Barts and The London
School of Medicine and Dentistry

ELECTIVE 2015 (SSC5c)

REPORT SUBMISSION FILE

Once you have received formal approval for your elective you should complete this file with all the relevant details of your elective (and objectives) 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.

This partially completed submission file should be uploaded as part of "STEP FOUR" by 9am Friday 27th March 2015.

The completed submission file should be uploaded following your elective as a PDF and no later than 5pm Friday 5th June 2015. Please rename the file with your FULL NAME.

Student's Name: Georgina Gould

Student Number: 110069313

Dates of Elective (dd/mm/yy): 28/03/15 to 30/05/15

Elective Subject: Dareda hospital Tanzania

Host Organisation: Dareda hospital Tanzania

Elective Country: Tanzania

Supervisor's Name: Dr Abraham S. Laizer

Supervisor's Contact Details: daredahopsital@gmail.com. Tel: 00255766474362

Barts and The London
School of Medicine and Dentistry

Institute of Health Sciences Education
Centre for Medical Education
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1st August 2014

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 on the MB BS degree at Bart's and The London School of Medicine & Dentistry course are required to undertake a minimum period of six weeks of elective study between 30th March 2015 and 29th May 2015. The student may choose to undertake a single speciality or can divide the time in order to work in up to three different areas.

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 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

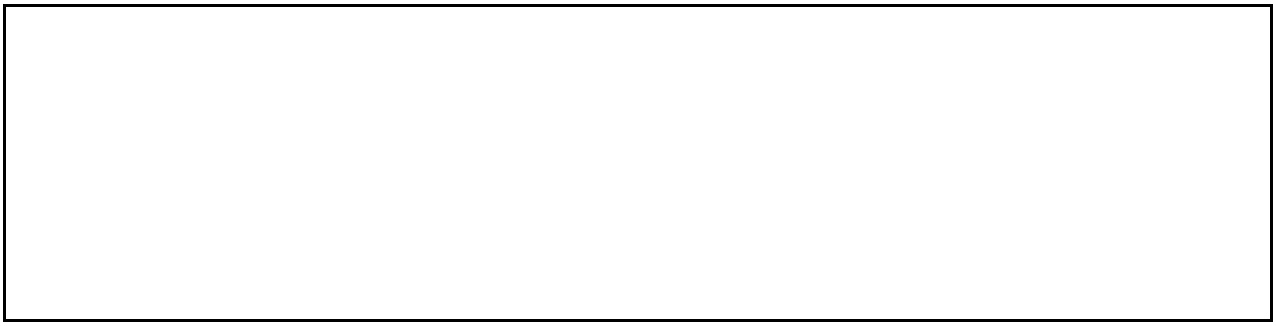
Dr Nimesh Patel
Head and Principal Internal Examiner of the SSC & Elective Programme

HAZARD AVOIDANCE FORM

Hazard	Problems	Y/N	Comment
Climatic extremes	Dry/desert, monsoon/storms, oxygen deficiency/rarefied air, sunburn/skin cancer, Tidal/water/wind considerations	Y	Long rains. During March, April, May
Contact with animals (wild or domestic)	Allergies, asthma, (bites, dermatitis, rabies, stings, other physical contact)	Y	Visit to national parks. Contact with rabies animal unlikely.
Contact with insects	Bites/stings Lyme's disease, malaria, yellow fever, other	Y	I will take Malaria prophylaxis and have the yellow fever vaccination
Contact with reptiles	Poisoning, snakes, scorpions etc, remoteness, shock, availability of antidotes, medical back-up	Y	Will be living in the hospital, with full medical backup
Contaminated food	Allergies (food-poisoning, Hepatitis A	Y	Hep A vaccination. Medications to treat food poisoning
Contaminated water	Diarrhoea, legionella, leptospirosis	Y	Unlikely to drink or have contact with contaminated water
Contaminated drinking water	Cholera, polio, typhoid, other	Y	Polio and typhoid vaccinate. Unlikely to drink contaminated water
Electricity	Compatibility of equipment and supply, safety standards (higher / lower / different)	Y	Adaptor
Emergencies (including fire)	Arrangements and procedures (first aid provision, 'help' numbers, contacts and response expected	Y	Have emergency contact number with travel insurance, university insurance and MDU insurance as well as British embassy
Environment (local)	Culture (customs, dress, religion)	Y	Will be dressed conservatively
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)	Y	Will get visa on arrival
Natural phenomena	Avalanche, earthquake, volcano, other	N	Unlikely
Needles (contaminated)	HIV, Hepatitis B	Y	Will take PEP with me and vaccinated against hep B
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	Have parental support and going with friends
Transportation	Competent drivers, hazardous terrain, properly maintained vehicles, suitable transport	Y	Unlikely to hire car, will use local transport

