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TRAUMA

Elective Report

Objectives

1. Describe the pattern of trauma in Sydney and compare that to the UK
2. Describe the trauma care provided by a major trauma centre in the Sydney area and compare that to the UK
3. Gain an understanding of management for conditions not commonly seen in the UK
4. Explore A+E/trauma as a career choice

Report

In April 2012, I embarked on a 4 week elective in trauma at Liverpool Hospital, Sydney. During that time, I was given a pager and was able to attend all of the trauma calls. On average, there were about 3 trauma team activations per day during daylight hours. The opportunity to attend them and get hands-on experience with the assessment of the patients and initial management was invaluable. It also gave me a change to practice simple clinical skills such as blood taking, cannulation, log rolls and c-spine control. Whilst I was with the department, I was very lucky to be able to attend a FAST course as an observer and so, with appropriate supervision, I was able to perform the FAST scans in the resus room during the trauma calls. Ultrasound interpretation has always been a weak point of mine and so being taught how to perform and interpret the FAST scan and being given the opportunity to practice it on real patients was very useful.
When the trauma team was not tasked to trauma calls, they acted as a general surgical team, and I was able to go to theatre, scrub in and assist with operations.

As well as attending traumas and going to theatre, I attended the teams daily ward rounds, seeing both the general surgical patients admitted under the team and of course all of the trauma cases. This enabled me to not only see the acute care of trauma patients but to also appreciate the ongoing care, needs and rehabilitation (if necessary). This was good because if you are in the emergency department, you commonly only see the acute management and do not see what complications or other needs arise once the patient has been discharged to the wards or ICU. It also enables you to see if your initial diagnosis or differential diagnosis was correct because you can review the patients progress and imaging.

Describe the pattern of trauma in Sydney and compare that to the UK

The vast majority of traumas I saw when I was in Liverpool were road traffic collisions (RTCs). Being in the western greater Sydney area, there are a number of large, fast roads and so this is to be expected. This also accounts for the difference in types of trauma seen here and back at The Royal London where there are fewer RTCs as there are fewer fast roads in the vicinity but there is a greater number of penetrating traumas. Outside of daylight hours, the incidence of penetrating trauma in Liverpool does increase, but unfortunately, due to the location of my accommodation I could not attend many trauma calls out of hours. It is interesting that in New South Wales, by law, a sample of blood must be taken for a blood alcohol level if the patient was a driver of a vehicle (including cyclists) or pedestrians. This sample is then sent to the police laboratory directly for analysis. Doing this seems like a very logical thing to do to enable the police to accurately ascertain the circumstances of the incident and enforce the law. I am not quite sure why similar legislation does not exist in the UK.

Describe the trauma care provided by a major trauma centre in the Sydney area and compare that to the UK

The structure and level of care I observed while in Liverpool was very similar to what I have previously observed at The Royal London Hospital. At both hospitals, the trauma team is pre-warned of an incoming case and then they assemble in resus. The trauma team in Liverpool consisted of more surgeons and fewer ED doctors than the UK, but was otherwise identical – ED consultant/senior registrar, nursing staff, ICU registrar, general surgeon/s, orthopaedic surgeon and radiographers. Both systems also follow the ATLS protocol of primary survey, secondary survey, treatment and tertiary survey.

Due to the similarity of the two hospital's systems, I found it quite easy to understand what was going on and the roles of each team member. I think this helped me to get the most out of my placement because, right from the first case, I could focus fully on the management the patient was receiving and not have to try and understand how the system works.

Gain an understanding of management for conditions not commonly seen in the UK

Due to the fact that I was based primarily with the trauma and surgical team, the presentation of patients was very similar to that of patients in the United Kingdom and I did not see any patients with any tropical or venomous bites. I was hoping to be able to witness and assist in the management of cases such as these before I left to come to the hospital but it just goes to show that you cannot predict what is going to come through the doors of the emergency department and on this occasion I was unlucky in that respect.

Explore emergency medicine/trauma as a career choice

Overall, I really enjoyed my elective placement at Liverpool Hospital. The whole trauma team (surgeons, emergency doctors, ICU, nurses) were all so welcoming and helpful, letting me get 'stuck-in' and get real hands on experience, which was great. After completing this elective, I definitely think that my ideal career choice would be to work as a doctor in emergency medicine. In the emergency department, so many different people come together to work as one team in order to treat the sickest patients and I really like the team working ethos that exists in the department.