



East and North Hertfordshire **NHS**  
NHS Trust

# Welcome



**Member Event**  
**15 April 2010**

# A sabbatical in Nigeria

## “From Hertfordshire to Hurtfordshire”

▪ Mr Sigmund Wilkey

FRCS FCEM

PgCert Focused Ultrasound



# Nigeria



**DELTA STATE**

Population: 149 million

Life expectancy: 47 years



# Preamble

- I have been an Emergency Consultant at QEII for 7 years
- I Have lived in the UK for 19 years
- Only visited Nigeria twice between 1991 & December 2008
- Reason for visit – opening of state of the art teaching hospital in my state of origin – (200-bedded)



# Soul searching

- I was appalled to see the level that health care had degenerated to
- I saw examples of extreme wealth beside abject poverty
- The wealthy can afford expensive private health-care or are jetted abroad for the slightest ailments. The poor either die or get less than adequate healthcare if they fall ill
- I felt an extreme sense of guilt that the brain-drain of health professionals (including myself) had contributed to this devastating state of affairs



# Head hunters

- Myself and 19 other doctors of Nigerian origin invited to start different departments
- 2-year contract with a task to train; pass-on skills, knowledge and attitude to the local doctors
- I initially declined, but accepted an advisory role
- Spent last year travelling – Decided it needs full-time commitment – hence sabbatical



# Delta State Governor & CMD DELSUTH







# The story so far

- A lot of my colleagues have already started sabbaticals
- Clinical work has started, but no in-patients yet
- Training a priority – Most professionals there have never used equipment available
- My role is as a trainer/Emergency clinician



# Benefits for DELSUTH & Nigeria

- Opportunities for DELSUTH & Nigeria
  - Affordable Training in their environment that would only have been available on a fellowship abroad
  - Exposure to modern technology
  - Skills, Attitude and Knowledge transference by people from their own ethnic background
  - Ability to collect data and produce papers that may generate funds from WHO and other charitably disposed establishments



# Benefits for the Trust

- Possibility of research papers and material that would not ordinarily be available
- Exchange programmes for trainees to get exposure to tropical medicine, as the world is becoming a “small village”
- Good press for the Trust





# Media coverage

## Consultant sets up hospital in Nigeria

By Chris Richards  
[chris.richards@whitimes.co.uk](mailto:chris.richards@whitimes.co.uk)

**A DOCTOR** based at the QE2 Hospital in WGC is to spend a year in Africa setting up a state-of-the-art hospital.

Sigmund Wilkey, a consultant in the hospital's A&E Department, will spend 12 months helping to develop an emergency department at the Delta State University Hospital (DELSUTH) in Nigeria.

When fully operational, DELSUTH will use cash collected from private patients to provide free treatment for the poor.

Nigerian-born Mr Wilkey, who moved to

the UK in 1991, said: "It is the only hospital of its kind as far as I'm aware."

The 52-year-old had previously declined a full time role at the hospital, but now believes the time is right for him to devote all his time and energy to the project in its final stages.

"Things have progressed a lot," he said. "We're now at the stage where people need to be trained and I don't think that is something I can do just by going for a few weeks at a time."

He added: "The idea is to train local consultants within one to two years."

"We need to get them to a level that we feel confident to leave them to develop the hospital."

The married father-of-two will be leaving for Nigeria on May 1.



Dr Sigmund Wilkey with a patient at the QE2



The Delta State University Hospital in Nigeria



Dr Sigmund Wilkey will spend a year in Nigeria.

### Doctor's Nigeria mission

A DOCTOR at Welwyn Garden City's QEII is preparing for a year in his home country of Nigeria, where he will train staff to use the latest hospital equipment.

Casualty consultant Sigmund Wilkey will work at the new Delta State University Hospital, where he will set up a casualty department.

Dr Wilkey, who has worked in Britain since 1991, has returned to Nigeria only occasionally, most recently in December 2008 when he was shocked at how health services had deteriorated.

He said: "I visited a few hospitals and I was appalled. I watched someone die from something that, if I was working there, I could have sorted out in five minutes."

"But my hands were tied - there was nothing I could do and that was very difficult to take."

Nigeria's few state-run hospitals are poorly staffed and equipped, with most people having only very limited access to healthcare.

But Dr Wilkey hopes Delta State's commitment to its new hospital will be copied in other areas and money made from treating private patients used to provide treatment to the poorest.