ELECTIVE (SSC5c) OBJECTIVES

OBJECTIVES SET BY SCHOOL
1 : Describe the pattern of disease/illness of interest in the population with which you will be working and discuss this in the context of global health: **What are the common antenatal conditions in the district served by the hospital and how do these compare with the UK?**
2 Describe the pattern of health provision in relation to the country which you will be working and contrast this with other countries, or with the UK: **How does the management of the most common obstetric complications differ in Dareda Hospital, compared with the UK?**
OBJECTIVES SET BY STUDENT
3 Health related objective: **What are the main barriers to improving the management of these conditions and what might be some of the solutions?**
4 Personal/professional development goals.: **I will aim to improve my clinical knowledge and judgement in the context of a resource-poor setting.**



ELECTIVE (SSC5c) REPORT (1200 words)

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

Objectives one and two:

During my elective at Dareda Hospital I was able to spend a significant amount of time concentrating on antenatal care. In particular, I was interested to learn more about the common conditions and their management and how it differs to that in the UK.

In terms of the most common conditions, there are both similarities and differences. Towards the latter stages of the pregnancy, there appear to be comparable rates of abdominal pain, PV bleeding and premature rupture of membranes. Management of PROM is similar to that in the UK, with antibiotics given and early delivery planned if labour does not occur spontaneously. Abdominal pain is managed slightly differently as diagnostic capabilities are more limited. In the UK several avenues might be explored to identify a cause of abdominal pain, however I felt that with more limited resources at Dareda Hopsital the priority was to rule out the most important causes, for example placental abruption.

One of the biggest differences in antenatal care in Dareda Hospital compared to the UK is the relative sparsity of antental appointments. The main reasons appear to be related to the cost, and the difficulty in communicating of the need for this with women who live far from the hospital. It appeared that the most common pathway for a pregnant woman in Dareda is to present for a 'booking' visit to the hospital after a period of about 3 months of amenorrhoea. Once the scan has confirmed a viable pregnancy with no obvious initial complications, the woman may then return for a scan much later on in the pregnancy, or indeed not again until the onset of labour. This means that women present relatively commonly with complications that would have been picked up and monitored in the UK, for example, placenta praevia and twin pregnancies.

One obvious difference in the most common antenal conditions seen is the far lower rates of gestational diabetes in Dareda. This compares with ever increasing incidences of the condition in the UK. During my time at Dareda I saw just one patient with gestational diabetes mellitus, and it was managed in a very similar way to that in the UK. Much more of an issue at Dareda is malnourishment and the problems caused by bony deformities due to malnourishment in childhood. It might be an interesting project however to follow-up how the incidence of this condition continues to change in both countries.

Objective three:

The most obvious barrier to improving the management of some of the conditions mentioned above is a lack of resources. Through discussions with the doctors at Dareda I learnt that there seems to be very little support from the Tanzanian government with this issue. Specifically, it is the national policy to provide free antenatal healthcare and free medical care to all children under 5. However, the hospital seems to not be reimbursed for the care that it provides to these important patient populations and as a result has had to start charging these patients from April of this year. Women who come to the hospital to give birth have to pay 2,000 Tsh a night, equivalent to approximately 80p. Ultrasound scans that used to be provided for free now cost 12,500 Tsh (around £5.00). On several occasions I witnessed women being told that they required a scan but were unable to pay. For

obvious reasons, this is detrimental to the care that the hospital is able to provide the women and children.

On a slightly different note, there arose some interesting cultural issues that are not encountered in the UK. On one antenatal ward round, a young woman presented near to term having had a previous cesaerean section that unfortunately resulted in the loss of the baby. She had become pregnant again within a year of the operation, and as a result the doctor explained to her that the scar would be too weak for her to be able to have a 'VBAC' (vaginal birth after cesaerean section). At this point she became very upset and her mother-in-law also entered into the discussion. It transpired that she was not wanting to have the CS as she realised that this would ultimately limit the number of children she would be able to have and she (and the mother-in-law) were concerned that the husband would marry someone else in order to have more children. The mother-in-law was planning to take her back to her home village to visit a local healer instead of undergoing the operation. The doctor very calmy explained that this could potentially result in the loss of her and her baby's life and they reconsidered, but it opened my eyes to the very different cultural issues here.

