



ZITHULELE HOSPITAL

**Province of the Eastern Cape • Iphondo leMpuma-Koloni
Department of Health • Isebe leZempilo**



ZITHULELE HOSPITAL

STUDENT HANDBOOK

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Welcome to Zithulele Hospital!

Welcome to Zithulele Hospital! We are impressed that you have chosen to do your elective in such a remote place and hope you will enjoy your experience here, making the most of both the learning opportunities and the incredible part of the world we are privileged to work in.

If this is your first time at a rural hospital, you will find that the atmosphere here is rather different to that of city and academic hospitals. We rely on team work. Not only that; our professional colleagues are our social friends too. Please make yourself part of this team. Of course, our relaxed atmosphere doesn't mean we are any less serious about what we do, so this isn't a holiday either!

Observing the following general points will help make your time here more enjoyable. If anything is unclear or you have any requests, please ask. We will do our best to assist you.

We hope it is helpful; if you have suggestions for things to add, please make them – this is an ongoing process.



Dr Benjamin Gaunt
Clinical Manager
November 2011

STUDENT SUPERVISION

Dr Karl le Roux supervises the medical students. Karen Galloway supervises therapy students. Please discuss work related things with them if the professional you are with for the day cannot help. The supervisors need to know where you are and what you're doing, even if you are following another professional around.

INTRODUCTION TO THE TEAM

The multi-disciplinary team had its first beginnings in 2006, with the appointment of the first ever physiotherapist, occupational therapist and pharmacist in the hospital's history! We believe strongly in the value of the different clinical skills that each discipline brings to the team and encourage you to take the opportunity of working in a relatively small team to engage with the other disciplines to enrich your experience, but more importantly to maximise the benefit your patient will get from their care at Zithulele Hospital.

Please have a look at the staff pages on the website to familiarise yourself with who the current staff are and what their roles are.

THE WORK WEEK

Some of the items concerning the clinical work week may apply more to medical students than to allied health, but it is far easier to make one booklet for everyone...

Clinical programme

- Most days revolve around taking ward rounds starting at 07h30 in the morning and then seeing patients in OPD after that.
- You will be assigned a doctor to take rounds with.

- Depending on which doctors are in OPD and how many patients there are, you may either be asked to sit in with a doctor or see patients yourself and then discuss them with one of the doctors.
- OPD starts at after rounds and continues (with an hour for lunch) until the patients are finished (usually about 17h00)
- On most days a team goes out to visit one of our local clinics – we will arrange so that you accompany the team on at least one such visit.
- Night calls tend to be quiet, but there may be some excitement or the chance to assist with a Caesar. Please divide yourselves up to cover the weekday nights you are here.

Morning meetings

- Mondays 07h30: Each week starts with a half hour meeting of the multi-disciplinary team, held in Clinical Resource Centre. This allows a chance to hear a report back from the weekend, discuss our activities for the week, plan for anything unusual and start the week off all on the same foot.
- Tuesdays 07h30. Journal club. Presentations on up to date management on topics of interest.
- Wednesdays 08h00: Rotating between Perinatal Mortality Meeting, Paediatric Mortality Meeting and in-service training.
- Thursdays 07h30: Medical and Allied Health rounds. See details below.
- Fridays 07h30: Grand MDT Round. See details below.

Grand Rounds

- On Thursday mornings the team splits into two to discuss challenging patients. The doctors, clinical associates and pharmacists go around together and the Allied Health team has a separate round all together too.
- The “Grand Round” has a new format, implemented in October 2011. One interesting patient is selected from the wards on a rotation basis and each of the disciplines presents something about the patient from their perspective. Not only does this improve the management of the chosen patient, but it gives us a chance to learn from each other and be reminded of the different skills each profession brings to the table.
- Meet in the ambulance bay between General and Paediatric wards on Thursdays and the Resource Centre on Fridays.

PROTOCOL HANDBOOK

- A Zithulele Hospital Handbook has been produced which has a number of clinical protocols in it. It is not intended to replace textbooks, but rather to guide and standardise the management of conditions we commonly see here.
- The fourth edition is now in print and will be available at cost price, while stocks last.

ACCOMMODATION

Accommodation is provided over the road from the hospital by the local Dutch Reformed Church (the one that started the hospital). The new building offers more private sleeping arrangements, a bigger kitchen and a communal living area. In addition, someone will be employed to clean twice a week (laundry and general cleanliness will remain each individual’s responsibility). We also ask for a R100 deposit which will be returned to you when you return the keys after an inventory check. If you have any questions or concerns please contact John from the Jabulani Rural Health Foundation, which administers the building on behalf of the church.

