

SSC 5c (Elective) Assessment (part 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**

As expected, we had the opportunity to see many cases of infectious disease, particularly cases of HIV, TB and malaria. Often patients had a combination of infectious diseases, which complicated their management. Being in Tanzania, I did not expect to see any chronic disease. I was surprised to see that patients with asthma, COPD and diabetes were being admitted to the ward. In fact, there were many patients that had underlying diabetes resulting in renal failure and dialysis. It seems that the Tanzanian population is being hit by the dual burden of disease (both chronic conditions and infectious disease). This has made patients more challenging to manage and the severity of disease greater. In the Western society chronic disease is the predominant problem and infectious disease is rare and often found in migrants and travellers. I was surprised by the low admission rate of patients to the medical department. On some days the ward round consisted of two patients. Tanzania did not have a free health service unlike the United Kingdom.

Describe the pattern of health provision in relation to the country in which you will be working and contrast this with other countries or with the UK

I learned that the health services were not free in Tanzania. This may explain the low volume of patients admitted to the hospital. Unless patients had insurance they could not afford the costs of hospitals. At the time I was at the Aga Khan Hospital they were becoming strict with patient intake. This was a result of many incidents with patient insurances not paying the hospital for treatment. This meant that many patients that needed care were not admitted. You see quite the contrary in London, where the ward is packed and the hospitals are often short of beds. In Dar-es-salaam most of the jobs were done by lunchtime. In London I have noticed that junior doctors can stay really late and they were really busy.

We spent a total of seven weeks in Tanzania, which gave us ample opportunity to travel around this beautiful country. We visited North Tanzania (Ngorongoro and Serengeti wildlife reserves). I ventured on my first safari, which was indescribable. I was at close range to animals that I never knew existed, which was an amazing experience. The beauty of Ngorongoro crater was captivating. We also visited a big town called Arusha, which was bustling with life. We travelled to the island, Zanzibar, where I went snorkelling in the Indian Ocean. I met many people in Tanzania. They were all so kind, generous and welcoming. They made my experience of Tanzania perfect. I particularly enjoyed meeting people who belonged to the Masaai tribe. I stayed in Dar-es-Salaam where I noticed a large South Asian population

To understand more about the management of infectious disease

Choosing to do an elective in Tanzania gave me ample opportunity to learn about infectious disease and management of infectious disease. I observed a severe case of cerebral malaria. I found it fascinating how the team managed the patient. They predicted problems the patient would face and created a plan for it. I also observed many patients

with tuberculosis. I had read that the urine can change to red when a patient is taking the drug rifampicin. I actually got to see many patients with red urine. I met many patients who were diagnosed with HIV. The hospital had a code for patients with HIV in order to prevent various people finding out. I thought this was an excellent example of confidentiality. Due to the vast amount of patients with HIV I saw many patients with opportunistic infections and conditions, for example Kaposi sarcoma.

To gain experience working in a hospital in a developing country, and to become more proficient in clinical skills, to the level of a foundation year doctor.

It was a unique clinical experience. I saw many clinical "signs", which I had only read about and seen in books. For example, I met many patients' with Kaposi sarcoma and malaria. I was also given the opportunity to listen to bronchial breathing in a patient with consolidation in her left lung (pneumonia). I particularly enjoyed the teaching by consultants during the ward round to the rest of the team. The team encouraged us to participate in the ward round. They were kind enough to explain patient cases and answer our questions. I noted how well the clinicians used their clinical examination skills to assess and diagnose patients. As there were fewer facilities and investigations compared to London I noticed that there was more emphasis on their examination skills. I learned new ways of carrying out clinical examination because of this. Doctors had to sometimes rely solely on their clinical acumen. We also had the opportunity to participate in a public health initiative. This involved going to a large corporation and carrying out breast cancer screening on the staff there, this I found very interesting.

The medical team preferred us not to carry out any exposure prone procedures due to risks involved for them and us. I would have liked to practise cannulation and venopuncture.

During our time in the internal medicine department we were part of a large team of healthcare professionals. The members of the team included: doctors, nurses, a dietician and a pharmacist. This gave us the chance to ask members of the team questions specific to their field. It gave me great insight into the roles of other healthcare professionals. I was impressed by the number of languages spoken during our daily morning ward round. Most doctors spoke at least three languages (e.g. Swahili, Hindi, English). I learned that the interns (the equivalent to the foundation year doctor in the UK) earn very little. Some interns even have a second job.

If I did this placement again I would organise a week within each department, for example a week in the surgical department, the ICU and casualty. I spent five weeks with the internal medicine department this gave me the chance to understand how they worked and build relationships with other healthcare professionals but I do wish I explored other departments as well.