

Hope Clinic Lukuli & Kagando Hospital, Uganda

Objectives

- Gain further first-hand experience in obstetric and gynaecological medicine, including procedures, to further my aspirations to work in this field.
- Practice basic transferable practical skills e.g. cannulation, IM injections.
- See as many patients on my own as possible, thereby improving my consultation skills and confidence in formulating management plans, both of which will be invaluable for my F1 year.
- Develop my awareness of, whilst contributing to where possible, education and health promotion in the community at a grass-roots levels.
- Explore the differences between the Ugandan and British health care systems.

Report

I chose to undertake my elective at Hope Clinic Lukuli in Kampala, Uganda. However, soon after landing and making contact with our supervisors, myself and the girl I was travelling with had the opportunity to travel to Kagando Hospital in the west of Uganda for two weeks. Kagando Hospital is a Missionary Hospital with strict religious practises. The wards are overcrowded and understaffed with a serious lack of essential equipment, frustratingly often locked away in a store cupboard somewhere. This made for a very challenging two weeks.

We both started on the Paediatric ward and, after a quick induction in the morning, were given our own ward round. This was a huge challenge for both of us, having just finished finals the week before. Children on the ward were often very ill with conditions in which we had little or no expertise. Resources were very limited. At one point, there were only 5 litres of oxygen to go round the whole Paediatric ward. Conditions included malaria, TB, pneumonia, typhoid, cholera and gastroenteritis. Despite distressing situations and moments of panic early on, we learnt quickly and soon felt reasonably confident to handle things. We were often the only doctors on a full Paediatric ward of 50 children.

The second week I moved to Maternity, in order to pursue my interest in Obstetrics and Gynaecology. Thrown in at the deep end once again, on my first morning no doctor turned up for the ward round so I was left alone to do it. Most women were post-caesarean section and were fairly straightforward, however the rate of suspected neonatal sepsis was worryingly high. During my time on Maternity I managed to assist in a couple of deliveries and help manage women with spontaneous abortions, however most of my time was spent on post-natal trying to manage patient care. My time at Kagando Hospital was quite a shock to the system, however I hope the marked improvement in my confidence, time-

management and clinical skills will stand me in good stead for my role as an F1 in August.

After two weeks we drove back to Kampala where I started at Hope Clinic Lukuli. Hope Clinic is a philanthropic health centre and NGO offering primary care, with particular focus on maternal and child health. It covers the Lukuli parish and adjoining administrative parishes, which amounts to 60,000 people within two miles of the clinic. It is the only organisation in the area that offers such a service; the nearest hospital is Government-run and over three miles away. The Lukuli area is highly deprived, with unplanned housing that lacks plumbing and electricity. The patient demographic reflects this, mainly consisting of lower-income household residents. Approximately 14% of patients seen at the Hope Clinic are HIV positive, resulting in a great focus of the care given being on education, prevention and treatment of the disease.

On arrival at the clinic, I was impressed by how (relatively) well organised everything seemed. After a quick tour and induction, I joined the Community Outreach Officer on a trip to a village to give free polio immunisations to some of the local children. This was a nice activity for my first morning, as it gave me opportunity to see a bit of the locality in which I would be working as well as chat to some of the locals.

The clinic is open 24 hours-a-day 7 days-a-week for emergencies or admissions to the ward, however each day a timetabled clinic runs between about 9am-5pm. Mondays is for immunisations. This often sees hundreds of mothers turning up with their small children queuing down the road waiting their turn. This clinic is extremely busy, often with little time for patient-doctor interaction. It more accurately resembles a game of musical chairs, with mothers swapping seats and moving up every 30 seconds for their turn. I found this clinic a busy but very rewarding experience as not only did I get to improve my injection skills (intra-muscular and subcutaneous), I could noticeably see the difference my contribution was making.

Tuesdays and Thursdays were both dedicated to ante-natal care. This is a special interest of mine as I hope to pursue a career in Obstetrics and Gynaecology, so I was keen to contribute as much to these clinics as possible. I quickly became confident in booking women, palpating pregnant abdomens and making decisions regarding patients' ante-natal care. The clinic also has a small delivery room which can fit up to two labouring women at any one time. Any woman in which potential complications of pregnancy or labour are suspected is referred to the main hospital in the city centre, about 5km away, however most straightforward pregnancies are delivered at Hope Clinic. I spent a lot of my time, when not in clinic, in the delivery suite and quickly became confident with straightforward deliveries. I was also allowed to perform and repair episiotomies and assist in resuscitation of the newborns.

Wednesdays were either for Family Planning or HIV/AIDS clinic. I found the Family Planning clinic very rewarding and encouraging. Women are starting to make their own choices regarding contraception and a wide

selection of Long-Acting Reversible Contraceptives (LARCs) are currently available free of charge from the clinic. Whilst I was at Hope Clinic, the HIV/AIDS clinic was unable to run due to lack of staff. I therefore arranged a day trip to the Joint Clinical Research Centre (JCRC) in Kampala so I was able to sit in on a clinic. I was encouraged by the level of education of patients with HIV. Most of these patients new their status, often alongside their CD4 count. I also took part in an outreach clinic testing local villagers for HIV. The vast majority of these people knew bits about the importance of condoms and ways to reduce mother-to-child transmission, however continuing education and reinforcement is still needed in these more rural areas.

Fridays were a general clinic open to anybody. I was mostly able to consult on my own, except when the language barrier required an interpreter. I saw a variety of conditions in these clinics, from malaria, TB, typhoid, cholera, HIV, hypertension, asthma to more general enquiries such as advice on healthy eating and exercise. I also spent some time on Fridays on the small adult and paediatric wards within the clinic. These wards were both four-bedded and were mostly for patients with dehydration or who needed IV malaria treatment, however ward work provided me with a good opportunity to help with job I will be faced with next year such as setting up drips, giving medications, catheterising etc.

My time at Hope Clinic was a fantastic learning experience. My confidence has been greatly increased in all aspects of medicine, but particularly in Obstetrics and Gynaecology. I feel I was able to make a contribution to the care delivered at the clinic, something which was very important to me when choosing my elective placement, and in return the level of my skills and knowledge has markedly improved.