At the teaching hospital, the medical team consisted of a consultant who was always a professor, a fellow, two registrars who had all done post-graduate work and a house officer. Then there were other members of the team including a pharmacist, dietician, nurse manager, physiotherapist and a social worker. We found the presence of these members to be a crucial part in caring for the patient not only medically, but also for their health outside of the hospital. Each member had an equal part and say in caring for the patient and all had to be happy with the future plan and management before discharging the patient. This aspect of having a team consisting of doctors and other health professionals was of great benefit to the patient and hopefully we can implement this into our Samoan system.

Our Roles

Since we were the youngest members of the team, we were mostly asked to search through the computer system for patient records and get everything organized before the ward rounds every morning. However, sometimes some of the information we needed was not available in our system as the patient either had been previously admitted under a different hospital, or was under the care of a General Practitioner (GP). We would then have to contact either the hospital or the GP for an update on the patient, and to our surprise it only took about ten minutes for the whole process. The relationship and networks between the different hospitals and the GPs was very efficient. I can't imagine how long this would take in Samoa, but with the experience in NZ, the close relationship and networks between the different parties greatly improves the patient care. This was another of the experiences we would like to bring back to Samoa.

New Procedures

To observe and participate in new procedures was one of the highlights of our medical education to date. Although we had been exposed to many medical and surgical procedures in Samoa, to actually be part of complex and complicated procedures was invaluable. These procedures included right hemicolectomies, reversals of loop ileostomies, thyroidectomies and many others, most

which we had only seen pictures of in medical textbooks. Elective Rotations provided the chance to witness these procedures first-hand. The utilization of different technology and the latest equipment for the benefit of the patient was also one of the stand-out experiences. Previously, we had only seen and read about these hospital resources in different medical textbooks, but we have now been exposed to such technology and been a part of the procedures during our Elective Rotations in NZ.

Career Pathways

Our experience in NZ has not only been a highlight of our lives as medical students, but greatly broadened our way of thinking and planning for the future with regard to our careers and the general improvement of the health system here in Samoa. It has motivated us not only to aim to be good doctors, but to keep reaching the highest levels in our different medical pathways. We have learned from the different doctors in NZ that they do not just settle for an MD or MBBS qualification, but they all try and do postgraduate work after serving their time as House Officers. Many undertake clinical research and graduate with a PhD. Being in the medical world is about ongoing learning and we need to set our sights higher.

Challenges and Recommendations

We feel the students of OUM will greatly benefit from having overseas clinical experiences similar to what we received during our recent electives in NZ. We do, however, recommend that the future students are given proper preparation and training in the expected areas and in the workload of a Trainee Intern (TI) or whatever program they are slotted into. We found it hard to work and try to learn the systems and the different jobs expected of a TI, and at the same time, try to learn and gain new experiences in medical procedures.

We found that with the TI program, we did not have access to tutorials, lectures and some medical procedures that would have benefited us. But we were put in a TI program in which our main work was just to run around and prepare notes for the team, and mainly to just write reports, which we felt would not benefit us in any way as this system does apply in Samoa. The four year program, however, had a lot of bedside teaching from the consultants and registrars and we feel this would be of greater benefit to us.

Acknowledgement

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Figure 1: Emmanuel Chan Chui and George Leao-Tuitama