ELECTIVE (SSC5c) REPORT (1200 words)

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

Chris Hani Academic Hospital Report

Prior to visiting Johannesburg I had heard it described as one of the trauma capitals of the world. Now that I have spent time in the surgical trauma pit at Chris Hani Baragwanath Academic Hospital (CHBAH), I believe that it is true. The majority of cases involve violent attacks, motor vehicle accidents (MVAs), pedestrian vehicle accidents (PVAs) or burn injuries. Trauma cases such as these are considerably rarer in the UK. This is partly because the Gauteng province, where Johannesburg is located, has high rates of violence – e.g. from April 2013 to March 2014 there were 3333 murders [1], whereas over a similar time period in Greater London (March 2013-February 2014) there were only 106 [2]. Fatalities due to motor vehicle accidents are also greater, with a total of 13,802 in 2010 in South Africa (SA)[3] compared to 1754 in the UK in 2012[4]. Fires are also more frequent in Johannesburg, largely due to the use of fire to heat homes in the shanty towns and the close proximity in which these homes are located next to each other. This population also tends to use large pots for boiling water, which may be the reason behind the many child scalding injuries.

I was expecting to see a greater disparity between the organisation of trauma services in England compared to SA, due to the greater number of trauma cases in the latter country. However, it seems as though protocols are largely the same, but adherence to these I believe may be harder at CHBAH due to a greater lack of resources. In addition, resuscitation units in England always receive prior warning of any ambulance admission, via phone call. Subsequent to this, all healthcare workers necessary for an adequate resuscitation are bleeped to ensure everyone can be ready and waiting for the arrival of the trauma patient. Such warning calls are not as frequently received in CHBAH and there are no bleeps, staff rely upon personal mobile phones to contact their colleagues. I think the lack of such forewarning can impact on patient care, for instance during one Saturday night while I was on-call, the resuscitation room was filled to capacity and still more were arriving, if the ambulance crew had phoned beforehand they could have been diverted to other hospitals more able to cope with the excess patients.

Management protocols for head injury are similar to those in the UK, for instance both countries intubate the patient if their GCS is 8 or less, both advocate 30 degrees head up, the use of sedation and mannitol. Perhaps the main difference, again, are the limited resources at CHBAH making it more difficult to follow strict adherence to these protocols. For instance on one ward round I met a man who had suffered traumatic head injury who was lying completely supine. Perhaps this is because the patient was a high dependency patient on the trauma ward, and therefore did not have access to the same amount of nursing care as he would if he was in a high dependency unit. In England, ventilated patients would not be found on wards outside high/intensive therapy units. Due to the amount of trauma that occurs in South Africa and the limitation on beds in the ITU, it is common for there to be a few of these patients on the trauma ward.

During the placement I have had ample opportunity to improve my clinical skills, especially during our on-call shifts, where I have been able to do many arterial blood gases, femoral stabs, intravenous line insertions, log-rolling and stabilisation of the c-spine and urinary catheters. The work is extremely pressurised, due to the number of patients that attend, lack of resources (which can mean significant periods of time spent searching for supplies). Personally, I feel as though I have coped with the long hours and stress of an extremely hectic resuscitation/trauma intake department better than I thought I would. I think you do get used to the long hours, although I am glad that I won't need to in the UK. Working in the resus area on a busy Friday or Saturday night is extremely tiring and it can be difficult to multitask because there are so many distracting factors, e.g. new resuscitations arriving and different people telling you what to do. However, overall I think that I have managed these pressures well and the experience has helped me to learn more of myself, my ability to cope with stress and lack of sleep, and also a greater understanding of the management of trauma patients.

References

1. South Africa Police Service. Crime statistics: April 2013- March 2014. Available from URL: http://www.saps.gov.za/resource_centre/publications/statistics/crimestats/2014/crime_stats.php [accessed 29/04/2015]

2. Metropolitan Police Service. London homicide statistics: March 2013-Feb 2014. Available from URL: http://www.met.police.uk/crimefigures/ [accessed 29/04/2015]

3. Road Traffic Management Corporation. Road Traffic Report 31st March 2011. Available from URL: https://www.arrivealive.co.za/documents/March%202011%20Road%20Traffic%20Report.pdf [accessed 29/04/2015]

4. RAC Foundation: Motoring Safety. Available from URL: http://www.racfoundation.org/motoring-faqs/safety#a1 [accessed 29/04/2015]