

ELECTIVE 2018 (SSC5b) REPORT SUBMISSION FILE

Once you have received formal approval for your Elective you should complete this document with all the relevant details of your SSC (and objectives but don't answer the objective) and uploaded as part of the travel details form prior to departure. You should complete one file per Elective placement you have arranged. This file should be given to your Elective supervisor either by email prior to arrival or by hand upon arrival.

The completed submission file must be given to your supervisor for assessment prior to completion of the Elective and uploaded as a PDF no later than 12pm (mid-day) Monday 11th June 2018. Please rename the file with your FULL NAME and COUNTRY, eg John Smith Australia.

Student's Name: Muaz Ahmad

Student Number: 110033831

Dates of Elective (dd/mm/yy): 16/04/18 to 18/05/18

Elective Subject: Surgery

Host Organisation: Kenyatta National Hospital

Elective Country: Kenya

Supervisor's Name: Dr Chege Mbutia

Supervisor's Contact Details: fredcmbuthia@gmail.com

Are you happy for this report to be uploaded to the SMD Electives website in its entirety? **no**

1st August 2017

Dear Colleague,

This letter introduces one of our undergraduate students who has been accepted for a period of elective study with you. May I take this opportunity to thank you for agreeing to take this student and to provide further information about the elective attachment.

Final year students of good standing on the MB BS degree at Bart's and The London School of Medicine & Dentistry course may undertake a short period of elective study. While we are anxious that our students should obtain the widest possible range of experience it is important that they should not be asked to undertake duties beyond their level of training. Invasive techniques should be carefully supervised by staff who have the appropriate competences themselves. Students should not be exposed to inappropriate hazards. **A hazard avoidance checklist is provided with this letter and should be completed with the student on arrival.**

The students are required to set specific objectives, which have been agreed in advance with the School. A list of their objectives is provided with this letter. At the end of their placement they are required to write a short report addressing these objectives (less than 1200 words) and we hope that you will be willing to assess these on our behalf. This will form a part of their overall elective assessment. Students are also required to provide proof of satisfactory attendance on completion of their elective study.

On completion of the elective an assessment of the student is required and I be most grateful if you or one of your colleagues would complete the attached assessment form. Please be open and frank in your assessment. We encourage students to read these reports and it is important that they should be informative as possible.

The completed student report will be given to you by the student by either email or in person within one week of the placement being completed along with an assessment form and we ask that you reply by e-mail back to the student, within one week, with a copy to us, providing a score of between 0 and 10 (10 = excellent, 5 = satisfactory and 0 = unsatisfactory).

In order to assist with this process we encourage students to write their report while on placement so that you are able to grade it before they leave. Please let us, or the student know if you are unable to assess the student's report so that we may make other arrangements to undertake the assessment.

Should you or the student need to contact us about the student in an **emergency** please email: elective-emergency@qmul.ac.uk or telephone me directly on **+44 (0)7961 374303**.

Again I am very grateful to you for accepting one of our students and I hope that s/he will be a credit to the Medical School.

Yours faithfully

Dr Nimesh Patel
Head and Principal Internal Examiner of the SSC & Elective Programme

HAZARD AVOIDANCE FORM (to be completed upon arrival with host)

Hazard	Problems	Y/N	Comment
Climatic extremes	Dry/desert, monsoon/storms, oxygen deficiency/rarefied air, sunburn/skin cancer, Tidal/water/wind considerations	n	
Contact with animals (wild or domestic)	Allergies, asthma, (bites, dermatitis, rabies, stings, other physical contact)	n	
Contact with insects	Bites/stings Lyme's disease, malaria, yellow fever, other	y	use nets when sleeping, use repellent
Contact with reptiles	Poisoning, snakes, scorpions etc, remoteness, shock, availability of antidotes, medical back-up	n	
Contaminated food	Allergies (food-poisoning, Hepatitis A	y	avoid street food
Contaminated water	Diarrhoea, legionella, leptospirosis	y	drink bottled water
Contaminated drinking water	Cholera, polio, typhoid, other	y	drink bottled water
Electricity	Compatibility of equipment and supply, safety standards (higher / lower / different)	n	
Emergencies (including fire)	Arrangements and procedures (first aid provision, 'help' numbers, contacts and response expected	y	help numbers provided, follow fire safety instructions
Environment (local)	Culture (customs, dress, religion)	n	
Excavations / confined spaces / tunnelling	Permits to work (risk appreciations, safe systems)	n	
Hazardous substances / chemicals	Antidote available (CHIP, spillage arrangements, transport requirements)	n	
Legal differences	Local codes / guidance (local standards, statutes, information & training)	n	
Natural phenomena	Avalanche, earthquake, volcano, other	y	monsoon season so stay indoors during storms
Needles (contaminated)	HIV, Hepatitis B	y	follow protocol
Stress	Accommodation problems, civil unrest, crime, vandalism and violence, extremes of heat/cold, fatigue, language/communication problems, lack of support (of family and peers), load/expectations excessive, loneliness/remoteness, sickness, unfriendly environment	y	use emergency numbers provided, support available
Transportation	Competent drivers, hazardous terrain, properly maintained vehicles, suitable transport	y	use official transport only

