Medical Elective: An African Experience

By Dr Ben Kodiatt

A medical elective is often seen as the coming of age opportunity given to students in their medical training. It offers a welcome break from the routine of medical school to have an experience as unique as you want it to be. With help from FUM and their established links in Urambo, Harry Theron and I seized the opportunity to stay at the Folk Development College while undertaking a placement at Urambo District Hospital.

We were eased into the hospital work life quite nicely. Lucky, one of the many people who we met on our first day and who was to be our local go-to guide, offered to drop us off on our first day. It was about a 20-minute walk along a straight road from the college to the hospital but Lucky insisted on driving us at least on the first day. The hospital itself consists of an open ground with a few buildings connected by open corridors so you could always see the vast number of patients sitting around, either as inpatients themselves or hoping to be seen at the outpatient clinic. There are four main wards: a male ward, female ward, paediatrics ward and the Obstetrics & Gynaecological ward, along with two surgical theatres and a few other buildings for other aspects of hospital workings.

Each ward contains around 40 beds, all under the supervision of just a single nurse. A senior doctor would turn up to conduct the ward round which would usually take around 2 hours, after which he would be expected to move onto the next ward. It was a rare sight for the consultant to be able to see all of the patients on each ward in one day, the closest we ever witnessed to this being done was when one of the doctors was called in at 5am for an emergency surgery, following which he then completed ward rounds on three of the four wards, before once again returning to theatres to conduct further surgical procedures. Our time was divided up by either joining in with the ward round or spending time in surgery. One of the major areas of healthcare in Tanzania which demands a lot of resources, is within mother and child medicine so it was no surprise that we spent a lot of our time in the maternity ward. During my first visit to this ward, I can recall spotting a small incubator next to the doctor's desk in which I saw a newborn baby with severe hydrocephalus; a condition in which there is accumulation of fluid in the baby's cranium. I was astonished at seeing such a rare presentation of this condition on my first day and felt it was a sign of the vast differences I would soon encounter.

A bay in one of the wards

Although there were plenty of differences to get used to, I was equally amazed to learn that within medicine there are some universal similarities which remain unchanged across the globe. Along with myself and Harry, there were also a group of medical students who were on placement in Urambo District Hospital for a month. They were a couple of years behind us in their studies yet were substantially more knowledgeable and skilled in certain areas of medicine more commonly practiced in Urambo. During ward rounds, we would witness the consultant grill the students in an almost identical manner to the way that consultants do to teach students back in the UK. At times, me and Harry were not exempt from this either and it was a weird feeling to know that even halfway across the world we could not escape from this method of teaching. After a few weeks of getting used to the daily routine, we started to realise that although we were still students who had yet to begin officially practicing medicine, in Urambo hospital we were currently some of the most knowledgeable members of the healthcare team. There are extremely few consultants stretched across the hospital, with most of the daily tasks being undertaken by nurses or health officers and as such, we soon realised that we had to be more than just students during our time here.

Alongside hospital medicine, we also travelled to Usisya, Kamalendi and Kiloleni three remote villages each with a clinic supported by FUM, to inquire with the staff working there about the challenges encountered with running the facilities. These rural clinics are an essential resource to many people for whom the clinic is the sole source of healthcare provisions. Prior to us setting out for our elective, we have had several small group sessions in medical school to help us prepare by discussing certain challenges we might encounter. One hypothetical scenario which was often thrown around was the question, “Would you perform an emergency C-section if you happened to be the most skilled professional there?”. In the UK, we wouldn’t dream of performing a C-section without the leadership of a trained obstetrician present and official guidance states that if abroad on elective, we should still not act above our skill set. However, our tutor would pose the question with the reasoning that if we happened to at least have some knowledge of the procedure and happened to be the most skilled medical professional present, surely it would be better to attempt the procedure with the hope of saving one if not both lives, rather than to lose both lives by not acting. As with most hypothetical questions, there isn’t a definite correct answer and without having an actual specific scenario in mind, it is quite hard to predict how you will actually act in the moment. When we had just about finished our final visit of the three clinics, a local lady started to ask Lucky if we were about to head back to the hospital. She had gathered that we were medical professionals from the white coats we were wearing and asked if she and her friend could get a lift along with us as her friend needed some medical assistance. Lucky, cautious to immediately accept, asked if me and Harry could check up on her friend to assess what kind of help she needed.