We strongly recommend that your weekend explorations include spending a weekend with a local family. This will enrich your experience here as you discover the realities of rural living

while having fun at the same time. Check out www.mbolompohomestay.weebly.com for more details or speak to Roger Galloway (083-2759427).

GENERAL

A broader rural experience

Rural medicine usually involves far more than just seeing patients. One has to get involved with all kinds of issues, including the pharmacy, protocol development, monitoring ward stock and in-service training for nurses. If you are a medical student, we will allocate some of your time here to exposure to allied health disciplines as we believe that the multi-disciplinary team we have is one of the strengths of rural medicine and our hospital in particular. Likewise, allied health students are welcome to sit in on procedures of interest or relevance to them too. We would like your time here to give you a broader view of what it's like to work rurally and not just be a time to see more patients.

Level of responsibility

The level of responsibility you will have at the hospital will depend on factors such as your experience and confidence, and staffing levels. Some students may want to take minimal responsibility only working alongside the medical staff. Others may run wards or see patients in OPD nearly autonomously, consulting with the medical officers. You are welcome to take as much or as little responsibility as you wish. We will try and tailor the elective to your needs.

Language

South Africa has eleven official languages! In the Eastern Cape the predominant languages are isiXhosa and English. In all the main towns most people are able to communicate in English. English is also the main language of medicine. Almost all the hospital staff speak good English, but the majority of our patients only speak isiXhosa. Someone will usually be available to translate for you, but you sometimes end up treating patients with half a history and half an explanation in return.

Dress and behaviour

As befits our different atmosphere you are expected to dress politely, but there is no need for smart dresses or ties. Please be sensitive to local culture. Guys wear long pants and collared shirts. Girls should wear dresses below the knee or long pants. White coats are not essential, but you are welcome to wear one if you prefer.

It goes without saying that racist, sexist or other obnoxious or unpleasant attitudes are not welcome here. The Clinical Manager reserves the right to terminate your elective in the case of unacceptable behaviour.

Food, petrol & banks

The nearest petrol station is in Mqanduli (1 hour away), so if you are driving here fill up as you pass through. The nearest bank is in Mqanduli. Banking hours are 09h00 to 15h30. There is a rural supermarket at Ngcwanguba, about 30km away, but the nearest "proper" shops are in Mthatha. There is a small "spaza" local shop in the village but it is quite expensive and has a small range of items. The small kiosks near the gate sell cold Cokes and bread.

Internet

The hospital has no official access to the internet or email. Many of the professional staff have their own wireless internet access, but this is not available to students other than in exceptional circumstances.

Safety

Despite occasional isolated incidents, Zithulele is a very safe community. You are probably far safer here than in Cape Town or Johannesburg. Nevertheless, this is South Africa, so please don't walk alone in the community and take care after dark. Try not to look like a tourist, either! But don't be scared to stop and speak to the locals, the vast majority of whom are friendly and really appreciate the hospital staff.

The surroundings

"Zithulele Beach" at Lubanzi Bay is stunning, as is the Mncwasa river mouth over the hill. If you don't own a 4X4 or sedan car with high clearance, walk down or try and get a lift with one of the professionals after work! The roads really depend on the weather, so check with the professionals. On your weekends here, try to explore the area. In addition to the Home Stay mentioned above, nearby (less than 90 minutes away) suggestions include Hole in the Wall, Coffee Bay, Mdumbi Backpackers (near Coffee Bay), Bulungula Backpackers and others.

Elective project

I have left comment on this to the end because although a project may form an important part of your medical school's assessment of your time here, the most important thing you will gain is the experience! Before you come out have a general idea of what you want to look into. We have a list of projects that would be useful for the hospital. Please contact us for this as you may be able to dovetail your project requirements with something that benefits Zithulele too. Even if your university does not require you to do a project, we suggest that you do something (even if it's small) outside of the usual hospital work because it usually adds depth to your experience and is helpful to us. Do not try to set all your project aims before you arrive as it is very difficult to work out the fine details by e-mail. You need to be here to see what info can be gathered. For most elective students we suggest that you collect data whilst on site, but leave analysis and report writing for your return. Enjoy your time here; don't bog yourself down with work,

Feedback

We are still in the process of building Zithulele up into the centre of excellence in rural health that we dream of. If you have realistic suggestions about things we can improve, please discuss this with us. If you have any suggestions as to how we can make the elective experience more beneficial for students in the future, please let us know. We appreciate praise and will try and learn from constructive criticism. Please take some time to fill in our feedback form before you leave.

“NEEDLESTICK” PROTOCOL

This protocol, although it is written for employees, applies equally to students.

