

Groote Schuur Public Hospital, Cape Town

I had some very clear ideas before arriving in Cape Town about what working in a major South African Trauma Unit would be like, formed partially from preconceived assumptions about the level of funding public hospitals receive as well as stories passed through the medical student grape vine of other people's elective experiences. It was these ideas which had led me to apply to do trauma in the first place as I wanted my elective to be as hands on as possible whilst working out of my comfort zone, therefore to better prepare me for F1 and Medicine in general. A busy trauma unit seemed like the ideal place to improve my practical and decision making skills whilst having the support framework of an experienced team around me should I need it, so I was delighted to be accepted to Groote Schuur.

My first few shifts showed me that some of my assumptions regarding the trauma unit were wide of the mark. I had presumed that the unit would be overrun the entire time and I would have plenty of opportunity to learn practical procedures such as intubation and chest drains. This was not the case during my first week there, as there were many fewer patients admitted than I expected and many of them were transfers from other hospitals who were already stabilised. I learned that a few years ago a number of smaller hospitals were set up in the outskirts of Cape Town and many of the patients went to these secondary hospitals first before being transferred to the tertiary centres, such as Groote Schuur, only if further imaging or care was required. Before this Groote Schuur had a vast catchment area and so the trauma unit was extremely busy with a constant stream of primary presenting patients. The creation of the new hospitals had lightened the load on the unit but it meant that I was going to get much less exposure to primary survey and stabilisation of patients than I expected. The staff assured me however that when these secondary hospitals closed at nights and weekends the number of patients being admitted increases significantly so I would have to make sure I spent as much time in the hospitals at these times as possible.

There were some of my preconceptions however which I was not disappointed by. I had heard that working in Trauma would give me exposure to many presentations which I would not regularly encounter whilst working in the UK, especially gunshot and stab wounds. During my 6 week placement I lost count of how many people I attended to who present with one or other, and in one unfortunate gentleman's case both, of these injuries. The numbers increased noticeably on the last weekend of the month which I learned coincided with pay day allowing people to buy alcohol and ended up with increasing violence within many of the poorer areas of Cape Town. Most of those admitted with gun shots or stab wounds were young black men from the townships who were in a gang and sadly for many of them it was not the first time they had been admitted with these injuries. I was told a lack of education and employment options within the townships has meant joining a gang is often the easiest or most attractive way for people to earn money and inter gang violence was the reason behind many of these young people ending up in hospital. Whilst I had been told about the high rate of shooting and stabbing victims, what I was not prepared for were the patients who presented following assault. Many of these patients presented with multiple skull fractures having been beaten with baseball bats or metal pipes and it was these patients who presented with horrific head injuries which affected me more than the others. From the beginning of my time it was clear to me there was a racial divide in the patients who presented to the unit and during

my 6 week placement I only treated 3 patients who were not of coloured ethnicity. Groote Schuur is a public hospital and therefore no health insurance is required for admittance so the poorest sections of society were hugely represented. It was difficult to compare the differences between private and public hospitals as I did not have the opportunity to work in the private sector, however anecdotal evidence from the doctors and some patients suggested that there is a large gap in funding and resources between the two, particularly within the specialty of Trauma.

One of the objectives I had made before coming out was to further my experience of orthopaedic surgery and help decide whether it is a career path I may want to follow. During my time in the trauma unit I encountered a number of patients with both open and closed fractures and was able to build on the practical skills I had begun to learn on my orthopaedic SSC. In particular I became much more accomplished in closed reduction, open fracture wound washout and how to properly measure and apply a back slab. What I hadn't fully appreciated before coming out was that, unlike in the UK, the Trauma and Orthopaedic departs are separate entities which meant I was unable to assist in Orthopaedic theatre or properly follow the treatment pathways of those patients after they were taken by the Orthopaedic team. Whilst this was disappointing my experience in performing a primary fracture assessment and early management of those patients has furthered my knowledge of the specialty and will prove useful experience for my Trauma and Orthopaedic rotation during F1.

As I alluded to before I found it more difficult than I anticipated getting involved in practical procedures such as chest drains and intubation. I was able to assist in a number of these and by the end felt confident enough in my knowledge of the steps to perform them under close supervision but unfortunately the opportunity never arose. I did become much more confident in more basic procedures such as blood taking, ABGs, cannulation and catheterisation which are all important skills for an F1 to be able to perform so will stand me in good stead for next year.

In conclusion my elective was a fantastic experience and I feel much more confident of my ability as a doctor and in particular in many of the practical skills required during the upcoming year. Groote Schuur allowed me to experience a different healthcare system with very different traumatic presentations to the UK and yes similar pressures on underfunding and staffing levels. I would highly recommend this elective to anyone in future years and feel it was the perfect experience to finish my final year and prepare me for F1.