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Elective Report 24/05/11

**Emergency Medicine & Trauma
Ngwelazane Hospital
Kwazulu-Natal
South Africa**

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Clinical Experience

My aims for this elective were two-fold:

1. To improve my knowledge of acute medical care in a centre with high-volume of trauma.
2. To become more proficient at basic procedures, such as suturing.

The Emergency Department (ED) at Ngwelazane Hospital has proved to be an ideal place to achieve these aims. The ED consists of a Casualty with walk-in and ambulance patient, a Referral Unit ward, a Resuscitation Bay, and a Procedures / Trauma Theatre. The ED is supported by a CT scanner and a full-body 'Lodox' fast X-Ray system. There is high through-put of common medical problems from fractures and hypertensive-complications, to more local concerns such as snake bites and suicide attempts using organo-phosphates. Added to this, there are trauma calls, often involving multiple patients from motor vehicle accidents and community violence including assault and gun-shot wounds. These patients sometimes present with 'crush' syndrome. There was plenty of opportunity for getting involved in the full spectrum of clinical activity, as well as attending weekly educational meetings, e.g. radiology and mortality / morbidity review. Emergency medicine ranges from the 'road-side' to the resuscitation bay – as such it was really interesting to be able to go out with the paramedics as well as work out of the ED.

Good Points

My specific aim for this placement was to get involved with anaesthetic-aspects of emergency medicine / trauma. This was easily facilitated. A large number of patients are intubated/ventilated as part of resuscitation or in the Referral Unit if their condition deteriorates. This is often carried-out as rapid sequence induction. I was also able to go into the operating theatre attached to the ED and help induce anaesthesia in all ages from infants through to elderly. This elective provided a particularly good opportunity to observe and get involved in resuscitations. The algorithms used are those of ATLS and are thus very similar to what I have been taught in the UK. This allowed for excellent revision of acute care procedures. Finally, while there was good teaching for all grades of staff, I was impressed by the teaching focussed specifically on interns and medical students. The subjects covered were often based on a patient whom we had just been introduced to on ward round (Referral Unit patients). Thus there was good opportunity for consolidation of learning.

Shortcomings

There were no shortcomings per se. At times I found the experience quite tough, e.g. when children were caught-up in violence, but this may also be experienced in the UK. Unique to this elective was the realisation that treatments and procedures that I have taken for granted in the UK, such as haemofiltration, were unavailable to some of our patients. However, this served to make me think harder about what was being done for the patients, and I was able to ask lots of questions. In general, there was plenty of support available from all staff grades and we had daily contact with our supervisor, Dr Innocent Nwachukwu.

Deviation from Risk Assessment

Nothing unexpected occurred. I was able to get sufficient information from Dr Nwachukwu prior to arrival at Ngwelazane, e.g. necessity for malaria prophylaxis. I was adequately supervised at all times in the ED and when out on call with the paramedics.

Accommodation

As with other elective students visiting Ngwelazane Hospital, we benefited from contacts via the hospital. There is a town about 30 minutes drive away from the hospital called Mtunzini. Visiting doctors and elective students share large houses in a secure, gated community. I was put in touch with someone in the ED who had a spare room in her house. The accommodation was excellent, very reasonable and I felt quite safe. It is necessary, however, to hire a car to travel to and from the hospital (but it is easy to acquire a parking permit within hospital grounds). Mtunzini is situated in the middle of sugar cane plantations. It has a supermarket, a post-office, a few very good restaurants and a long stretch of beautiful unspoilt beach on the Indian Ocean. Whilst hospital accommodation is necessarily a priority for permanent staff, I was supported in organizing a safe place to stay for myself and my fellow student who shared this elective.

Travel Arrangements

I flew into Johannesburg, then got a connecting flight to Durban. At Durban airport (King Shaka) it is easy to hire a car to drive approximately 1 ½ hours north to Mtunzini. There is a petrol station nearby and the daily drive to the hospital was actually quite pleasant as it passed through stunning scenery.

Other experiences / information for future Barts & The London students

The location of Mtunzini is ideal for exploring the beautiful surrounding area of Kwazulu-Natal. A few hours drive away is Mozambique (sort visas early for any weekend trips), Swaziland, the Drackenburg Mountain range (with plenty of cheap backpackers accommodation), Durban City (with excellent surfing), and a number of good game reserves. There are other elective students from e.g. Kings College and Oxford, so it is possible to share these trips with adequate planning. Note however, that a benefit of the ED is that it restricts numbers to two elective students at any one time – additional students can be allocated to surgery, etc. It is perhaps good therefore to plan to go as a pair.

On the whole I highly recommend this elective. I had a wonderful time and learnt a lot.