To be followed after mucocutaneous exposure to potentially contaminated fluid or injury with a contaminated sharp object

IMMEDIATE ACTION

1. For ocular (eye) exposure flush thoroughly with water for 15 minutes.
2. For injury with sharp object, milk the wound if possible (squeeze it to get blood out). Immediately wash the area with soap (preferably Hibitane) and water. Rinse well under water for 5 minutes.
3. For exposure in the mouth, spit out fluids and wash mouth repeatedly with large amounts of water.

REPORT INCIDENT

1. Immediately report the accident to:
 - a. Working hours: Health and Safety Officer (speed dial 5127)
OR Matron on duty (office ext 211)
 - b. After hours: Matron on duty (contact via OPD)
2. Complete an Accident Report Form (kept in OPD) including:
 - a. Date, time and type of exposure (hollow needle, suture needle, lancet etc.)
 - b. How the incident occurred (state whether puncture wound and if it bled or not)
 - c. Name of source patient (a needle or sharp object of unknown origin should be kept for testing if required)

BLOOD TESTS FOR HIV AND HEPATITIS B

1. Employee should be given pre-test counselling and then tested for HIV antibodies (rapid test with confirmatory ELISA sent to lab) and HBSAb (Hepatitis B surface antibody)
2. If the employee refuses HIV testing, they should sign the indemnity form provided.
3. Source patient should receive pre-test counselling and tested for HIV (rapid test with confirmatory ELISA sent to lab) and HBSAg (Hepatitis B surface antigen)
4. If the source patient refuses testing or is unable to give consent (e.g. is unconscious) either the matron on duty or doctor should be called. (A refusing patient may agree to have blood tested and not be told of the result.)

TAKE PROPHYLACTIC MEDICATION FOR HIV

1. If the employee tests POSITIVE for HIV no prophylactic anti-retrovirals should be given. Follow up counselling and support should be offered.
2. If the employee tests NEGATIVE for HIV
 - a. And the source patient tests POSTIVE for HIV or their status is unknown, prophylactic anti-retroviral medication should be recommended and ideally be started within 1 hour. The sooner it is started the better. It must be started within 48 hours to be worthwhile.
 - b. And the source patient tests NEGATIVE for HIV, the employee should be counselled about the window period and given the option whether to take prophylaxis or not.
 - c. The employee should be given the Staff information sheet “HIV exposure – your questions answered” before deciding whether to take prophylaxis. If the employee chooses not to take anti-retrovirals they should sign the indemnity form provided.

The anti-retrovirals are available from pharmacy. The recommended regimes are:

1. AZT 300mg twice a day for four weeks and 3TC 150mg twice a day for four weeks OR
2. d4T 30mg twice a day for four weeks and 3TC 150mg twice a day for four weeks

Employees should be warned of the side-effects which include nausea, vomiting, diarrhoea, fatigue, peripheral neuropathy, anaemia and headache. These side-effects may be debilitating while on the drugs. The benefits and risks of taking treatment should be discussed with all employees, especially those who are pregnant.

A third drug should be added to this regime when significant exposure has occurred e.g. where source blood has been injected into the employee. This must be discussed with Dr CB Gaunt.

FOLLOW UP AND MONITORING BLOOD TESTS

1. Employees who take anti-retroviral prophylaxis should have baseline blood tests for FBC, U&E and ALT taken on the day they start treatment.
2. These blood tests should be repeated after two weeks of treatment.
3. Employees who refuse to take anti-retrovirals should be offered another HIV test after three months.
4. Employees who take anti-retroviral prophylaxis should have a repeat HIV test at three and six months.

PROPHYLAXIS AGAINST HEPATITIS B

1. Employees who have been immunised against Hepatitis B need no further prophylaxis to prevent infection.
2. Results of Hepatitis blood tests should be obtained as soon as possible. Intervention must occur within 72 hours of exposure to be effective.
3. If the source patient is HBSAg POSITIVE and the employee has a HBSAb level < 50iu/l then Hepatitis B Immunoglobulin should be administered. The employee should also be vaccinated against Hepatitis B.
4. It is noted that transport and other logistical restraints may make it impossible to reach this ideal in our current setting. Every effort should be made, however, to assist an exposed employee.

FURTHER ASSISTANCE

1. If anyone has questions or requires further information, they should feel free to talk to Dr CB Gaunt or any other doctor.
2. In cases of emergency, Dr CB Gaunt can be contacted on his cell (072-2630333) or speed dial (5103)

HOSPITAL CONTACT DETAILS

The hospital's contact details are as follows:

Physical address

Zithulele Village
Mqanduli District
E Cape
5080

Postal address

P Bag X504
Mqanduli
5080

Telephone

+27 (0)47 575 0005

Fax

+27 (0)47 575 9576

Fax to email (Drs Gaunt)

+27 (0)86 616 5457

Website

www.zithulele.org