

Medical Elective Report – Tom Dove

Objectives

- Become familiar (& comfortable!) with the management of tropical conditions to include: malaria, HIV, TB
- Where possible, to be involved in the clinical decision-making of patient management in a hospital setting, including diagnosis/ investigation/ treatment/ discharge
- Learn to make the best use of a translator where there is no common language
- Learn to use available resources to the best of my clinical ability, especially where these are markedly different from the UK
- Be involved directly in acute in-patient management

DGMH

The David Gordon Memorial Hospital (DGMH) was established on the Livingstonia plateau by Scottish missionary Dr Robert Laws in 1910. This hospital has been developing ever since, surrounded by a small but growing community, which for many years has included a school, local market, technical college and, more recently, a university of education. The plateau sits approximately 2000ft above Lake Malawi on the edge of the Nyika National Park, affording stunning views of not only the lake itself and Tanzania, but also of the surrounding mountains of the park.

DGMH is a Christian mission hospital which comes under the umbrella of the CCAP (Church of Central Africa, Presbyterian) synod but day-to-day is run by a workforce of three clinical officers, one anaesthetist, roughly twenty nursing staff (half of these are fully trained, half of these are medical orderlies who assist the nurses), five midwives, a number of administrative staff plus porters who help with translation. The hospital consists of around 200 beds spread over four different areas – male ward, female ward, paediatric ward and maternity (both antenatal and postnatal areas), as well as a theatre for both minor and major operations, and an outpatient department with one 'official' (!), but very basic, consultation room.

In terms of staff training and subsequent responsibility, the clinical officers have each completed a four year course of medical training with a strong practical emphasis, leaving them with little theoretical knowledge but all the practical skills required to manage the majority of presenting conditions. These officers make up the on-call rota and have overall responsibility for admission, diagnosis, management and discharge of patients, as well as carrying out several operations according to experience, the most common by far being Caesarean section. Nurses and medical orderlies, on the other hand, are responsible for the monitoring and delivery of treatment on the wards.

A typical day at DGMH

Beginning each day at 7am, DGMH had a holistic and God-centred approach to healthcare, and for this reason we kicked off each day with half an hour of singing, prayers and a short message from the Bible from one of the staff members. All staff attended, from the porter to the chief medical officer, and this was an essential means of bringing everyone together and getting perspective on the day ahead, as well as being plenty of fun! Prayers were followed by handover from the night staff before ward rounds (on Mondays, Wednesdays and Fridays) commenced, although this was only after cleaning and the ushering of dogs, chickens and relatives off the wards had taken place!

The rest of the day was filled with work in the outpatients department, ward work and following-up of patients and investigations, including ultrasound scans, ECGs and blood tests (restricted to Hb, FBC and blood film for malaria parasites), as well as both minor and major operations on Tuesdays and Thursdays. Through the night nurses, medical orderlies and midwives were responsible for patient care and for contacting the on-call medical officer in instances of new admissions, Caesarean sections, or any other concerns.

Additionally, patients were transported to and from the hospital up and down the main access road to Livingstonia (a 15 km drive round hairpin bends on a stone and dirt road, taking at least one hour to navigate!) by a free ambulance which ran on Monday, Wednesday and Friday afternoons. However, this was also available for hire 24 hours a day for private transport.

As well as the day-to-day hospital work, outlying clinics at health centres organised and supported by DGMH also took place. Some were reached by road, depending on how much rain there had been during the previous night, but others had no road access and so were reached by a two-hour boat ride on the beautiful Lake Malawi.

The elective student role

As elective students, we were given far more responsibility than expected, which helped us to grow in knowledge and confidence in the clinical setting. After a week of induction we were placed individually as first person on the on-call rota and were on call 1 in 3 nights. We also ran the out-patient department on several occasions, scrubbed up to assist in theatre, conducted ward rounds alone and were given the responsibility to admit, diagnose, treat and discharge patients when on call. Although this was fairly daunting at first, the opportunity to take responsibility helped us grow significantly in confidence in all of these areas. Whenever we felt out of our depth we were able to contact a clinical officer, or the temporary British doctor who was working at DGMH on some of the same weeks as us, and a team decision was made. We were also informed from the first week about how to treat malaria and other common conditions and so felt competent once we had begun doing this.

A key element of our placement was becoming integrated into the local culture. The set-up of Livingstonia and location of DGMH meant that this hospital was at the centre of the community

and consequently a social hub! Getting involved with choirs, giving teaching sessions after handover meetings and in schools, eating local food, befriending colleagues and others in the community, becoming part of the church, and making efforts to learn the local language were all essential in both serving this hospital and community as much as possible and subsequently learning so much from it.

Summary

Overall the variety of hospital work, outlying clinics (including the lake trips!) and involvement in this unique community and setting made for a superb elective. I feel this placement has given me far more confidence ahead of my first foundation year as a doctor and I would wholeheartedly recommend DGMH as an elective placement for anyone who is keen for a significant culture change, a varied and challenging clinical experience and an opportunity to serve in Africa.

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