



Report Format for Clinical Student Bursary Holders

Please use the following list of questions to write a report of your elective. Your report should be a maximum of 4 pages of text but please include photos¹ and figures² which may make it longer. Please send your report to Evelyn Brealey at evelyn.brealey@addenbrookes.nhs.uk or at the above address.

1. Your Name
Kristie Bewers
2. Your contact details including e-mail address
Trinity Hall, Trinity Lane, Cambridge, CB2 1TJ Kab58@cam.ac.uk
3. Location, date and duration of project
Nkhoma CCAP hospital, Nkhoma, Malawi 30th June 2008 – 15th August 2008-11-30 7 weeks
4. Relevant background information (health statistics, infrastructure etc.)
<p>Nkhoma is a 220 bed hospital serving a population of 65,000 people spread over an area of about 50 km from the hospital, however as the hospital has a good reputation people come from much further a field. Whilst I was there it employed 3 doctors, all ex-pats, and four clinical officers. The clinical officer role was created by a group of African nations to stop the brain-drain, they receive 3 years of training, at Nkhoma they all specialise and they all perform caesarean sections. Funding for the hospital came from a whole array of sources, the Malawi Government pays salaries, and medication for specific diseases (e.g. tuberculosis) and childhood immunizations. The hospital collects a nominal fee from most patients resulting in approximately 15% of income. This fee does however not cover the costs spent on the same patients. People that can not afford to pay for their treatment are not turned away. The remaining of the running cost comes from outside help with donations by individuals or from organisations usually for specific programmes.</p> <p>The hospital is arranged into 7 wards; male, female, pediatrics, maternity (inc. kangaroo mother care unit), TB, surgical and private with about 14 000 admissions annually. The busy outpatients department sees about 33 000 people annually and there is also an HIV testing clinic and an ARV clinic which distributes drugs and provides treatment for HIV related illnesses. The hospital was a specialist centre for Vesico-Vaginal Fistula (VVF) repairs with people referred from all over central and southern Malawi and the care provided free. A number of public health projects are run through the hospital these include antenatal care, under 5's health care (mostly immunizations) and family planning services which have clinics in the hospital and outreach mobile clinics. The hospital also supported a nutritional unit and a home based care unit.</p> <p>Nkhoma hospital also supports a number of healthcare centers in the surrounding area and the attached mission station runs healthcare centres all over Malawi.</p>
5. Describe your elective and include your main impressions and notable

¹ By including photos you are giving us permission to use them with acknowledgements in our publicity materials

² Please provide full references where possible

experiences.

Within the hospital I hope to learn about practicing medicine with only limited resources as well as seeing many diseases that are rarely seen in the UK or are rarely seen at advanced stages. I am interested in the role that public health, especially education, plays in such a rural population in a developing country and hope to see the workings of the hospitals immunisation, post-natal, TB, malaria, family planning and AIDS programmes.

I spent my first week in Nkhoma being shown the different community projects, this was good in a number of ways, and partly it was a good slow introduction to medicine in Malawi and allowed me to acclimatise. Seeing the community projects and especially going out into the community allowed me to see how the average Malawi lives and how far away from the hospital, this gave me a much greater insight into the problems faced by the hospital, and to appreciate the patients journey and perspective of healthcare as these clinics and the healthcare centers are their first and often only experience of healthcare.

After my first week I rotated around the wards, spending most of my time on the paediatric ward – the main bulk of the work being with malaria, meningitis, HIV, malnutrition and burn wounds. The day would begin at 7am with the morning report from the night nursing staff, then there would be ward rounds and ward work; most of the time I went on the ward rounds with the doctors or clinical officers but if someone was away or busy in theater then I would do the round on my own with an interpreter. I could alter management and discharge patients but there was always someone I could ask for help and support and I never felt abandoned. Late in the morning and then again after lunch I went to the outpatients department, this was like general practice, except the patients had all walked for several hours (at least) to get there and there were no appointments – people just waited their turn to be seen. Here I could see patients alone with an interpreter then go and present to a clinical officer or doctor before deciding on a management plan; the more confident I became and they became in me the more I could do on my own and by the end of my elective I was seeing, examining, diagnosing and managing – even admitting and doing u/s scans- on my own. On Tuesday and Thursdays there were general theatre lists, I could go



along to observe or to help with the anesthetics (the hospital has two theatres and one clinical officer for anaesthetics –although everyone can do some) so I got practiced at spinal anesthesia and patient monitoring, again always with someone to call if I felt out of my depth.

I got a number of opportunities to go out to visit the rural healthcentres – staffed by a few nurses and usually one medical assistant (2 year's training).

I was also lucky enough to go out on and then later asked to complete a number of maternal death reviews. This involved tracing the journey of a pregnant woman who had died in the hospital and working out what had happened to her and how such deaths may be prevented in the future. This was part of a national reporting scheme designed to reduce the very high maternal mortality in Malawi. It was fascinating, not least to realise how most women in Malawi give birth but also to see how a lot of the barriers to good maternal care were not necessarily medical but cultural and to do with infrastructure such as transport networks.



6. Describe the project that you undertook whilst on your elective
<p>I did not undertake a specific project. My aim was to experience health care in a resource limited setting.</p> <p>Whilst I was there I contributed to the maternal death review process. This is a big drive within Malawi to reduce maternal morbidity and mortality and Nkhoma hospital is a prominent supporter of the project. Each maternal death in the hospital is followed up and then presented within the hospital so everyone can learn and then at a central meeting in Lilongwe. They come up with different initiatives for cutting the numbers.</p> <p>I contributed by completing two of the maternal death follow ups and presenting them and the staff meeting. I also undertook an audit into a new referral process for the surrounding healthcare centers to Nkhoma for pregnant or post natal women. The new form was supposed to promote better management of the patient in the healthcare centre – specifically rehydration and good examination to improve safety in transit and to save precious time at Nkhoma. My audit showed that the new referral system made little difference, however when I visited the centers involved to discuss the results I discovered that they did not have the training or equipment to do these things. Therefore although the referral form itself didn't help my audit started a discussion of how funding could be attained so that the healthcare centers could get the training and equipment they required.</p>
7. How did or will the local population benefit?
<p>The local population benefited from me being in the hospital by me being another pair of hands who could help with the history taking and examination of patients as well as simple procedures and assisting in theatre.</p>
8. What new skills, knowledge and understanding do you have? How will you integrate them into your learning and practice?
<p>One of the most striking things I learnt in Malawi was that good health is not just about good clinical care, it is about nutrition, education and understanding, culture, transport and infrastructure and money (patients had to pay and contribution towards most treatments but even when it was free, even when transport was also paid for they had often saved for many months for the initial capital to make their first journey). I also learn what an enormous difference good health can make to peoples lives – especially when they had so little else.</p> <p>It has made me realise the importance of public health, and of good clinical governance and system review. As well as good social histories, healthcare resources is not always what is preventing people from getting well.</p>
9. How might Cambridge University Hospitals and the wider NHS benefit from your experience?
<p>The only way is as part of my training, that I will have a more rounded education and hopefully think outside the box as a doctor.</p>
10. Please indicate if you are willing to be involved in Addenbrooke's Abroad publicity and information events. Please detail any suggestions you have for sharing learning gained from experiences abroad within the Clinical School and CUHFT.
11. Sign and date your report. Kristie Bowers 30.11.2008

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