He said: "I have been away from the country for 19 years and was starting to get a bit of a guilt trip in my old age so for me this was an opportunity to give something back."



# Challenges

- The Stakeholders are more interested in high-tech surgery, MRI, CT etc
- Emergency Care almost non-existent, and needs equipment and resources for training – difficult to convince people
- DELSUTH will be a tertiary referral centre – development of quality of care in rural hospitals has to go hand-in-hand with its development



# Challenges

- Dissemination of training from DELSUTH to these healthcare professionals
- Courses & a Central Skills Laboratory is one solution
- Media campaigns and fundraising events to purchase equipment such as mannequins and portable ultrasound machines



# Support from colleagues & the Trust

- The resuscitation department has donated a used life-size Resuscitation Skills Trainer
- A&E have set up a raffle draw to raise funds for me to get small items of equipment
- The post-graduate centre have pledged old AV equipment that we can use to record training sessions for posterity



# My Vision

- Demonstrate how important emergency care is in the management of patients
- Try my best to work with colleagues to convince wealthy Nigerians to come for healthcare at DELSUTH & use the funds generated to supplement government funds to provide free treatment for the poor
- Promote the use of Focused Bedside Ultrasound, as a cheaper diagnostic alternative to MRI & CT in rural areas



# Training

- Train BLS, ALS, Cardiac Monitoring
- ECG Recognition
- Oxygen therapy and non-invasive monitoring
- Trauma Life Support
- Recognition & Treatment of the Critically ill-patient
- Basic Point-of-Care Ultrasound



# Resources Needed

- Mannequins for skills laboratory (resuscitation & ultrasound)
- Projectors, laptops, DVD players etc for presentations and teaching
- Colleagues who are prepared to come over as faculty when courses are being run, and money to pay flight tickets, hotel bills honorariums etc
- Professional advice from non-medical persons



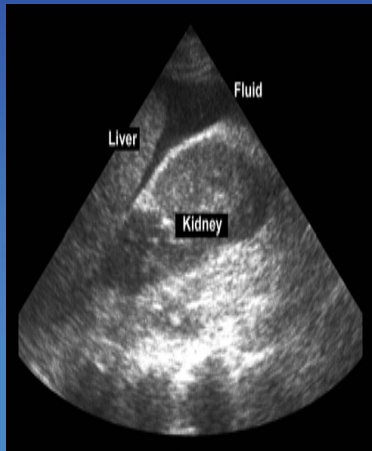
# My Special Interest

- My special interest is Focused Point-of-care Ultrasound
- Indications
  - Blunt abdominal trauma
  - Biliary disease
  - Kidney stones
  - Aortic aneurysms
  - Ultrasound-guided procedures
  - Musculoskeletal problems



# FOCUSED EMERGENCY PORTABLE BEDSIDE ULTRASOUND

**A safe & relatively inexpensive tool for  
transforming emergency care in our hospitals**



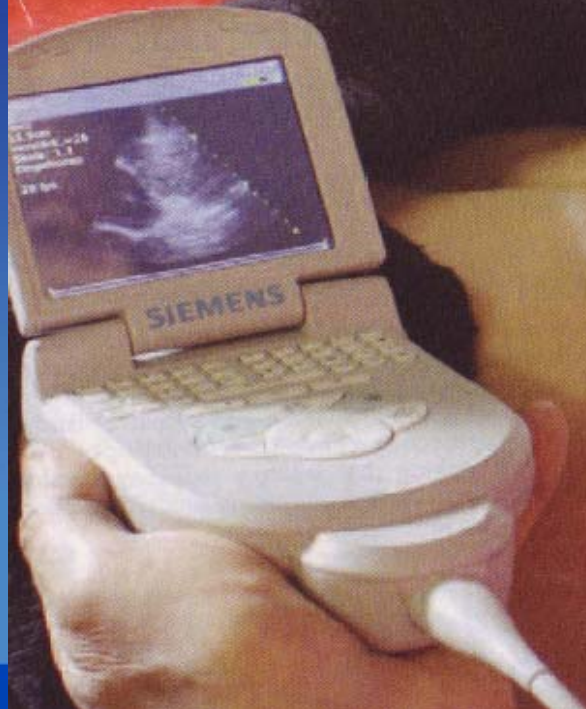
- Sigismund Wilkey
- Emergency Medicine Consultant UK
- FRCS, FCEM,
- Postgrad Certificate Focused Ultrasound


