

David Gordon Memorial Hospital, Livingstonia, Malawi.

Ever since I was a child I used to sit down with my family to watch the annual fundraising shows Children In Need and Red Nose Day and how they would raise money to help African children and families. That's when I realised I also wanted to help, even if it was to educate, or just give them the support they needed for a few weeks.

When I became a student nurse I always looked out for opportunities to help Africa, even if it was just donating regularly. In our second year of training we had the opportunity to arrange a practice development experience, which would allow us to gain more experience and knowledge in something we felt would benefit our training as a student nurse.

I looked at several ways to get myself out to Africa. I researched organisations such as SKIP and Work the World but none of them gave me the experience I hoped to gain from working in a hospital. I wanted to find somewhere, which allowed me to be part of the hospital, as well as the community, so that I could learn from the way they work and begin to understand the true African culture and lifestyle.

Then I came across the **AMECA charity**. The university had only recently become involved with AMECA to help the charity find volunteers' to go to Ghana to renovate a healthcare centre out there. I was interested from the start and instantly started helping with the fundraising by organising the first official cake sale which raised an amazing £350 towards the students' trip!

This is when I heard about AMECA giving six students an opportunity to apply for a £1,000 bursary to help fund a student's chosen trip to Africa. The application required a large amount of detail and there were of applicants that applied. We also had to complete a presentation about our chosen trip and how we would use the money. This had to be presented in front of the founder of the charity, Ruthie Markus, and a few academics within the university.

I was notified that day when I found out I was successful. I could not stop smiling and felt so grateful to have been given this opportunity.

After searching recommendations from the AMECA database I came across David Gordon Memorial Hospital (DGMH) which is a 100+ bed mission hospital situated on a plateau 3000 feet above Lake Malawi. The hospital just screamed out 'history to explore' and the views off the plateau were breath taking in their own right.

I contacted the hospital directly to start organising my trip. Once I gathered the relevant information and worked out all the funding I

needed I created a fundraising page, with [gofundme.com](https://www.gofundme.com), where friends and family had the opportunity to donate money towards my trip.

I found that the more I posted about my trip, the more I raised. I gave regular updates on what I was doing to prepare, such as getting all the vaccinations and tablets to protect me from Malaria and other tropical diseases I could come across whilst working out in Malawi.

I had my aims and objectives on what I wanted to get out of this experience: to observe and help out as much as I could on various wards around DGMH, but also to learn about the outreach medicine and travelling to local villages to attend clinics.

When I arrived in Malawi I landed at Kamuzu International Airport, which is in Lilongwe, the capital of Malawi, and the only main airport. I was instantly greeted by friendly happy people such as the taxi driver, who drove me to the hotel I was staying at for the night, before my six-hour coach journey to Livingstonia.

Also that of the people in the street waving and greeting me, which I felt was continuous through my month-long trip. Children as young as one year old, were walking around the villages, without parental supervision and playing in the dirt.

My first day at the hospital began with morning prayers, which was an amazing opportunity to experience as it made me feel that I was in the heart of Malawian culture, as Malawians are very religious. Then it was a stark introduction into the healthcare system within Malawi as well as orientating around the wards.

On first impressions of the wards I could not believe that it was medicine in its most primitive state being used. Beds were rusty metal frames with what looked like a blanket used as a mattress. I.V stands were non-existent so they used nails in walls to hold them up. Not every bed had a mosquito net above it so some patients would have to share beds at night as a way of keeping themselves protected.

The drug trolleys consisted of little pots with a worn out hand written sticker on to identify a drug, or if no pots were available, paper screwed up in little balls were used to store medication. The more I saw the more fascinated I became with how clinical medicine is taken for granted in the UK and how fortunate we are to have the NHS system in place.

The first patient I was allowed to look after was a 21 year old man who was admitted to the hospital after suddenly becoming paralysed from the waist down and developing an upgradable pressure sore to his sacrum.

Straight away I was allowed to get involved with his care and how and what they used to dress his wound. Due to the lack of supplies that the

hospital had, they were only able to use gauze and honey for this. After assessing the wound I was able to recommend other ways in improving the patients care, by suggesting packing the wound more, to help with healing and implementing regular turns on the patient to prevent any further pressure sores from occurring.

Because the staff were so eager to learn about the prevention of pressure sores, the doctors asked if I would complete a presentation on how to prevent/treat pressure sores. I felt excited that I was given the opportunity to make a difference to the level of care this patient was receiving whilst in hospital and also to deliver the knowledge I had gained from theory and practice here at University to rural Africa.

I got to watch and assist in 11 births, with two of the babies being named after me, which is an amazing experience and I was very honoured. I also got to witness four emergency caesarean sections in which I had to assist on the resuscitation of two newborn twins.

This was an incredibly scary moment and felt like the longest 15 minutes of my life, but luckily we were able to revive both of them and to this day both are doing amazingly well.

I also had the chance to experience the way in which they complete ward rounds, outpatient departments and visits to clinics away from the hospital, which gave me the opportunity to see true rural areas where patients were very sick and unable to receive treatment due to financial circumstances.

This was such an eye opening experience and one that I am very grateful for.

Over the four weeks I was there, I will never forget all the interesting things I witnessed.

When working on the wards I gained knowledge in the way the nurses managed a patient's care, by assessing a patient, how they took basic observations, and how wound care was carried out with the most basic and minimal amounts of equipment.

I improved my communication skills, as not everyone was able to translate for me, so I was able to pick up a small part of their language to help me gain consent. And I also learned the importance of greeting someone and introducing yourself.

I feel that I also gained further practice in leadership and the importance of being a role model for others and setting an example.

I would like to think that there were times they gained some knowledge from me and in the way we would do things in the UK. I understood that

we obviously have more resources available to us, but the simpler things such as implementing a regular turn around chart on a patient who lacks mobility can prevent pressure sores or the use of some wound dressing that they have.

When I wasn't working at the hospital, I had the chance to do a little bit of exploring of Malawi and whilst doing this, I got to see some amazing and breathtaking views of Lake Malawi. The Lake has a reputation for its gorgeous warm sand and its clear fresh water. I never got use to the fact that it was a Lake, due to the size of it.

I was also fortunate enough to have met some amazing and inspiring people such as Dr Lyn Dowds, an Irish doctor who is working at the hospital through the missionary of her local church, the healthcare staff who make a difference to so many daily, and the amazing community I lived in for four weeks who I will never forget, as without them my trip would have been incomplete.

Overall the huge amount I was lucky enough to experience has made me develop more as a nurse and as an individual. I've learned that there is more to life than money and large amounts of choice at a supermarket.

Malawi has taught me the importance of health and how quickly this can be taken away from you. I know I want to go back to Africa again as it feels that a part of me is still out there and I don't think it will ever come back. People say that you get the 'bug' to go back out there. If this is the case, I have a big bug.