ELECTIVE (SSC5b) OBJECTIVES

Please write out your submitted objectives below

OBJECTIVES SET BY SCHOOL
1 What are the common general surgical conditions in Kenya and how do these differ from the UK?
2 Describe the pattern of health provision in Kenya compared to the UK
OBJECTIVES SET BY STUDENT
3 Describe the current public health issues in Kenya
4 How will an elective in a resource limited environment benefit me as a doctor in the NHS

ELECTIVE (SSC5b) REPORT (1200 words)

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

Muaz Ahmad

Elective SSC5b report

For my elective to finish my medical degree I decided to visit Kenyatta National Hospital in Nairobi, Kenya. Kenyatta is a tertiary centre public hospital which admits patients from the whole country and its regional neighbours. It is also associated with the University of Nairobi and serves as a teaching hospital for medical students and trainee doctors. I spent 5 weeks there and during my time I was able to sit in clinics and go on ward rounds, I was also able to spend time in the operating theatres observing various surgical procedures. This was an excellent opportunity for myself to explore healthcare in a different environment and to gain experience of a specialty which I am considering as a future career path. I would like to thank the Vandervell foundation for their support towards my elective.

What are the common general surgical conditions in Kenya and how do these differ from the UK?

The surgical treatments I predominantly saw and are most common in Kenya are emergency cases, the most common cases are of acute abdomens with appendectomy and bowel resection being the most common procedures, obstetric emergencies i.e. caesarean sections or ectopic pregnancies were also among the most common procedures as well as orthopaedic emergencies which were mostly from trauma. The most common elective procedures included hernia repairs, hysterectomies, and prostatectomy. There are more emergency cases in Kenya which is the main difference from the UK, where elective operations are more common.

Describe the pattern of health provision in Kenya compared to the UK

The pattern of health provision is very different in Kenya compared to the United Kingdom. Many patients do not have access to general practitioners and due to the costs involved in seeking medical attention patients tend to present late and in more extreme conditions. There are public hospitals which charge reduced fees as well as private hospitals and clinics where they will get better care but at a higher cost. Public hospitals as a result are busier and have problems with overcrowding and understaffing. There are also fewer support staff so patients may need to rely on friends or family to help them while in hospital. Due to overcrowding and lack of infrastructure patients in public hospitals may share rooms with other patients and this is an opportunity for infection to spread. In Kenyatta they were able to separate the TB patients into their own ward however other smaller hospitals are not able to do this and patients with infections that could spread were in rooms with a dozen other patients. Furthermore the dress code of doctors was to wear white coats and these are another route for the spread of infection.

In Kenya there is also a national health insurance fund (1), this is a government supported programme to provide more affordable healthcare to all citizens, however the levels of care covered by this has been reduced since its introduction and patients still need to pay additional costs to cover medical bills, especially if they have had surgery.

Whereas in the UK patients can see their GP who knows them over a prolonged period of time there is no such practice widely available in Kenya, furthermore the pharmacies are not as regulated as they are in the UK so many people may visit a pharmacy and buy medications used on advice from the pharmacist or local healers who are not medical professionals.

Describe the current public health issues in Kenya

The public health in Kenya has steadily improved in the last two decades, the average life expectancy has increased, HIV deaths have decreased by half for adult males and females, and malaria cases have decreased by 80% since the 1990s (2), however the most common cause of mortality in Kenya in adult males and females is still HIV, TB and Malaria. These are followed by other respiratory infections, malnutrition, cardiovascular disease and cancer (2). A common gynaecological presentation is female genital mutilation; usually done to women at younger ages and causes complications during pregnancy.

