

ELECTIVE (SSC5a) REPORT (1200 words)

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

- Describe the different profile of illnesses within a rural Malawian hospital when compared to a hospital in the United Kingdom. In particular HIV and malaria.

I was in Ekwendeni hospital for three weeks. Within this time I saw male and female adult patients, but much of my time was spent caring for patients on the paediatric ward. This allowed me to see the impact of infectious disease, in particular on children. Malaria prevalence was very high in the paediatric wards. Almost every differential included malaria (or sepsis), and doing rapid malaria testing on almost all children was common practice. There were also many children with very severe malaria- cerebral malaria or malaria with severe anaemia. Some patients came in with seizures, or with haemoglobin levels of less than 3. This was starkly different to the UK, where malaria, especially in children, is very rare. With regards to HIV, 50% of new diagnoses in Malawi are in 15-17 year olds. Though this is the case, very few children I treated had a diagnosis of HIV. It was however much more considered as a differential when there was an unusual infection or illness in a child. Testing was readily available, and teams would go to wards almost daily with the sole role of providing HIV testing for those who had not been tested. Again this is much less commonly considered or tested for in children in the UK.

- Describe how primary and secondary care play a role in the health of those within Malawian communities and how this differs from more developed countries.

Secondary care has a large role in the care of those in Malawian communities. There are very few general practices, the main route of care being via walk in to the nearest hospital. There are also outreach clinics to more rural villages. Many of the primary care providers are charity based, whereas many hospitals are state funded. In my experience I saw both hospital based care and outreach. The charity funded organisations actually seemed to have more supplies and more available money. The state funded secondary care I saw was very good, but resources seemed more scarce, when it came to drug supplies in particular. In the UK there is a big focus on primary care, and there are many general practices and walk in centres across the whole country. They are mainly state funded, as are most of the hospitals. This of course differs from Malawi. There is more government infrastructure in the UK which seems to allow for this, and of course the existence of the NHS which provides free medical care; both primary and secondary.

- Consider the public health strategies to combat the transmission of infectious disease within Malawi, how these compare to those within the UK, and their progression in recent years.

Within Malawi communicable diseases are much more common when compared to the UK, especially malaria and HIV. There are public health strategies in place to combat this. Working in a hospital in a small town I had the opportunity to see some of the strategies implemented. There was a big emphasis on high availability of screening tests- in particular for malaria and HIV. Almost all patients on the paediatric ward were tested for both of these infections. Other public health strategies- like education and prevention techniques, I saw less while in the hospital. In my first elective placement in a mobile clinic I saw much more public health education being implemented. For example I saw teaching by a local nurse about disease symptoms, prevention and treatment to members of rural villages. There was less emphasis on this at the hospital, which could be due to the

more severe presentations of illness and also there may be less available staff to provide education. Screening is less widely provided for these infections in the UK, as the UK is much less affected by HIV or malaria. There is also more emphasis on broad focused public health campaigns in the UK, which I saw less in Malawi. This could be due to the difficulty in reaching many people at once, in what is a very poor country with less avenues of communication which reach the whole population.

- To become a more competent and independent practitioner whilst working with limited resources.

My placement in Ekwendeni hospital has helped me grow as a medical practitioner. There was one doctor working in the hospital and many clinical officers. While the medical students were at the hospital we helped to run ward rounds on the male, female and paediatric wards. I took a particular interest in paediatrics so helped complete the paediatric ward round each day; with the help of clinical officers and other students. This involved seeing each of the children on the ward, which included a small high dependency unit and also a burns unit. For complicated cases and very unwell patients the doctor would be called to consult. I was grateful for my previous elective placement in southern Malawi, as it had involved seeing many unwell children which helped prepare me to help look after the unwell children at Ekwendeni. Resources were still very much limited. The paediatric ward had thermometers, but only one pulse oximeter and one small BP cuff. Oxygen was available only in the 4 bed high dependency room and the laboratory could run blood tests infrequently, due to lack of reagents. Despite the limitations the staff, in particular the nurses on the ward, provided very good care. They were all very competent, and working with them helped me to develop my own competence and to work with the limited resources as best I could. It helped me to learn to not only write a jobs list but to do jobs during ward round myself to utilise the time well. It also made me realise the benefit of chasing up any outstanding jobs myself, and that at times personally going to the laboratory or pharmacy was the best way to quickly solve a problem. I also found I became more confident in my ability to identify very unwell patients and ask for senior assistance when I had done so. I think these are useful lessons and they will improve my practice as a foundation year doctor.