

Elective Report - Neil Studd

For my elective I was lucky enough to be awarded the Christina Swain Trauma Travelling Fellowship for 2011. This meant I was able to travel to Phoenix in Arizona and Johannesburg in South Africa to study their trauma systems.

St Joseph's Hospital, Phoenix

During one of my SSCs I spent 6 weeks at St Joseph's hospital in Phoenix, Arizona. It was a great privilege to be there as they do not normally accept medical students and so I was the only student on the service. Upon arrival I was given a pager which alerted me to a trauma team activation. On an average day I say about 8 level 1 traumas. These consisted of RTAs, pedestrians vs cars and a fair helping of gangland shootings and stabbings. The team would assemble and await the arrival of the casualty from the fire service. I would then assist with the primary survey and help with resuscitating the casualty. One particularly memorable case involved a 19 year old girl involved in an MVC. On arrival she was clearly pregnant an ultrasound was done by the attending obstetrirician. The baby's heart rate was found to be 90bpm, a clear sign of foetal distress. A decision was made to deliver the baby via crash caesarean and within 5 minutes the trauma bay had been transformed into a makeshift operating theatre and another couple of minutes later a baby boy was delivered. I am pleased to say that both mother and child fully recovered.

I was also able to gain some prehospital experience by going on some ride-alongs with the Phoenix Fire Department. When an emergency call comes in the fire truck initially responds with a team of firefighters on and a paramedic. If the patient needs to be conveyed to hospital an ambulance is called. It was also not uncommon for the ladder unit and rescue tender to be dispatched as well. This meant that at any incident there could be upwards of 12 people in attendance – which is in stark contrast to the UK where each incident is attended by only two ambulance staff.

During my time in Phoenix I was able to assist in 156 trauma calls and was able to develop my skills in assessing trauma victims, setting up catheters and IVs and FAST scanning.

Although I was essentially 'on-call' 24/7 for the duration of my stay, I did get a chance to travel up to the Grand Canyon. It was an incredible place and certainly derserves its status as a wonder of the world.

Chris Hani Baragwanath Hospital, South Africa

For the actual elective period, I flew to Johannesburg, South Africa to work in the worlds busiest trauma department. CHBH is a government run hospital that covers the 3 million people who live in SOWETO, a township to the Southwest of Johannesburg. Violent crime and fires are common, especially on payday, at weekends, and when the local football teams were playing.

The volume of trauma that passed through was nothing short of a warzone. The unit was staffed by four doctors at any one time. Two registrars and two inters, plus me. The registrars were frequently in theatre picking bullets out of people. This left three of us to run the 8-bed resus, as well as all the less severe cases which came in. I frequently found myself caring for shooting and stab victims in the waiting room as there were no beds left

for them. Despite this, I never felt unsupported and there was always someone around to ask for advice.

Obviously, treating such a large (and violent) population in a government hospital meant that resources were stretched. We frequently ran out of stitch packs and had to wait for clean ones to arrive before wounds could be closed. Although there was a CT scanner and X-ray facilities, they were used sparingly, frequently broke, and were of poor quality.

I was also able to further my prehospital skills by observing with a paramedic car. One particularly memorable incident involved a minibus taxi which crashed while carrying 16 unrestrained passengers. We had to triage the casualties – leaving those with minor injuries or who were already dead – and co-ordinate the transport of the others to hospital. In this country I am sure it would have hit the headlines however this type of job is quite routine in Johannesburg.

Although I worked 13h a night every day for 5 weeks, I did manage to take a bit of time at the start to travel and see South Africa. I drove with a Canadian Student to the Drakensburng Mountain Range in Lesotho and visited the highest pub in Africa. While there we met a pair of students from the USA who were studying in Port Elizabeth and went surfing for a few days in the warm sees off the coast of Durban.

Conclusion

Overall, the experience I have gained from my time in America and South Africa has been incredible. I have learned to recognise and manage some very sick people and have had the chance to experience how healthcare systems are tailored to the populations they serve. I feel that the skills I have learnt have set me up for starting my FY1 post. However geriatrics at the Royal London may seem a little bit dull in comparison!