While the levels of diarrhoeal disease and respiratory infections have decreased amongst adults it is still a major issue in child mortality, childhood diseases and maternal mortality remain as major problems to be tackled from a public health perspective.

There has also been a rise in deaths from non-communicable diseases. Cancer mortality has increased by 69% from 1990 to 2013 (2); the most prevalent cancers being oesophageal, cervical and breast cancers. There has also been an increase in deaths from stroke and ischaemic heart disease which may reflect the improving economic conditions and more availability of high fat diets.

How will an elective in a resource limited environment benefit me as a doctor in the NHS

I have been privileged to be welcomed and allowed to complete my elective at Kenyatta national hospital. Working in Kenyatta has enabled me to see first-hand the sacrifices patients make to seek medical care. I have met patients who have sold their land, their wealth, livestock and property to pay for operations, scans and medicines for their families. This has humbled me greatly to appreciate the system we have in the UK where healthcare is free and available to all. The impact of having to pay for medical care for poor people is that presentation of conditions is very late and many times the patients are too sick to be able to recover from their illness leading to poor outcomes.

Healthcare in Kenya is very different to the NHS, this has enabled me to greatly appreciate the wider team involved in healthcare in the NHS such as nurses, occupational therapists, physiotherapists and social workers, as well as the cleaners, catering and admin staff involved. Spending time in a ward where there were very few nurses or other staff for patients I was able to appreciate the impact of the multidisciplinary teams that I will be working as part of in the UK. Another notable difference is that the doctors still wear white coats, while this may enable them to stand out and attain respect when walking in corridors this is no good for infection control especially in a country where infectious disease is so common. Furthermore it can only be described as an experience to be in a clinic with a patient and the next 4 patients are sitting on a bench in the same room. It was a very dynamic environment as the nurses also shared the same room and took bloods and did examinations, in total

there were up to a dozen people in a clinic room which makes it very difficult to attain a thorough history and explore sensitive topics as confidentiality is impossible to maintain.

Bibliography

1. NHIF. [Online]. Available from: <http://www.nhif.or.ke/>.
2. ICHA. Kenya advances in health sector, but serious public health concerns remain. [Online]. Available from: <http://www.healthdata.org/news-release/kenya-advances-health-sector-serious-public-health-concerns-remain>.
3. WHO. Kenya: WHO statistical profile. [Online].; 2015. Available from: <http://www.who.int/gho/countries/ken.pdf?ua=1>.

ELECTIVE (SSC5b) REFLECTION

This information will be used to monitor placements for safety and to provide useful information that we can pass on to students for the future. (Please complete the sections below).

Was it what you expected?

This elective surpassed my expectations, I have seen clinical signs for the first time, conditions that I only read about in books and articles, all the staff were friendly and allowed me to be involved.

Clinical experience?

Very good for learning clinical signs

What did you learn about the people and the country?

The people were very friendly and welcoming, shops may try to charge you extra but they are negotiable, the country is very beautiful and not too bad to get around, no cultural issues presented while we were there.

What did you learn about the health care professionals you worked with?

All staff speak good english and have good clinical knowledge, are used to having students so understood our learning needs.

What did you learn about the health care system in that country?

The health care system is very difficult for poor people, appointments are not too expensive but medicines and paying for operations can be very difficult, some people had sold their land or homes to pay for treatment.

What were the best bits?

being able to see presentations of disease and clinical signs for the first time which are quite rare in the UK.

What were bits you least enjoyed?

Security is very high and having to always be careful when going out can become quite tedious, lots of mosquitos so need to always wear repellent and sleep with a net which is not fun.

Were there any shortcomings?
Doctors were very busy so not always able to teach or allow us to assist
Would you recommend it to another student?
yes
Would you do anything differently?
spend more time in other parts of the hospital as i was mostly in surgical theatres which are not too dissimilar to UK
What did you learn about yourself?
I was able to apply my medical knowledge in a foreign environment and quickly adjusted to the local customs,
Where there any deviations from the risk assessment?
yes, weather was relatively nice, not too hot and storms were mostly at night so we were safely indoors,
How was your accommodation?
Wifi was surprisingly very strong, bedding was comfortable, rooms were well equipped
How were your travel arrangements?
Flights to Nairobi airport and then taxi to accommodation.
Other experiences and information useful to future students:

