

Human Immunodeficiency Virus (HIV) and consequently activated tuberculosis is very common throughout Africa. It has been interesting to see the varying presentations of tuberculosis and other immunodeficiency related pulmonary diseases, and importantly how they are managed both medically and surgically. Due to immunodeficiency there are much higher rates of empyema which require prompt imaging and surgical drainage. It was interesting to see the various surgical interventions for thoracic surgery such as bullectomies, wedge-section removal as well as valvular replacements for pathologies such as rheumatic fever, which is extremely rare in the UK.

Interestingly from a learning point of view, I feel Johannesburg has a much superior method of hospital teaching as the student populous is smaller, allowing for closer work and assessment with clinicians. The students are given much more active roles and this allows them to perform more procedures. I feel this means the students are much more clinically orientated and skill adept.

The health care service in South Africa is I feel is first world medicine. However given the vast catchment that these services need to provide healthcare for, coupled with the enormous amount of violent crime that occurs in neighboring Township areas such as Soweto – often the first world medical services are stretched to maximum capacity and beyond.

I transferred to the trauma unit at Chris Hani Baragwaneth Hospital Johannesburg, which is a world leading trauma center. There is a high incidence of violent assaults in Johannesburg, particularly in Soweto which enabled me to see, assess, and treat trauma patients from point of entry all the way through to theatre. I was able to assist gun shot wounds operatively as well as motor vehicle accidents, which are a rarity in the UK. The sheer scope of trauma is fantastic with patients attending the hospital with a wide variety of injuries. This was the first time in my clinical experience where I was able to assess patients, form medical plans while under supervision in the capacity of a near-doctor. This has taught me to always take all patient concerns seriously, never to stereotype cases and chiefly to assess and manage patients thoroughly – always erring on the side of caution! Overall this has been a fantastic experience and a privilege working with vastly experienced physicians who regularly manage both significantly ill and high-risk category patients. I have learnt a lot both clinically and surgically which has fine tunes my career goals while propelling my learning curve.