

# SCHOLARSHIP REPORT

This report should be completed by recipients of awards and scholarships from the Royal College of Physicians and Surgeons of Glasgow on completion of the activity for which they received their award or scholarship. Please complete all sections of the report form.

Please return your completed report via email to: scholarships@rcpsg.ac.uk

Or via mail to: Scholarships Committee Administrator, Royal College of Physicians and Surgeons of Glasgow, 232-242 St Vincent Street, Glasgow G2 5RJ, UK

Please use typeface when completing this form.

SECTION 1   PERSONAL AND AWARD DETAILS			
Title	Miss	PID	
Surname	Scott	Forename(s)	Miriam Elizabeth
Scholarship/award awarded	Medical Elective Award	Amount awarded	£1000

Nome/Title	William in the Christian Marking Control Toule Designated District Heavitel		
Name/Title	Kilimanjaro Christian Medical Centre, Teule Designated District Hospital		
Location	Tanzania		
Aims and objectives	The aims of my medical elective in Tanzania were:		
	To learn more about aetiology, pathogenesis, presentation, investigations and management of tropical diseases.		
	To experience and understand the differences in presentation and management of Western conditions such as hypertension, diabetes etc. in developing countries.		
	To experience and learn about the challenges and differences in performing surgery in a developing country.		
	To gain as much surgical experience as possible and witness many different surgical conditions that I would not otherwise see in the UK.		
	To gain a deeper understanding of the broader influences on health in developing countries and learn about the public health strategies and healthcare systems that exist in Tanzania.		
	To experience and understand the challenges faced by doctors and surgeons in developing countries when trying to practice good and safe medicine with limited time, money and resources.		
	To improve my clinical observation, communication and examination skills.		
	To put into practice and develop further ethical, professional and moral principles I have learnt during my medical training.		
	To determine/consolidate my interest in working in surgery in a developing country in the future.		

#### Summary

Include methodology, results and conclusions if applicable

During my time in Tanzania I spent 3 weeks in Kilimanjaro Christian Medical Centre (KCMC) with the General Surgical Firm. Here I spent time in the operating theatre helping with operations, caring for patients on the wards, performing practical procedures, attending teaching sessions and research presentations. The surgery was highly varied and I saw many fascinating surgical cases and procedures I had never seen before. These included extensive burns contractures, advanced large tumours in many different organs, almost daily RTA's with patients requiring splenectomy, craniotomies, chest drains and fracture repairs. There were also many cases of intestinal obstruction of different aetiologies (ischaemic necrosis secondary to herbal medicine, severe untreated Hirschrprung's, adhesions, tumours etc.), ruptured peptic ulcers, extreme leg/foot/hand ulcers, multiple cases of anorectal malformations and other congenital abnormalities. I spent as much time as possible scrubbed in, and occasionally had to act as scrub nurse when none were available - a steep but exciting learning curve!

My second placement in Teule Designated District Hospital was in a much smaller hospital in a rural setting with very limited resources in comparison to KCMC. During my four weeks I spent time in general medicine, paediatrics, obstetrics and gynaecology, the outpatient/minor surgery department and palliative care. My time on the wards was spent taking histories, examining and investigating patients, assisting in management and performing minor procedures. I also got involved in regular teaching of clinical officer students: assessing examination skills, listening to case presentations and giving feedback which I highly enjoyed.

In my spare time I travelled through different parts of the country and met many people in different occupations. Speaking to many locals gave me a deeper insight into quality of life, culture and daily challenges faced by Tanzanians. I also spent time socialising with the local medical students and learning from them about public health and the general opinion of healthcare in Tanzania. I learnt about the structure of the healthcare system and challenges faced daily by doctors as a result of limited resources. This was reinforced by my own experience in the hospitals regularly witnessing the negative effects of poverty, lack of education and public health and limited time, resources and money. From a combination of these experiences and time spent in hospital, I learnt about the broader social, cultural, spiritual and economic influences on health in Tanzania.