As we went to the side room to investigate, we saw the young mother lying on the hospital trolley mid-labour. Her labour showed signs of failure to progress and there was only a baby’s hand sticking out. Me and Harry immediately recognised this as a serious situation. Unfortunately, the baby’s hand was already a dusky blue and there were no signs of active life. Our priority was now ensuring the mother would survive as the longer she was in labour, the greater the chance she might rupture which would put her life at more immediate danger. We did our best to manage the situation while Lucky tried his upmost to get some signal on his phone in order to call for an ambulance. An hour and half later, the ambulance had managed to take us all back to the hospital and an emergency C-section was performed. We later learned that the mother had taken a local remedy thought to aid labour while still at her home. These remedies often contain ingredients which can hasten the birthing process, which, depending on the stage of labour, may not always be appropriate. When her labour failed to progress, she then walked to clinic to seek assistance. Apparently, ingesting these herbal remedies is not an uncommon practice in remote villages lacking any maternity services and while many think of them as an aid for giving birth, there is great unawareness of the potential harms they can cause. The experience taught us a lot both personally and about the health culture in villages such as these. It showed us first hand an example of the importance of these satellite facilities in rural populations in provide maternity services. I am quite sure that due to the circumstances that the mother was in, she would not have survived had she not

sought help. The situation also fleshed out our own personal abilities as well as shortcomings in being able to handle a real-life emergency scenario, which is something which is usually (and luckily) untested while at medical school. I still think about this incident quite frequently and how lucky we were that she did not rupture. It was quite ironic to think that at one point, me and Harry both gave serious consideration to that hypothetical question about whether we should perform a C-section or not.

One of the rural clinics supported by FUM

Experiences like this still only make up a fraction of the memories which have stuck with us and I'm sure Harry will agree that it is the people we have met which have had the most lasting impression on us. Living at the FDC was the icing on the cake which really immersed us into our Tanzanian elective. The students living there had come from different parts of the country, usually once their families had saved up enough money in order for them to study and learn a trade. The ages of students varied and although most were from different places, we realised early on that they were very much united by their love for football. We had only been there for a couple of days before we received the first invitation to play in a match between their team and another local one. Matches were a highlight of the week, not only for the ones playing but also for students and staff members who were all keen to hear about a good result from the team. The coach of the team was a man named Jackson Simfukwe who we had met along with Lucky, as part of the many people we had been introduced to on our arrival. He started a football team for FDC soon after his arrival a few years prior, as he had recognised that there were many students at FDC who really wanted a chance to play but could not due to a lack of teams in the area. Some students who wanted to keep up playing would often have to join other local adult teams such as the staff team for the local prison and would often not play unless they were especially talented. There are many difficulties in establishing a team, logistically and financially which is why they can be quite scarce in rural areas such as Urambo.

Unforgettable experience

Although the football team is only one aspect of life at FDC, after living there for weeks I realised that for some it has had an extensive impact on their development. I recall speaking to the principal of the college, Mr Gulmay, about a particular student who when first started was known as a troublemaker, both inside and outside of the classroom. After a few months at FDC this behaviour altered and Mr Gulmay informed me that it was due the guidance of Jackson who taught him how he should act both on and off of the football pitch which was they key to his change. Midway through our stay at FDC, Jackson was relocated to Dar es Salaam as a result of his contracting employer but the football team continued on under the leadership of another teacher. Jackson continues to support both former students in Urambo and others in Dar es Salaam who aspire to play at a professional level. Throughout our time in Urambo, we experienced first hand a lot of the challenges both in hospital and out of hospital life and it was quite refreshing to see such a positive endeavor started within FDC itself.

We still stay in touch with Jackson as well as several of the students from FDC. They send us messages quite frequently ensuring that we stay brushed up with the limited Swahili that we picked up. I wanted my elective to be an opportunity to experience events I would not usually encounter back home and I feel that this trip surpassed those expectations. Even now during the few months I have started working, I think back to those experiences quite frequently and realise how much they have helped me prepare for life as a junior doctor.

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