ELECTIVE (SSC5b) REPORT (1200 words)

A report that addresses the above four objectives should be written below. Your Elective supervisor will assess this.

1) What are the common presenting conditions in Zambia and how does this differ to other African countries and the UK?

Presenting conditions were different from the reasons why patients present in the UK. The top 5 presenting conditions can be seen in the table below.

Chikankata, Zambia	UK - Males	UK- Females
Labour and obstetric complications	Arthropathies	Complications of labour and delivery
Pneumonia	Diseases of oesophagus, stomach and duodenum	Arthropathies
Hypertension	Ischaemic heart diseases	Reproductive services
Anaemia of unspecified origin	Influenza and pneumonia	Digestive and abdominal signs and symptoms
Malaria	Other forms of heart diseases	Diseases of oesophagus, stomach and duodenum

UK data taken from NHS Digital. (2017). Hospital Admitted Patient Care Activity, 2016-17 - NHS Digital. [online] Available at: https://digital.nhs.uk/data-and-information/publications/statistical/hospital-admitted-patient-care-activity/2016-17 [Accessed 1 May 2018].

With regards to other African countries the presenting conditions of Eastern and Southern African countries were similar to those of Zambia as well as reasons for death and disability adjusted life years. However, in wealthier countries and in areas where there isn't endemic malaria presenting conditions were more similar to the UK.

2) How do the services provided by a rural DGH in Zambia differ from the services provided in the UK?

When I first arrived at Chikankata I was shocked by the difference in availability of services between Zambia and the UK. Whilst some areas are well funded, there is a paucity of other services that would be available in the UK. It is clear that maternal and child health, HIV diagnosis and treatment and cervical cancer screening receive additional funding from the government and these services are run well and easy to access.

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Laboratory and radiological services were very limited. In terms of blood tests only urea and creatinine could be requested (although at some points these were unavailable) no other electrolytes could be done nor thyroid function tests. This made management of patients with possible thyroid pathology very tricky. During my elective one of the machines broke down meaning you could only measure haemoglobin.

Chikankata has an on-site pharmacy however the range of medications is severely limited. This elective has made me reflect on the costs of certain medications. For example, the hospital cannot afford to buy ventolin inhalers so all asthmatic patients are managed on oral salbutamol. During acute attacks patients all receive hydrocortisone and aminophylline. Whilst on placement they also ran out of anti-epileptics. This was especially problematic when a patient was experiencing side effects from carbamazepine therapy. His carbamazepine was stopped but there were no other anti-epileptics in stock, so he had to be kept in hospital until some more could be sourced.

In terms of imaging you could only request x rays and ultrasound. In Chikankata there are a high percentage of patients being admitted with asthma, however they didn't have any nebulisers, peak flow or spirometry equipment. ECG and ECHO was also unavailable.

There was a good range of clinics run by the hospital. Clinics provided included general medicine, surgery, epilepsy, anti-retroviral therapy, psychiatry, maternal and child (family planning, growth monitoring, antenatal). As previously mentioned some clinics were well funded whereas the general surgery and medical were not. Instead of being given appointment times patients were instead given a date on which they should attend. The consultations were very different to the UK. The clinics at Chikankata were more like GP consultations than clinics in the UK. The doctors at the hospital are all generalists meaning that all cases requiring a specialist get referred to the University Teaching Hospital in Lusaka.

3) Is treatment of HIV positive patients different to that in the UK? How does the high prevalence of HIV/AIDS impact the care provided by the medical staff to patients? Do patients face more or less stigma than that in the UK?

Treatment of HIV follows the same regimes as the UK. The hospital uses the WHO guidelines for diagnosis and management. Whilst other medications are in short supply at Chikankata this did not apply to anti retrovirals. Clinics are run every day and patients attend regular follow up. At clinic their viral load is measured, a systems review is carried out to assess their current health status and whether there needs to be any change in their regime. On the wards many patients had HIV acquired infections related to a low CD4 count. The patients whilst I was there particularly had either pulmonary TB or gastroenteritis. The care provided by the medical staff did not differ regardless of the patients' HIV status. Zambia has a high prevalence of HIV - 14.5% compared to the UK where only 0.06% of the population are HIV positive. At Chikankata they did not use the term HIV but instead referred to it as retroviral disease (RVD). Patients admitted were routinely screened to assess their status and CD4 count

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if HIV positive. I was surprised that there was relatively little stigma towards to HIV positive people. It could be because a high percentage of people are HIV positive (thought to be up to as many as 50% of the catchment population) therefore eliminating stigma almost by default. Surprisingly there was more stigma towards those with syphilis and epilepsy to the extent that when seeing one patient on the ward the doctor did not mention the diagnosis at any point during the consultation and on the medical notes syphilis was not written at all.

4) To improve my diagnostic and management skills and develop adaptability when resources aren't available. To assist the members of the multidisciplinary team in providing care to patients.

My medical elective experience really improved my diagnostic and management skills. Due to the limited tests and management options you had to be creative in terms of diagnosis and treatment. I realised how much you can diagnose from a history and examination. It has made me appreciate more the range of tests available in the UK but has also highlighted and made me question the usefulness of some tests I would have done in the UK. It made me aware how much we order specific tests in the UK and often these contribute very little to both the diagnosis and treatment of a patient. The lack of a radiologist meant that all x ray interpretations had to be done by a doctor and often I was asked to interpret the x ray by one of the doctors which has improved my interpretation skills.

Fortunately, whilst on elective there were many opportunities to be part of the multi- disciplinary team. The MDT in Zambia is much reduced compared to in the UK. On the wards there are only doctors and nurses with a physiotherapist situated elsewhere in the hospital. Zambia has a much patriarchal system in terms of hierarchy. The hospital itself only has 3 doctors employed and often there was only 1 doctor in the entire hospital. I was able to assist in the ward rounds and occasionally in clinics.

Overall, I really enjoyed my elective. It has been eye-opening and has made me appreciate the resources that we have in the UK. It has made me a better diagnostician and I will take what I have learnt here and apply it to my future practice.

1198 words

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