

## **Elective Report: A+E medicine at Chris Hani Baragwanath Hospital.**

My elective was spent at Chris Hani Baragwanath hospital, formerly the largest hospital in the world. The hospital serves the community of Soweto, which is a former township in the south-west of Johannesburg. It is the township that Nelson Mandela and Desmond Tutu lived in during apartheid and was the scene of many focal points of the anti-apartheid struggle. Today the population of Soweto is estimated to be above 5 million, of whom many live in severe poverty and amongst whom HIV is extremely prevalent. Furthermore violence and road traffic accidents are commonplace within the township. All these factors, as well as poor funding contribute to the enormous challenge the hospital faces in serving its enormous population.

Our learning objectives for our elective placement focussed on the trauma aspect of patient care. On arrival however we learnt that due to the high volume of trauma the hospital deals with, the speciality has its own Emergency Department. We were to be placed in the medical Emergency Department and as such our learning objectives changed slightly. This change did not negatively affect our placement at all however, as we had a fantastic learning experience in the department. We were exposed to an enormous variety of disease presentations and had the opportunity to be highly involved in the care of many patients.

The department was unbelievably busy and saw in excess of 500 patients on busy days. Patients were triaged by nurses on arrival into Red – Straight to Resus, Orange – to be seen urgently, or Yellow – the less urgent patients. Our time was spent either in Resus helping the doctor there with the patients who came in, or in seeing the orange patients. Both areas were fantastic learning experiences.

In Resus we were able to practice the initial assessment and ABC approach to the critically ill patient, as well as gaining plenty of experience in CPR and the advanced life support framework. In addition we were taught how to place central lines and how to intubate + ventilate patients. We were also able to practice taking the very focussed history required in a resus setting.

In seeing the Orange level patients we clerked and initiated treatment for patients with an enormous spectrum of disease. Of note, we saw patients with Meningitis, Malaria, TB, multiple complications of HIV, Stroke, MI, Overdose and Drug abuse, Septic Shock, Malnutrition, Pneumonia and many other diseases. In addition the prevalence of psychiatric illness presenting to the department was very high. We were tasked with medically investigating these patients before a referral to psychiatry was made, which gave us plenty of experience in interacting with acutely psychotic, depressed and suicidal patients. All these patients provided excellent opportunity to practice the art of making an initial diagnosis, ordering investigations and initiating treatment. As the elective went on we built up a good rapport with the doctors who gradually allowed us more responsibility in seeing the patients independently, although we of course always discussed management plans with them before initiating treatment.

Having completed five weeks in the unit I feel much more confident about my abilities to care for the acutely ill patient. In particular I feel like I've improved and become more efficient in the initial ABC assessment and management of the patient. My practical skills have also improved dramatically,

and I am now a dab hand at cannulas, ABG's, venepuncture, femoral stabs, and catheterisation. In addition I have learnt the basics behind more advanced procedures such as central line placement and intubation. This was particularly enjoyable as I am interested in Anaesthetics and these are important skills for anaesthetists.

The only area where I felt the elective could be improved was in the follow up of the patients we saw. Due to the nature of the Emergency Department, and the volume of patients it saw, patients were moved on to the medical admissions unit much quicker than in the NHS, in some cases before the results of basic blood tests or chest X-Ray's were back. As such we were often unable to follow up the interesting cases we saw to see the next steps in the patients investigation and treatment. I would have been nice to spend some time on Ward 20, the medical admissions unit, to follow some of these patients progress. I would advise future students to spend 4 weeks in the ED and 1 or 2 in the admissions unit, to enhance their experience.

In addition to clinical experience, the hospital placement gave us a unique opportunity to experience the community of Soweto from the inside rather than as a tourist. Soweto is an amazing area full of lovely people. It was often fascinating to meet the patients and hear their stories. The people of Soweto come from over 11 different tribes within South Africa, not to mention the widespread immigration from all over Africa and as such our patients were a diverse cohort. We were also able to have a look around the area, taking in Nelson Mandela's house and the scene where government forces massacred hundreds of children during a protest against the sub-standard and racist schooling system. It is an area rich in history and it was a great privilege to see and work in the area. Outside Soweto we also had time to travel to Cape Town, Durban, the Drakensburg Mountains and the Krueger National Park during the weekends of our placement. Furthermore we had the opportunity to drive from Johannesburg, through Botswana to Livingstone in Zambia in the spare weeks following our placement. The memories of all these places will stay with me for a long time, as will the financial fall out!