

ELECTIVE (SSC5c) REPORT (1200 words)

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

Whilst in the trauma unit at Tygerberg hospital, the main presentation was for gang related violence and road traffic accidents. Many patients had stabbings or shootings which required suturing, wound dressing and/or CT scans. There were also many extensive fractures which required reduction followed by an XRAY and often an operation. Some patients required a chest drain but most of the patients had already been fitted at smaller hospitals as Tygerberg Hospital is a tertiary referral centre.

In the F1 department of the emergency unit at Tygerberg Hospital, there was a more diverse array of conditions ranging from tuberculosis, empyema to stroke, meningitis and myocardial infarctions. Although many similar cases presented to the Royal London Hospital (when I did my emergency placement) because of a high proportion being immigrant population and from gangs in East London, there was not nearly the same number compared to that of Tygerberg Hospital. It seemed the majority of patients had TB and/or HIV at Tygerberg. Something else I noted whilst being in the emergency department there was that there was much less emphasis on being aseptic during procedures compared to the UK. This was particularly noticeable during common procedures such as catheter insertion.

I was surprised by the lack of resources in such a major tertiary hospital such as Tygerberg. One evening when I was working they had run out of morphine; I cannot ever imagine this happening in the UK. On another shift a consultant spent 2 hours trying to get IV access in a 2 year old girl who was potentially in shock. After many failed attempts from him and the paediatricians, he searched for an intraosseus device and found one in the whole hospital. I was extremely surprised that there was only one and then on attempting to insert the intraosseus line, he failed. In Tygerberg hospital, most patients already had chest drains in situ and initial primary treatment was done at smaller hospitals eg. Khaletsha hospital in a township, then they were referred to the trauma unit for a CT scan or further surgery. I was also surprised by how long this doctor spent with this patient. I was expect there to be more urgency and for doctors in the trauma unit to be much more stressed and speedy in their manners. In this particular 2 year old patient the doctor seemed pretty stressed yet was not rushing and spent 1.5 hours trying to get a line in her.

I also noticed that the nurses were much less polite to the patients and many times they would shout and get very angry or quite forcefully move the patients into whichever position they wanted them in.

In South Africa, the healthcare is not free unlike the NHS. People can either have health insurance known as 'Medicare' or if they cannot afford this then they would pay a contribution towards their care depending on their income. When patients presented to the emergency department, their income would be printed on their front sheet and they would be billed accordingly. From talking to doctors it seemed that hospital stays were relatively cheap compared to the UK's private system, particularly when converted to pounds. However, I found that the system was extremely confusing and it was common that referrals would get rejected if it was not from a particular hospital. I often heard doctors arguing about whether patients should have been brought to Tygerberg by ambulance and there seemed to be a great lack of communication between colleagues. There was also a much greater proportion of patients as transfers from smaller hospitals and therefore there tended to be a huge emphasis on paperwork rather than clinical work

at Tygerberg. Many patients had already been stabilised but required a bed in Tygerberg for an operation or CT scan and there was a large shortage of beds in the hospital which resulted in a backlog of patients in the emergency department. There wasn't the influx of trauma that I was expecting but there were many patients waiting in the department because there was a shortage of beds on the wards. There also seemed to be huge waves of high pressured days/hours in the trauma unit. Some days were extremely quiet then pay day would come and then there would be a huge influx of patients, particularly due to alcohol. Also during a shift there would be times when it was quiet and the senior doctor would go to sleep for a few hours and only 1 doctor would be present in the trauma unit. I was surprised by this compared to the Royal London Hospital where the consultants are awake nearly all of the night shift. However this is perhaps like some other London trauma units where the trauma consultant is oncall. At Tygerberg there were many times when the doctors would all wait in the doctors room until they were called by the nurses. I was expecting them to be very short staffed and have no time to relax.

I didn't take the opportunity to do a shift on the ambulances because I was concerned about the safety and possibility of doing a 12 hour shift without any actual clinical procedure experience. We were told that some ambulances must go with a police escort into townships and that we should do a midweek shift first to gently break ourselves into it before doing a weekend night shift where it is much more shocking to an international student. Although in London some ambulances get broken into for drugs, in Cape Town it sounded much more common because of the level of poverty and crime there generally. This concerned me and is the main reason why I decided not to do a shift.

One of the most surprising parts of living in Cape Town compared to London was the loadshedding that occurred. This is when the electricity goes off for a couple of hours because the country does not have enough electricity. Individual areas of Cape Town would have no electricity for about 2 hours 2-3 times per day. The hospitals still had electricity but all the traffic signals/lights would be off and there would be no street lights and some places would not have security. I thought this seemed very dangerous for driving and safety as some places were extremely dark and with the level of crime in Cape Town it was even worse.