### Learning outcomes

Detail here how the aims and objectives were met

The aims and objectives of my elective were met through my time spent on ward rounds, in clinics, assisting in theatre and interacting with local staff, students and patients.

I thoroughly enjoyed my time in Tanzania and learnt many new things. I greatly increased my knowledge of tropical diseases: the presentation, management/treatment and outcome. I also learnt about the presentation and treatment of western conditions (diabetes, hypertension etc) in developing countries and how they are managed with limited resources and time. I feel my examination and observation skills have greatly improved and I have experienced and seen many things that I will most likely never get the opportunity to see/feel/hear/smell again.

I learnt more about how to teach others and discovered a true passion for teaching! By spending time with people and living in Tanzania for an extensive period of time, I feel I have gained a much deeper insight into the daily life of Tanzanians and the challenges they face, as well as challenges I would face if I returned to work there in the future.

During my time in Tanzania I faced many emotional and ethical challenges which taught me about my ability to cope with such difficulties and where my weaknesses lie. It was highly challenging to see those with treatable conditions deteriorate due to lack of money, medicine, education or other resources, or see people present with end-stage disease

when treatment options were no longer available. Watching patients die whilst waiting for money in order to pay for simple medications and investigations and seeing severely malnourished children was extremely difficult. Observing surgeons perform difficult operations with inappropriate equipment and unavailable senior help was saddening as well as scary – particularly when outcomes were not good. I often felt great sympathy for the hospital staff as they were so limited in what they could do and by the resources they had but had to manage anyway. However there were also many positive things to take from these situations such as the ingenuity of the surgeons when faced with new challenges, the determination of medical students and the perseverance and stamina of the doctors when their morning clinic has over 120 patients.

I often found myself feeling frustrated when watching Doctor-Patient interactions due to the greatly paternalistic approach adopted (i.e. patients often not being told their diagnoses, never being asked permission or their opinion etc.), bad communication skills and lack of respect for the patient's comfort and confidentiality. Teaching and adopting good communication skills does not cost a lot but goes a long way in the holistic care of the patient. It was challenging not to judge or criticise when comparing to UK standards, and to find the correct balance between acceptance of cultural differences whilst standing up for what I believed to be good medical practice.

The lack of public health was also very saddening. For example, the absence of breast cancer awareness results in a high mortality rate despite a similar prevalence to the UK, and the lack of simple education about healthy diet and exercise cause huge numbers of people to suffer from diabetes, hypertension and heart failure.

#### Evaluation

How has this scholarship/award impacted on your clinical/NHS practice or equivalent? My medical elective has been highly beneficial in many ways. It has confirmed my desire to practice medicine/surgery in a developing country and enhanced my awareness of some of the medical and personal challenges I would face by doing so. It has also confirmed my interest and surgery/obstetrics and gynaecology as future career paths, enabling me to focus on these in my final year as a medical student. The work ethic and determination of the doctors when faced with so many patients has inspired me and boosted my confidence in my own ability to look after patients when I qualify: it will never be as many as they are looking after! The improvement in my knowledge and skills I believe will be a direct benefit to patients in the UK.

Witnessing poor communication skills and empathy towards patients has emphasised the importance of good communication and professionalism to me. This experience has brought me to reflect on my own communication skills and encouraged me to improve in my own personal areas of weakness.

I believe my time spent in Tanzania was beneficial to local people both directly by assisting in their care, and indirectly by getting involved in education. I hope my time spent teaching clinical officer students has helped with their presentation, examination and clinical reasoning skills as well as confidence in their own knowledge and encouragement to continue to work hard. They definitely inspired me. My time spent teaching has emphasised to me, the importance of good education and how lucky we are to have such great resources and support in the UK whenever we need it. I also discovered a passion for teaching which has inspired me to take up teaching opportunities in my home University.

