Elective Report Zomba Central Hospital Malawi

I completed an elective of 6 weeks in the Medical department at Zomba Central hospital Malawi. It was an incredibly rewarding experience, with lots of opportunities to see signs and conditions rarely seen in the UK, and to be a hands on member of the team. It also presented challenges, many of which were expected as they were largely due to the resource poor nature of the hospital. However there were some unexpected and at times frustrating challenges, to do with training and differences in work ethic.

The medical department has a paying ward, two male, two female, and a TB ward. Ward rounds occur on Monday, Wednesday and Friday, with clinics on Tuesday and Thursday. The wards are busy, often running beyond capacity, with patients with on mattresses on the floor. I was able to manage my own patients, with a nursing student intermittently acting as translator.

Malawi is one of the world's poorest countries and government hospitals face challenges with funding. Many medicines were often out of stock with no alternatives, ITU has very limited capacity so it is extremely rare that any medical patient will be admitted there, even the very sick. There is limited oxygen supply which means the maximum patients can receive is 5L via a nasal cannula. Often the lab runs out of reagents so FBCs were not available.

The differences in resources were highlighted by stroke patients. Hemiplegia due to stroke was a common presenting complaint, but there is only a CT scanner in Blantyre hospital 2 hours away, which often is not working. Without being able to scan it is impossible to know if a patient has had an ischaemic or haemorrhagic stroke. Strokes are therefore empirically managed as ischaemic. Thrombolysis is not available, neither is Clopidogrel or statins, instead patients are given just 75mg of aspirin & hypertension controlled. With no acute stroke units patients usually stay a few weeks, may make limited improvement and are sent home. There is one ECG machine for the department which very few people knew how to use, it was an old machine were suckers for connectors so took us a fair well to get to grips with how to attach it!

Another good example of the difference in resources was a young girl who presented with developmental delay, exophthalmos, palpitations, heat intolerance and pre-tibial myxodema. Thyroid function tests though are only available via the medical college of Malawi for a fee. If the patient does have thyroid disease medications are expensive and beyond the reach of most Malawian's.

One of the frustrating, and unexpected challenges is that tests are often not done, blood not taken, scans not ordered or results not chased, which meant often nothing changed between ward rounds. There was often disorganisation amongst the nursing staff. The lack of recording of vital signs was another problem. I competed an audit that showed observations were completed once a day only 70% of the time on ward round days and less than 10% on non-ward round days. Often very sick patients were missed and the death rate is high. There is some difficulty as two wards share one BP & Sats machine, but the indifference is hard to face and often very upsetting as patients suffer as a result. This side of things could be emotionally draining at times.

The chance to see conditions were rarely see in the UK advanced my medical understanding and gave me an insight into tropical medicine it would be very hard to gain in the UK. I visited during malaria season, but also common were schistomoatosis, TB and HIV. HIV prevalence at the time was 12% but in hospital may be as high 40%. HIV treatment is widely available but there are problems

with non-compliance and people not getting tested. As a result things such as Kaposi's sarcoma, cryptoccocal and TB meningitis, oral candidiasis, PCP pneumonia, and pulmonary TB are common. Patients come from villages far and wide, and largely rural communities which means they present late with advanced signs. I came across a wealth of signs and vastly improved my examination skills, examining lots of patients on ward round.

A striking thing about Malawi and what makes it an especially nice place to visit is how welcoming the people are. People always ask 'how are you' and expect a genuine answer. People will come and chat to you wherever you go, and want to help you in whatever way they can. It is a safe place that is easy to navigate though it may take some time to get anywhere if going via public transport! It is also a beautiful country and I enjoyed climbing Zomba Plateau, Mount mulanage and visiting the lake a number of times. Zomba is a great place to stay, everywhere you turn there are views of the plateau, there are a nice mix of touristy places to eat Casa Rossa and The African heritage are wonderful, as well as far more traditional Malawian places, we had many meals at Mama's kitchen just outside of the hospital. Despite the plateau you don't come across many tourists in the town so it's a great place to feel like you are very far from home, and makes the locals all the more interested in you, without ever wanting anything.

Overall this was an incredibly worthwhile and enjoyable experience, I feel far more prepared to treat and look after patients in the UK and have gained an insight into another culture and healthcare system. It was hard and takes resilience but overall I would highly recommend it.

Advice for other students;

<u>Things to bring with you;</u>

Pulse oximeter, thermometer, urine dipsticks, glucose test strips, alcohol gels, we brought small ones to fit in our pockets. Most of the doctors wear smart clothes & white coats, we brought scrubs though and found that worked well. They have plenty of cannulas, gloves, IV giving sets etc.

A friend! I considered doing this elective alone but in the end went with a friend and I am so glad I did, it is a hard place to be at times and it was much more manageable with someone I could talk things over with who came from a similar background so could understand the upsetting or shocking nature of things.

The official language is English and all medical discussions, teaching, and all the medical notes are written in English. Travelling around is very easy as a lot of people you meet have at least a basic level. However in hospital most people do not speak English especially on the female ward. So you will need to find a student nurse to translate. The language barrier made life difficult especially on the female ward and I would highly recommend learning a few choice phrases in Chichewa; 'deep breath', 'where's the pain'.

<u>Conditions to research</u>;

Causes of bloody diarrhoea in tropical medicine i.e. typhoid, amoebic dysentery, pulmonary TB, HIV, PCP, TB and cryptoccocal meningitis, oral candidiasis, malaria, Kaposi, oesophageal cancer, upper GI bleeding.