

Renal Elective Report – Jennifer McNeill

For one half of my elective, I spent 4 weeks with the Renal team in Waikato Hospital, Hamilton, New Zealand (NZ). Situated 150km south of Auckland, Waikato Hospital provides healthcare for the Waikato District however the Renal team provide services to a much larger area, reaching from one side of the North Island to the other.

Whilst in Hamilton, I took part in daily ward rounds and contributed to the bi-weekly multidisciplinary team meetings which took place on Monday and Friday mornings. These meetings were attended similarly to the UK, with notable inclusions of psychologists and dieticians.

There were opportunities to observe PermCaths and Tenckhoff catheters being inserted in day surgery and on the ward and, once a week, renal biopsies would be performed on the ward. These were all procedures that I had not encountered during my undergraduate training in the UK.

The dialysis unit was linked directly to the ward. This allowed the ward round to flow whilst inpatients received their haemodialysis.

Various clinics were held each week including Continuous Ambulatory Peritoneal Dialysis clinics during which patients would see a physician, a dialysis nurse, a dietician, a social worker, and a Maori spiritual counsellor. This was a contrast to UK practice, as the patient would move around the different rooms and had a checklist to ensure they had attended all healthcare professionals.

There were many differences I noted during my time in NZ, the most notable was the way in which the team had adapted to the vast area they were required to cover. Two physicians would provide a Flying Clinic once a week in towns over two hours away from Hamilton, travelling there by a small plane. A recent advance in service was beginning to be integrated where consultations were performed using video chat instead of face-to-face meetings. This allowed both healthcare professionals and patients to save on travel time and improved logistics. Waikato Hospital also has the only dialysis unit in the district meaning patients requiring haemodialysis may have to travel many hours a day, three times a week. Their whole life would then revolve around their dialysis. To combat this problem, the staff encouraged patients to choose peritoneal dialysis (PD) or home haemodialysis and therefore the majority of patients are using one of these options.

One consultant described NZ as “a First World country with Third World problems”. In terms of renal conditions, the most prominent one was an increased rate of fungal peritonitis resulting from PD. Due to this, when a PD patient presented with peritonitis, antifungal prophylaxis had to be prescribed.

A few patients in particular do stand out for me. One of whom was a woman admitted to the Intensive Care Unit (ICU) after a renal biopsy complicated by a major haemorrhage. We have always been taught the complications of procedures and to ensure that the patient knows the risks, however this was the first time that I had seen one of these potential risks become a reality. Another was a gentleman who was admitted to the renal ward with a gastrointestinal infection. He had a history of polycystic kidney disease, a nephrectomy and multiple different hernias. He was clearly used to medical students and made me examine him without knowing his history, asking questions as I went. This experience I found rewarding, as I not only gained clinical knowledge but I also gained insight into the perspective of patients who are frequently in hospital and their views towards their own illness and medical education.

On my elective, I was able to see more renal procedures than I had done in my undergraduate training and I now have a greater knowledge of them and potential complications, and hope I will be able to pass this on to patients when I begin working. I have also encountered more patients with renal failure, both acute and chronic, than I had done previously. Renal failure is extremely common in hospital and I feel this experience has improved my ability to both diagnose and initiate management. I also had the opportunity to sit in on a pre-operation kidney donor health check, an occurrence which is more common in NZ due to a low rate of deceased donors.

I would like to take this opportunity to thank the Renal Association for their support. Without it I would not have been able to have such a remarkable experience which has further developed my interest in a renal medicine career.