Objective four:

Throughout the course of my medical elective I have been able to spend time in several different departments, increasing my knowledge in many different areas. Two particular areas in which I feel that my clinical knowledge and judgement has improved are antenatal care and paediatric resuscitation.

The latter was something that I have studied academically but not yet had the chance to put into practice. During the course of my time at Dareda Hospital there were numerous occasions when resuscitation of the newborn was required, and I was able to take a hands-on approach. In particular, I feel much more confident in managing the airway of a newborn, performing suction and supplying oxygen. Not only did my knowledge of the correct procedure increase, but it was particularly challenging to have to do so in a resource-poor setting. On a couple of occasions certain pieces of equipment were broken or unavailable and this of course made things more difficult. There were also huge limitations in terms of what could be done diagnostically, so a couple of times there seemed to be very few avenues of investigation compared to what would be the case in the UK.

I was able to be very involved in the antenatal care at Dareda Hospital which is again very different from the UK. Many of the women don't present to the hospital until they are in or very near to labour, or if they have complications. As a result, conditions arise very late in the pregnancy and decisions have to be made at short notice. As with complications with the newborn, diagnostic capabilities are very limited and as a result there is often not much to be done even in the event of a complication.

In summary, I have particularly enjoyed increasing my knowledge in the areas of antenatal care and resuscitation of the newborn and I believe that this will stand me in good stead for my continuing learning and development in the UK.

ELECTIVE (SSC5c) 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?
In honesty, I wasn't really sure what exactly to expect, although broadly speaking, yes it was. The facilities at the hospital were more limited that I was hoping but the day to day experience that I had was what I imagined.
Clinical experience?
The clinical experience was somewhat limited in certain areas - mostly due to a lack of resources. I was pleased however that we were able to be very hands-on in the maternity department, assisting with cesaerean sections and deliveries. As I'm hoping to go into obstetrics and gynaecology this was particularly valuable.
What did you learn about the people and the country?
The people were extremely friendly and welcoming and it was a really unique experience to spend so long in one small village. I learnt a great deal about the role that women play in day to day life, particulary the emphasis on reproductive capacity.
What did you learn about the health care professionals you worked with?
Some of the doctors we worked with were extremely diligent and had good clinical knowledge and reasoning skills. There were some however who appeared to be somewhat disillusioned with their role at the hospital and it proved incredibly frustrating when their pace of work vastly differed from ours.
What did you learn about the health care system in that country?
The healthcare system is extremely resource-poor and as a result it is difficult to provide services that are already proven to be effective in other countries. There appeared to be a lot of animosity from the hospital management towards the Tanzanian government for their lack of support with funding. Much of the funding for the hospital comes from the church or private sponsors.
What were the best bits?
The best bits were when I felt as though I had actually made a difference. There was one particularly traumatic delivery during which the midwife was being incredibly aggressive towards the woman. I tried to provide support to the woman and I feel as though it made a tangible difference.

What were bits you least enjoyed?
I least enjoyed the bits where there was nothing to be done in a situation that would be preventable in the UK. It made me realise what a lottery life is in terms of where in the world you are born.
Were there any shortcomings?
It would have been good to have been able to speak the local language and therefore be a bit more independent around the hospital instead of having to be with a doctor to communicate. I was surprised however at the number of people (doctors and nurses) who spoke relatively good English.
Would you recommend it to another student?
Yes, most definitely.
Would you do anything differently?
Minor point, but the food in the village was incredibly undiverse. I would bring some emergency rations for those moments when rice and beans isn't going to be enough!
What did you learn about yourself?
That when I witness particularly distressing situations I need time to talk it through afterwards and dissect what went wrong and what could be done in the future.
Where there any deviations from the risk assessment?
No.
How was your accommodation?
Generally really good aside from the occasional few days without running water!
How were your travel arrangements?
Fine. Long journey from the capital, Dar Es Salaam so would recommend flying into a more northerly

airport in the future.

Other experiences and information useful to future students:

Read up on management of common obstetric conditions and resuscitation of the newborn before going.