**Transforming** Emergency Care in Nigeria June 09





# ACUSON P10 ultrasound system Instant Insight – F.A.S.T.



East and North Hertfordshire   
NHS Trust



Consultant  
A&E  
Medicine

**Mr Sigmund Wilkey**



NIMAL, HWAE, ID: RWH024373,

03 OCT 2008 10:01

B	F	G	G	64%
TEI	D	15 cm	XV	1
	PRC	15-2-H	PRS	4
	PST	2		

ABDO

CA431



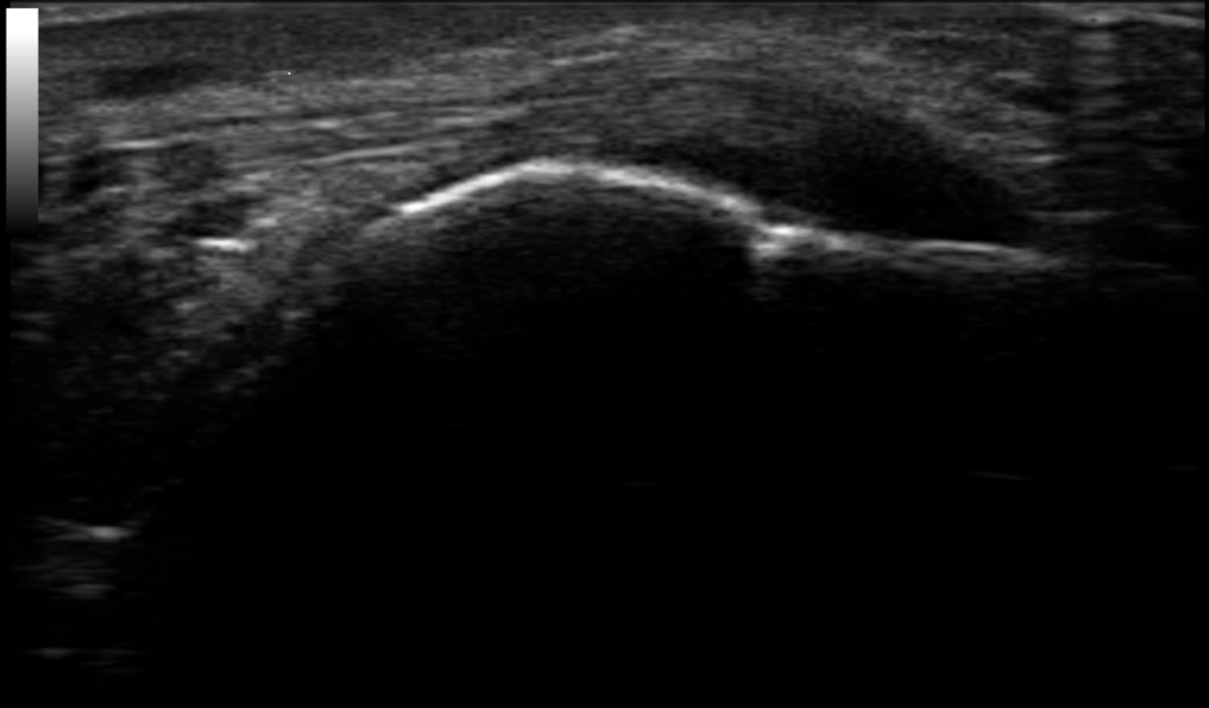
HDRO LEFT



B F 18 MHz G 64%  
D 3 cm XV C  
PRC 12-3-H PRS 5  
PST 4

MSK

LA435



LT



B	F	G	G	64%
TEI	D	15 cm	XV	1
	PRC	15-2-H	PRS	4
	PST	2		

ABDO CA431

D 1 0.46 cm



B	F	G	G	64%
TEI	D	23 cm	XV	1
	PRC	15-2-H	PRS	3
	PST	2		

FACTORY CA431



# Summary

- 12-month sabbatical
- My role is to set-up an emergency department primarily, but my secondary intention is to improve emergency care locally & nationally
- Challenges will be mainly down to resources and local priorities
- Opportunities in my opinion make it a worthwhile 12-month investment



# Any questions?

# WLS



**Thank you, Goodnight and see  
you in a year....**

**WLS**

