

Elective Report – St. Francis Hospital, Katete, Zambia 2013General Medicine (Female)22/04/2013 – 24/05/2013

I had the privilege of spending my elective in a large and busy Church Administered Hospital serving the local population of Katete District (over 200,000 people) and receiving specialist referrals from all over the Eastern Province (about 1.5 million people). St Francis is a hospital that is fully integrated into the Zambian Health Service and part funded by the Zambian Government as well as receiving funding via the Anglican and Catholic Churches and from overseas support groups in the Netherlands and the UK. There are approximately 400 staff that work in the hospital, but the hospital also relies on overseas volunteers to compensate for the national shortage of clinical staff.

The hospital caters for around 350 beds, divided into adult medical (male and female), paediatric, maternity and surgical (male and female – including gynaecology) wards. There is also a busy Labour Ward and a basic Special Care Baby Unit. There are 2 operating theatre accommodating routine lists as well as emergency work.

Accidents and injuries are common, and account for the largest proportion of admissions, with Malaria and HIV/AIDS following close behind. The General Outpatient Department is the main point of access to the hospital's services for most patients with access to specialist clinics in Gynaecology, General Surgery, Medicine & Paediatrics, TB. Over 93,000 people are seen and treated annually in these clinics.

Paramedical services include physiotherapy, X-ray, laboratory and pharmacy. The HIV/AIDS service provides pre and post test counselling and runs a programme of community based education and preventative activities as well as support for people living with HIV/AIDS.

My elective in at St Francis hospital was almost solely based in the female general medicine ward providing me with a fantastic opportunity to learn about the country and local culture, as well as gaining hands on experience in clinical medicine and learning a great deal about tropical medicine. During my time I was able to join the rural outreach team and able to observe the treatment of HIV first hand in both rural and central settings. Given the overwhelming number of patients and strained staff resources in these clinics I was given the chance to see and manage HIV patient myself during my elective.

Objectives

1. Describe the pattern of disease in Katete (Zambia) and discuss this in the context of global health
2. Describe the pattern of health provision in relation to Zambia and contrast this with the UK
3. Describe how HIV/AIDS is managed throughout Zambia
4. Describe and reflect upon my ability to integrate with the multidisciplinary team at St. Francis Hospital

In Zambia the main diseases presenting to hospital are usually one of three: HIV, Malaria and TB. I was surprised by the number of patients on the adult wards that were HIV positive – I would estimate that at least 75% were positive.

I noticed that there was a significant difference in the way patients presented with TB when comparing Zambia with the East End of London. There was a lot more variety in the way patients presented with TB in Zambia: TB pericarditis, Potts disease of the spine, TB meningitis, TB adenitis.

Malaria is another condition that is extremely common in Zambia, so much so that almost all patients will be tested and started on treatment on arrival to hospital if they have had a fever. At least 95% of patients on the paediatric ward had a positive RDT and receive treatment for Malaria – on the adult wards this figure was lower since patients had developed some level of resistance throughout repeated infection.

I was surprised to see chronic diseases that are common in the UK presenting in the hospital, in particular heart failure, the aetiology however being very different with rheumatic fever and cardiomyopathy being the main causes.

Healthcare in Zambia is split into different levels: government and private.

As with any country there are large, main hospitals that are based in the capital, Lusaka, and act as tertiary referral centres for patients throughout Zambia. In Lusaka there is a large government funded hospital 'UTH', where much of the training of new doctors takes place. They have the widest range of diagnostic tests available and offer a great deal more treatment and surgical interventions. There are also large rural hospitals such as St Francis. These too act as referral centres from more basic and remote health centres. They have the advantage of providing a higher level of care than would otherwise be available in rural centres, without the time and expense of having to travel to the capital.

Rural areas also have access to healthcare in the form of rural health centres. These centres are located throughout Zambia and provide basic care and medicines such as antibiotics, painkiller, family planning and HAART. Although they are usually not staffed by doctors, the large hospitals send out regular visiting services with doctors and clinical officers to see those that need further care. Finally, there is a private hospital in Lusaka with excellent facilities and conditions, but access is limited to those who can afford its' cost. It does, however, provide free, life-saving surgical treatments such as shunt insertion for children with hydrocephalus for children under the age of 6. However, most Zambians that use this hospital are still required to have their investigations in their local hospital and have the option of applying for grants that allow them to subsidise the travel and accommodation costs which are not provided by the hospital.

In 2005 the Zambian government began offering free antiretroviral drugs to all patients nationwide. Before this, patients were forced to buy their own treatment and very few could afford the cost resulting in poor uptake and compliance of medication.

HIV clinics are widely available throughout Zambia, from urban to the most rural areas. The hospitals have separate HIV clinics that run daily, seeing both inpatients and outpatient on a walk-in basis. Each patient has their own set of notes held by the hospital and on each visit a new standard form is completed that screens for compliance, side effects and signs & symptoms of opportunistic infections. They are then given enough HAART and Septrin to last them until their next review date. Throughout the week staff from the main hospital visit rural health centres with the aim of seeing and managing the HIV of local people. They therefore take out with them the patients notes and enough antiretroviral therapy to supply every patient on the list with 3months supply. Blood samples are collected from patients and taken back to the hospital laboratory in order to monitor each patient's CD4 levels. Larger rural centres, however, are able to diagnose and begin treatment for HIV themselves.

Describe and reflect upon my ability to integrate with the multidisciplinary team at St. Francis Hospital

Having spent my elective in the adult female ward I was part of an extensive team that consisted of doctors, clinical officers, nurses, nursing students as well as other medical students. The doctors

were both volunteers from the UK who had taken a sabbatical year away from their training. The medical students were also from the UK. The clinical officers and nursing staff were all Zambian and were able to speak both the local language and fluent English.

Integrating with the rest of the team on the ward was at first challenging since arriving at the hospital and seeing the difference in healthcare and resources available was quite a shock. However, the fact that the doctors in charge of the ward were from the UK meant that I was able to adapt and start trying applying myself quite quickly. Communicating with the clinical officers and nursing staff was not problematic at all since all the staff were capable with their English and in fact were extremely useful throughout my placement when it came to translating for patients.

My role within the team was explained to me at the start of my placement by the doctors and sharing the workload of the ward with another medical student meant that jobs got done and patients were seen efficiently. The nursing staff were all very experienced and always willing to help and part advice when asked.



My placement at St Francis has been one that was emotionally very difficult due to the huge contrast in healthcare from the UK, however, it was also extremely rewarding and an experience that I will never forget. The hospital taught me a lot of new skills that I will use and develop throughout my career, the most pertinent being able keep calm and working to the best of my ability in situations where things become overwhelming and the workload is pressured. In the beginning of the placement I found myself having difficulty when it came to decision-making, since I have had no responsibility of patients throughout medical school. Toward the end of the placement, however, I found myself being a little more confident with my decisions and I feel that this was an excellent stepping stone from medical school to foundation year doctor.