

# Toby Newton Elective Report

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Location: Port Vila Central Hospital, Vanuatu

Elective Supervisor: Dr Jimmy Obed

Dates: 11.4.14 – 25.5.14

## **What are the common presenting complaints of patients seeking medical advice in Vanuatu? Do these differ from those in the UK?**

The presenting complaints in Vanuatu, not too surprisingly were very similar to those seen in the UK. What did surprise me was the late stage at which patients would present. A combination of poor living conditions and a reduced level of health awareness meant that many of the patients who attended were much further progressed in their disease state than you would expect in the UK. An example of this is the huge number of patients who would attend with severely infected wounds. Many had received wounds at work but either through lack of awareness of the need to get the wound cleaned and treated or logistical issues in getting to the hospital (travel on the islands was difficult if you did not own a car) the wound would usually go many days without appropriate care.

## **How are A&E services organised and delivered? What are the main differences from the service provided in the UK?**

A&E services at Port Vila Central Hospital are organised in a similar way to that in the UK. Patients present to the A&E desk, their details are taken before they are triaged and wait to be seen. The most significant difference that I saw was that in Vanuatu there was a lot less emphasis placed on a patient's journey through the hospital system, time management being a particular absence. The benefit of this was that there was a lot less pressure on the medical staff to see patients quickly and rush them through with the dreaded 4hr wait lurking! The negative of this was that some patients did in fact wait a considerable amount of time before being seen.

A second difference with the way in which A&E was different to the UK was the fact that the ambulance service was supplemented by ambulances from a private company. This whilst giving the hospital a better complement of vehicles meant that in some cases there was confusion over which ambulance would go on a call, in one case leading to a patient not being seen.

## **How do hospitals on Vanuatu reduce the risk of infection, both post-operatively and cross infection on the wards? Could the UK learn anything from this practice?**

Infection control in Port Vila Central Hospital was a real shock. Throughout my time in medical school I have learnt to be very familiar with the sight of alcohol gel pumps on every wall in every doorway. In Port Vila this was not the case at all and the ward would be lucky to have one pump, often kept on the nurses table in the centre of the ward. During the time that I spent on the wards the number of times I saw alcohol gel being used was minimal. Ward rounds would go from patient to patient with little regard for hand hygiene between patients. Family members would be shaken by

the hand regularly, again with no use of alcohol gel before or after. With little attention given to hand hygiene by the medical staff it was not surprising to see patients and family members following suit. Family members were also allowed to sleep on the floor of the ward for the duration of the patients stay, something that no doubt increased the likelihood of cross infections and something that certainly wouldn't be allowed in the UK.

### **What have I learnt during my time in Vanuatu? (to focus on team communication and professionalism).**

During my time in Vanuatu I have learnt a great deal about teamwork and interprofessional communication. Although the hospital is busy, crowded, over worked and poorly funded I found all staff to be friendly, approachable and overall happy. I have tried to look at practices that I can take home with me in order to help create a similar atmosphere when working in England and I feel that the following points will stand me in good stead.

1. Know everyone's name! In Vanuatu everyone knows each other and to not know someone's name would be ridiculous. On a ward all health professionals spoke to each other by name, often using Christian names and it made for a very familiar and relaxed atmosphere. People were willing to help each other and there was far less of a hierarchical environment.
2. Say hello to colleagues. It does not take long to say hi and greet someone but it made a huge difference each morning when the consultant said hello to each member of the team when in passing and it made all those on the ward feel appreciated and valued.
3. Take an interest in your colleagues. Efate was a small island so it was easy for colleagues to know about each other's lives but back in the UK I am going to endeavour to remember snippets of information about my colleague's lives as the togetherness and community feel that this created on the Vanuatan wards was extremely positive.