

Elective Report:

Elective Period: April – May 2012

Destination: Mulago Hospital, Kampala in Uganda 2012

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Subject: A&E (resuscitation, medical and surgical rotation).

- ***Was it what you expected?***

Having researched the location and hospital before I set off on my whirlwind of a medical elective, I was relaxed and felt reassured that I would be well looked after in the hospital, having chosen the main government hospital of the country. The website showed Mulago hospital to be the central hub of modern medicine in Africa and this led me to believe that the facilities would be of good standard. As I touched down at Entebbe Airport and driven to the hospital accommodation it felt as if I had entered into paradise, amazing weather, wonderful natural wildlife, friendly locals and as I reached closer to the city it was becoming more evident that I entered a third world country.

On the outside the hospital looked clean, large and well kept, however as I was working within the A&E Department that had a separate entrance the real side of African hospitals was unfortunately shown. I was not expecting to see children, women queuing outside, waiting areas were crowded and patients lying on the floor in agony as medical staff in white coats passed over them to get to work. The hospital seemed aged, dark and extremely unhygienic. I was shown around the department by the Head A&E nurse and introduced to my work colleagues and she mentioned that as I had finished my final MBBS exams and passed I was officially their Doctor, not a student. It was an experience I truly would never forget and one that has taught me invaluable skills.

- ***Clinical experience?***

The clinical experience and the patients I had under my care will never be forgotten. My first two-week attachment was in the Resuscitation, which was a small room with a simple bed with no sheets, stains of blood on the floor and flies swarming around. It was a massive shock, as basic equipment such as the oxygen cylinder was broken and the maximum amount available was only 4L. The first patient was a young gentleman who had 95% burns and the burn unit nurses were in the room accompanied by the head nurse, my registrar as well as myself. At times I was left alone in resus-room with patients, as some days the nurse was not there or my registrar was popping out to his clinics, where I running through my systems of ABCDE, be in-charge making competent decisions like replacing fluids and taking vital observations. Throughout my time at Mulago Hospital I was lucky to have a good team in A&E surgical and medical and first hand clinical exposure was immense especially in situations

with makeshift medical equipment. For example in resus A&E a patient arrived unconscious with GCS<8 after securing him with a hard collar to stabilize his neck and intubation we noticed a Colles wrist fracture that was secured with cardboard paper and string, something I have never witnessed before. I was extremely careful with certain practical procedures such as suturing wounds and at times I would require help in pinning the patient down, as anesthetic reserves would be low during the afternoon. Certain procedures I did not do such as taking bloods as I was exposed to HIV +VE patients, and during the hot humid days with no air conditioning a moment of loss of concentration would mean months of prophylaxis medication which ironically all my colleagues were on. Throughout my placement I met the A&E consultant once and I built a rapport with my senior registrars. During my medical A&E placement I learnt the importance of time management, I was clerking and managing my own patients and getting them out as soon as possible, ready for the next ill patient. I was able to carry out an aspiration for patient with a tension pneumothorax as well as being involved in several interesting cases where I learnt something new every day.

What did you learn about the people and the country?

Uganda is a beautiful country and the people I met through out my journey were pleasant. Within the hospital there were a lot of patients that could speak English and treating them and building a rapport was much easier. However with the patients that weren't able to speak English it was difficult, but by using universal gestures examining them was just as easy. The people are very cultured and consist of many tight-knit communities, during my A&E stay we had many patients severely beaten and left naked lying out the hospital or brought in by the police, marking them as thieves. I noticed the care given to patients who were involved in theft was different by medical staff and at times in the hospital ethics was clearly forgotten. I mentioned the hospital was unhygienic because patients would only survive if they had family; their families would be in hospital dressing, feeding and cleaning them. Mulago hospital went first built and open was suppose to redefine the medicine in Uganda however throughout the years senior members spoke of its decline and lack of resources to work with and increase in patient death, which was evident. I also spent a week working with schools teaching 15year old children first aid training and met locals from the slums. The children in schools may not have basic resources such reading books, or a football to play at lunch time but I was surprised how bright they were. They were able to speak and write English fluently and the people in the slums may have nothing but yet again they all wore smiles. The country is beautiful but corrupt behavior lurks and there is a massive divide between the rich and poor. The rich people fly to Kenya or South Africa for their medical needs compared to the poor who cannot pay for their own CT scans at times.

What did you learn about the health care professionals you worked with?

The health care professionals work very similarly to their counterparts in the UK. I saw no variations in role. The doctors all abided by the oxford clinical handbook and their management plans are exactly the same as ours, the only difference we have better resources. The doctors and head nurses were extremely friendly and welcoming. I learnt a lot about tropical infectious diseases and attended grand round meetings weekly, the first hand experience of learning about the various diseases caused by AIDs etc...

What did you learn about the health care system in that country?

The government-run healthcare system and the private healthcare system are separated by the rich against the poor and the levels of corrupt behavior in the country. The government-run healthcare system must be paid for, but from speaking with the healthcare professionals I was given the impression that it is not affordable for patients, \$14 dollars for a CT scan for a patient with no family is impossible. The doctors mentioned they were not being paid well by the government and many have set up their own private clinics. Those who can afford the private healthcare will usually opt to do so; this includes mostly those who have a higher income and tourists/immigrants to the country. Having visited clinics outside Kampala, a clinic by 'keep a child alive foundation' funded by Alicia Keys catered for 7000 homeless people from the slumps for HIV medication and bringing awareness. The doctors were from different parts of the world and all were fully devoted in helping the poor community every month providing 2000 families with a package of rice, flour and oil in return for being HIV tested and looked after.

What were the best bits? What were bits you least enjoyed? Were there any shortcomings?

The whole medical experience in the hospital, outreach clinics and teaching in schools was invaluable. I was able to see first hand the affects conditions like TB, HIV immuno-depressant illnesses, infectious diseases had on patients. Personally the best bit of the elective was the clinical exposure I had, I was treated and felt like a doctor by the end of 5 weeks in hospital. East Africa is a beautiful place and I traveled down meeting amazing people and experiencing different activities, cultures, working with incredible charitable organizations. I enjoyed every day in Africa it was a good mixture of learning and observing with actually doing procedures and improving patient centered care. The main shortcoming was the facilities in the Hospital for patients, however it was a blessing in disguise as it showed the difficulty a third world country has in the medical field and how valuable donations such as face masks to bandages can be in saving a life.

Would you recommend it to another student?

I would definitely recommend Mulago Hospital to every student. It's a teaching government hospital with doctors that want to teach their younger peers and more importantly a place where doctors are needed. As a student I was thrown into the deep end and came out feeling that I made a difference, saving patients' lives. The staff is extremely hospitable towards medical students from foreign countries. I felt that being in a country away from home and having this opportunity to practice abroad really led to a boost in my confidence.

Other experiences and information useful to future students:

Apply as soon as possible. The Mulago Hospital is very popular for elective students and often places fill fast. Friends of mine applied only a week after us and were rejected. Accommodation should be thought about carefully, the closer to the hospital the better, as rush hour will cause delays. Visiting outreach clinics is a must as the meeting the people from the slums will open your eyes to the real Africa and exposure to infectious diseases will be more prominent. Overall traveling Africa, attending my medical elective in Kampala, Uganda was a memorable experience and will defiantly attend Mulago Hospital in the future.