Emergency medicine in Ngwelezane Hospital, KwaZulu Natal
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My elective placement involved 6 weeks working in the emergency department of Ngwelezane Hospital in the Kwazulu Natal region of South Africa. I chose this hospital and department as I was keen to gain experience in a busy emergency department in a country where the disease burden is more in keeping with that found across the developing world. Compared to the UK, the department saw a much higher volume of traumatic injury following violent assault and road traffic accidents. Those presenting with medical problems often arrived at a much later stage of disease than is usually seen in the UK, due to reduced engagement with medical services. As would be expected in a country with such a high HIV prevalence, late presentations of AIDS-defining illnesses also made up a large proportion of medical presentations.

Ngwelezane Hospital is a 600 bed tertiary referral centre in the outskirts of Empangeni, a town north of Durban on the east coast of the country. Unlike the UK where patients may self-present to the emergency department, this hospital receives referrals from mostly rural clinics that are scattered around the surrounding countryside. Traumatic injuries usually resulted from road traffic accidents or assaults; many patients had been victims of vigilante justice, with the local community administering beatings to criminals (I can't make any comment on the fairness of their trials). Many people arrived with stab wounds, especially on public holidays and on pay day, when drunken revelry seemed to often descend into violence. Medical presentations were often due to complications of HIV and/or TB, such as TB meningitis, pulmonary TB, and PCP pneumonia, as well as severe presentations of diseases more commonly seen in the UK: heart failure patients often had massive bilateral pleural effusions, and many patients arrived with malignant hypertension and HHS. Unorthodox presentations from our perspective were the dog and snake bites that were a regular feature of our time there.

The hospital we worked in provided an extremely valuable experience for students at our stage of training. The facilities were largely similar to those we are accustomed to in the UK, with the hospital having X-ray, CT, and ultrasound facilities, as well as fully equipped resuscitation beds and a 24-hour lab. However resources were relatively much scarcer – CT and ultrasound scans were restricted to cases where they were clearly indicated, and the hospital often ran out of supplies such as cannula dressings and ABG syringes. Paradoxically (for us), 'multiple organ failure' was considered a contraindication for an ITU referral – the logic being that patients with multiple organ failure had such a bad prognosis that it was inappropriate for them to take up a scarce ITU bed that would be more likely to help a patient with single organ failure! The result was a hospital that was similar enough for us to gain experience that is transferrable for when we begin work in the UK, but also that required us to build confidence in our clinical judgement and develop the ability to be flexible in the face of reduced resources.

After a week or so of learning the ropes, we were soon taking histories and performing examinations unaided, coming up with our own differential diagnoses and ordering the appropriate investigations, usually preceded by a quick check with a senior that we hadn't missed anything. Over the course of 6 weeks I became much more confident relying on the findings of my histories and examinations. There was a slight language barrier – South Africa has a very heterogeneous population, and many of the patients being from rural populations spoke only Zulu and no English. This meant that we had to rely on the

translations of the nurses who often made it very clear that translation was not part of their job description! Despite their understandable reluctance, they were an enormous help during our time there.

I also became much more confident with carrying out practical procedures. As well as inserting countless cannulae, I also had the opportunity to perform a chest drain and multiple lumbar punctures, under very close supervision. Although these are reserved for more senior doctors in the UK, I learnt that in South Africa many medical students are proficient in these before graduation!

The whole experience was enormously rewarding, and as well as getting the chance to see and get stuck into some really interesting medicine, we spent our weekends exploring the beautiful South African countryside.

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