

ELECTIVE (SSC5b) REPORT (1200 words)

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

I chose to complete my elective in the emergency department at King Faisal Hospital in Kigali, Rwanda. The hospital itself is a private hospital that also accepts referrals for many speciality cases. As a result of the hospital being private, the emergency department is not as busy as many of the district hospitals in Kigali. It is also less busy than the emergency departments that I have been placed in in the London. However when comparing cases and reasons for patients visiting, are very similar in both countries. There are many reasons for people to visit from feeling generally unwell, e.g. Persistent flu like symptoms, to more acute problems such as difficulty breathing or chest pain. The main difference I noticed is the concern and testing for certain infections that may not be as prevalent in the UK. In particular Malaria which has a high prevalence in the country. many of the patients that will come with symptoms suggestive of infection will often be screened for malaria as a precaution. Other infections. Other than Malaria there are other infections that can be tested e.g. HIV, Tb or hepatitis B and C which are also present in the UK. The only difference being perhaps how prevalent they are. The main issue in Rwanda like with many other tropical conditions that spread through insect vectors, mosquitoes in particular. However in last decade there have been many public health campaigns to create awareness and reduce the risks, such as increased use of mosquito nets treated with insecticides especially for the younger population who may be at risk and other at risk demographics. Outside of Emergency medicine, there have also been many other health initiatives in other departments that have seen massive improvements in health care in the country. One example is in the efforts to reduce maternal mortality rates which have seen huge improvements since the 1990s.

Another massive help to improving health care and especially access to health care is the provision of universal health care model in place in Rwanda by providing mandatory health insurance for everyone which has resulted in nearly more than 90% of the population covered. The insurance is provided through a system called Mutuelles de Sante. The system is community based with the people paying premiums into a local health fund from which they can draw from when needed. However King Faisal being a private hospital will often have patients who have private health insurance or pay out of their own pockets. Patients who are referred to King Faisal will often have first visited a district hospital first or a health care centre.

As most of my placement was completed at King Faisal I did not have much of an opportunity to witness many of the challenges that district and community based hospitals may face. However it is to my understanding that referral pathways are in place for people to access services that may not be immediately available when first visiting a doctor.

Language was a huge barrier for me during my placement. I was grateful that many of the staff were fluent in English and therefore able to translate and help me to communicate. Rwanda itself has four official languages: Kinyarwanda, French, English and Swahili. Many of the consultations often took

place in either kinyarwanda or french. Although many were able to speak english it was more effective for them to converse in kinyarwanda. This did mean that there were many times where I would be unable to understand a discussion and required someone to translate afterwards. As well as locals, the department also saw many foreign patients that were either working in or just visiting the country. Many of these patients were fluent in English and made it easy to communicate.

When clerking patients, as expected the structure of taking histories were the same as in the UK. There was often a proforma sheet that made taking a history and documenting consultations alot easier. For instance many patients would have had there details, presenting complaint and basic observations noted down. The doctor would then be required to note their history, examination, investigations and initial management plan. It would then be determined whether specialist referral is needed or patient can be managed and discharged from A&E.