

International Medical Elective

Male Medical Ward, St Francis Hospital, Zambia

April - May 2013

Background

St. Francis Hospital in Katete, Zambia is a 360 bed district mission hospital in Eastern Province. The Hospital's immediate service area has a population of approximately 200,000 people. St. Francis is the primary district hospital in the Eastern Province and therefore provides secondary care to a geographic area with a population of 1.4 million.

**1. Understand the general demographics of the hospital**

Prior to reviewing the experience of my medical elective, it is useful to have some basic reference points for the current healthcare environment in which St. Francis operates:

- Poverty is an overlying commonality, and patients are provided medical care (treatment and medication) free of charge.
- The patient population represents a variety of languages and dialects as patients travel from throughout the Eastern Province as well as from neighbouring countries Malawi and Mozambique.
- Patients may be illiterate; it is not uncommon for a patient not to know his or her age. Parents may not know their child's age.
- Private hospitals are limitedly available in Zambia for those who can afford them. There is no health insurance available. The lowest strata are government hospitals that provide care on a fee basis. UTH in the capital city of Lusaka is considered one of the best public hospitals in the country; however the hospital lacks the supplies necessary to perform surgery.
- In June, 2009 the Zambian Ministry of Health was accused of a million dollar fraud scam which has caused many international donors to withhold funding. This has reduced the funding for St. Francis, which relies on funding from the ministry, by 90%.
- Due to medical and annual leaves as well as trainee turnovers, staffing shortages were extreme, particularly in nursing and physical therapy.
- Delays in seeking medical treatment are common. Patients often turn to the tribal bush doctor for treatment which may include herbal or home remedies, prayers and/or spells.

**2. Improve history taking**

On the wards, I saw patients on my own and decided on management with support from the other doctor if necessary. By the end of my time here I had gained confidence in making management decisions. Before I left hoped to improve my ability to take a history and then come up with a diagnosis. The lack of tests and investigations throughout the hospital meant I had to rely on recognising patterns of symptoms consistent with different diseases. I became adapt at recognising malaria and TB through taking a full history. TB usually had a history of poor health, previous history and a surprisingly clear chest on auscultation. Malaria was diagnosed for any patient with a fever until proven otherwise. I recognised certain questions were crucial and thus my confidence improved. Coming up with a differential was important as usually a diagnosis could only be suspected and not confirmed. Therefore we usually treated for what we thought was the problem while investigated the other most likely differentials.



### 3. Identify examples of different cultural beliefs

Attitudes towards life and death were also very different from home. I found myself frequently giving bad news to patients and relatives, and their attitude were always of acceptance with plans to go home to spend time with family. People accepted death as a natural part of life. It seemed to me that as a consequence of high mortality rates in the hospital (average mortality over a month in the adult wards ranged from 5 – 20 %), life was not valued as much as in England, and sometimes only limited efforts were made by nursing staff to keep patients alive. The normality of daily deaths on the ward was a real shock to me.

### 4. Improve Clinical skills

I feel my clinical skills were the part of medicine I struggled with the most. Therefore a 5 week placement where there were few other doctors and limited investigations worried me. I knew I would be required to rely heavily on my history taking but would still need to have a huge amount of confidence in my own clinical skills. In the first week I listened to what seemed to me a completely healthy fit man who felt slightly short of breath when cycling home from the farms. While examining him I felt that his right lung base seemed devoid of any breath sounds. I felt that I was probably wrong since he seemed so healthy and so doubted my own skills and noted in the notes that he had reduced breath sounds but not absent. I also ordered a chest x ray just in case, however I still had doubts about what I had heard. When the x ray was produced however I was able to see a complete white out of half of the right lung. It seemed the pleural fluid had built up over several months allowing the patient to adapt to the changes hence the lack of symptoms. It made me realise to have more confidence in what my observations were on examination.

I also had many different opportunities to practise many different skills. Many patients, once admitted from the out patients department (working similarly to an A+E triage / GP practise) required bloods and cannulas to be inserted. The nursing staff were more than capable of carrying these out and routinely did making them very experienced. It was a great opportunity to have other staff watch and critique your attempt. I was able to perform ascitic taps, chest drains, and lumbar punctures. I also made up and administered chemotherapy for patients with Kaposi's sarcoma (KS) and lymphoma.

### Conclusion

My elective was an amazing experience and one that I believe will stand me in good stead for starting work as a junior doctor. I gained a lot more confidence in making management decisions and I really thrived in an environment where limited resources meant clinical assessments and problem solving was more important than investigations. On the medical wards each patient had many disease processes and clinical findings, and it was great to learn about tropical diseases which are rarely seen in England. Although the days were long and exhausting, it was thoroughly enjoyable.

