ELECTIVE (SSC5b) REPORT (1200 words)

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

Before beginning my placement at Queen Elizabeth Hospital, I was told to expect lack of organisation, long waits and below par working conditions. When I began my placement here, I could immediately see the difficulties and obstacles the staff had to overcome to be able to deliver the best healthcare possible. Malawian women would go into labour and be expected to deliver on the ward with no analgesia and instead an audience of cockroaches. The beds were simply covered in a bin liner and sheet, which was replaced and used by another patient a couple hours later. The staff of Queen Elizabeth Hospital have dealt with these issues pretty well, considering that on average 52 deliveries a day occurred on this small overworked and poorly equipped ward.

Having already undertaken an SSC abroad in Cyprus prior to this elective, I was given a taster to difficult working conditions, however the Cypriot hospitals would be seen as a luxury to Malawi. A striking difference between this hospital to hospitals in the UK and in Cyprus, were the questionable precautions taken to avoid infections. For example, a simple household bar of soap was used prior to scrubbing into surgery, soapy water instead of iodine solution, and sugar was used to clean wounds. In addition to these basic prerequisites, no alcohol hand gel was available on the wards. Fortunately, I had brought gel and gloves from England to aid this ward.

Another difference was that the ward rounds were somewhat disorganised. The consultants and registrars would rely on their medical students rather than the interns to handover cases. This lead to huge confusion amongst the team and threated patient safety. The medical team were unaware of the important issues of patient – this is also attributable to the poor documentation in the notes, which were comprised of a couple of sentences and a set of observations on admission. Furthermore, the consent forms were extremely questionable, these read "I hereby give full consent for Dr on duty to perform any operation or operations on my body that he may consider necessary, and for the administration of any anaesthetic for this purpose." This was the case for most of the forms given to the patient; they were unclear and very vague.

With regards to antenatal care in Malawi, as with newly pregnant women in the UK and Cyprus, it is the duty of the mother to arrange their initial appointment with their doctor. Similarly to Cyprus, antenatal appointments are booked with the obstetricians and less so with the midwives. Although midwives are present at the antenatal clinic, they play a smaller role than midwives would do in the UK. However, they do play a huge role on the ward.

Due to lack of equipment (e.g. USS), a huge proportion of appointments are cancelled. For this reason, patients who could afford it, would use the private sector for check ups. However, this is not possible for the majority of Malawians. Across all wards at Queen Elizabeth Hospital, patients are given a yellow "medical passport"; here the healthcare professional would document investigations, findings and

treatment given to the patient throughout their life. However, most of the documentations were unclear and a good background of the patient could not be obtained from the notes.

One key aspect of Malawian medical practice was the huge emphasis on HIV management. This is seen across all wards. Pregnant ladies are screen for HIV at the first appointment to begin the necessary treatment as soon as possible to reduce transmission to the foetus. For this reason, despite the high prevalence of HIV, the transmission rate was low. Most mothers kept on top of their HAART during their pregnancy.

The reasons for Caesarean section in Malawi were similar to those of Cyprus: previous caesarean, pre-eclampsia, breech presentation and prolonged labour. Furthermore, it seems that a huge proportions of patients were over diagnosed with eclampsia when in most cases were simple faints due to malnutrition and dehydration in the extreme Malawian heat. A huge problem with caesarean sections was the lack of anaesthetists in the O&G department. Worryingly, anaesthetists actively neglected obstetric theatres and subsequently a high number of elective surgeries were cancelled.

The surgical skills I obtained in Cyprus were hugely helpful in assisting and providing adequate healthcare in Malawi. I was able to aid the surgeons in theatre with my suturing abilities, which improved efficiency of the lists. These experiences have enhanced my skills further which in turn will benefit the patients when I return to the UK as an FY1 doctor.

The vast number of opportunities to scrub into theatre have aided the development of these skills. The obstetric team at Queen Elizabeth have allowed me to improve my examination of the pregnant abdomen and give adequate healthcare to the patient. These opportunities have developed necessary skills, which will be invaluable during my Obstetrics & Gynaecology rotation during Foundation Year training.