

Elective report:

Supervisor: Dr Henry Nabeta

Location: Malago Hospital Kampala

Department: Infectious disease

I spent 6 weeks in Malago Hospital in Kampala, the capital city of Uganda, East Africa. The objectives I set out before coming here will be answered as part of this report. So to start from the beginning. I arrived in Uganda in the first week of April 2014 ready for a new experience, where I would learn about, participate and help wherever possible in an Ugandan hospital. The hospital itself is the largest public hospital in the country covering a wide range of specialties. This is where I would spend almost all of the 6 week period except for a short one day visit to a rural community practise.

The reason of chose this SSC is based on a number of factors. Firstly I immediately knew that I did not want to spend this opportunity in the UK and started to search abroad for places. Although I did not have any prior personnel experience of Uganda, I did know that it was a developing country and that as it was once a British Colony there was still wide use of the English language that I thought was essential. As I did more research and discussed it with my fellow colleges the prospect of working there for my SSC seemed more and more appealing. We sent out a few emails to hospitals and eventually agreed on Malago as it had a good reputation and had many different specialities.

My expectations were far exceeded. The amount of enthusiasm and welcoming we received from the Ugandan side was amazing. I felt as part of a team straight away and was able to learn and also help out straight away. We received good guidance on local issues and received good teaching on issues relevant to Ugandan medical care. Some of the bed side teaching from the senior consultants was exceptional.

There were many positives that I experienced in the 6 week period. What first stood out for me was that this incredible hospital was providing mostly free medical support, of a very decent standard, to thousands of patients. At first it was a little surprising at the number of patients to number of staff, but once I knew the system better this all made more sense. The senior doctors would almost everyday see all their patients and instruct the junior staff of the next stages of medical care. These ward rounds were not rushed and I deeply believe that I learnt many very useful pieces of information and some skills also.

During the six weeks luckily there happened to be only a few negatives. I think one thing I regret is not planning a longer community based elective. Maybe 4 weeks in hospital and 2 weeks in a rural setting. I say this because I really enjoyed the 1 day I spent and a part of me really wanted to stay longer there and learn more about community medicine in an African country. Other negatives was the lengthy commute we faced each day. Also sometimes in the afternoon the senior doctors would move to private hospitals meaning they were unavailable for contact.

In general I felt quite composed and professional in most situations. This may be due to my personality and the training I have received at Barts Medical School over the last 5 years. However, some situations were at times very difficult to handle and not get emotionally disturbed. I remember on one occasion when I was in A&E. A very sick patient had been brought in. The patient was believed to be bleeding internally. Clinical observations were declining. Only myself and a junior local doctor were present at this time along with a few A&E nurses. Urgent fluid rhesus was initiated and the patient referred to surgeons for urgent surgery. However, no surgeons were available. The patient was dying before my eyes. Nothing I could do. Nothing the local junior doctor or nurses could do. This was a case of understaffing that would be most unlikely to occur back in the UK. This was a very distressing situation. A situation that I personally have never come close to experiencing before. It does make you think how lucky patients are in more developed countries or richer patients in developing countries. Emergency life care should be available for everyone. Unfortunately this does not happen everywhere. And this did not happen on this occasion in Malago Hospital.

I think that this SSC has helped me in my future career planning. I was lucky to a wide range of cases in Infectious Disease medicine. Cases I would simply never see in the UK, or atleast very unlikely to see. It has given me a broader depth of knowledge. I did my year 4 SSC in Infectious Disease medicine at the Royal London Hospital. The Uganda experience has given me an opportunity to get a direct comparison. It's shown me very clearly the vast differences in the two departments. This SSC has helped added onto the foundation I gained from year 4. I learnt about different diseases that I had only previously read about it books. Seeing it first hand and dealing with these patients offers the best way of learning in my opinion. For learning purposes it is a truly a great place to be a doctor or a medical student. Being a patient, it perhaps isn't the greatest place. However, it does seem to provide free life saving care to thousands.