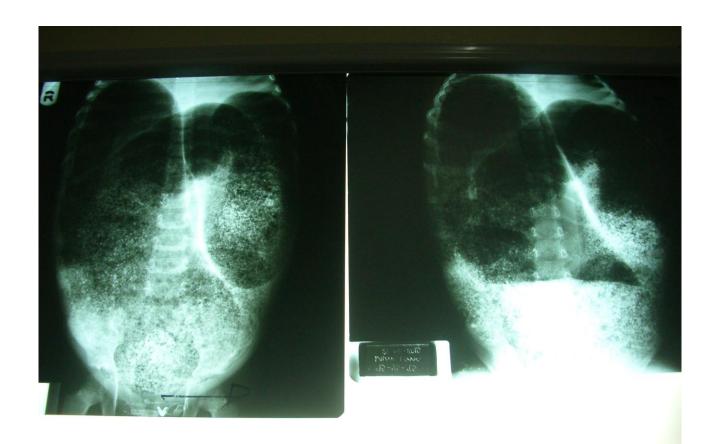
My elective has been extremely useful in challenging my integrity and teaching me to cope with difficult emotional and ethical challenges. I am certain these experiences will help equip me for challenges I will face in the near future when working as a doctor.

All in all returning to the UK for my final year of medical school I feel highly motivated to work hard, complete my course and make the most of all the opportunities we are given. I am now excited to qualify and work as doctor in the future being able treat patients with a good knowledge base, skills and a professional and caring attitude.

## SECTION 3 | IMAGES

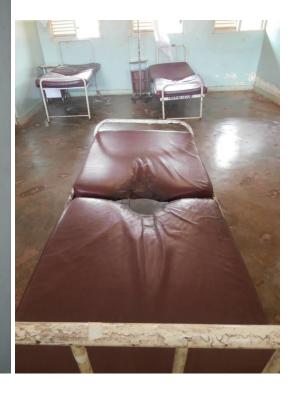






### TOP TEN DISEASES IN SURGICAL ONE

- 1. HEAD INJURY
- 2. BURN INJURY
- 3. INTESTINAL OBSTRUCTION
- 4. DIABETIC FOOT
- 5. GOITRE
- 6. OBSTRUCTIVE JAUNDICE
- 7. APPENDICITIS
- 8. HERNIA
- 9. CA BREAST
- 10.CA OESOPHAGUS



- 1) A "Sharps Bin"
- 2) ?Verrucous Tuberculosis
- 3) 5yo with Hirschprungs treated with herbal medicine presenting with bowel obstruction  $\,$
- 4) KCMC top surgical disease
- 5) Cholera bed

#### **SECTION 4 | EXPENDITURE**

was used to support your

Breakdown of expenditures Flights: £574.78

Please demonstrate how the Flight fees: £15.93 scholarship/award funding Train to airport: £31.35

> project/visit Hospital Fees: £350

> > Hospital accommodation: £108.38

Visa: £159.29 HIV PEP: £187.1

Antimalarials: £16.95 Vaccinations: £191

Medicine: £19.54 Toiletries: £9.75 Dentists: £20.76

Clothes/equipment: £105.9

Phone: £17

Kilimanjaro: £893.72

Safari: £404.6

Food, accommodation, local travel, ferry etc: £423.32

Total: £3529.37

### **SECTION 5 | PUBLICATION**

Scholarship/award reports may be published in College News. Please tick here if you agree to your report being published.

I give permission for my report to be published in College News

If your report is selected for publishing, the editor of College News will be in touch to discuss this with you.

All Information we hold concerning you as an individual will be held and processed by the College strictly in accordance with the provisions of the Data Protection Act 1998. Such data will be used by the College to administer its relationship with you as a Fellow or Member. We will not, without your consent, supply your name and address to any third party except where (1) such transfer is a necessary part of the activities that we undertake, or (2) we are required to do so by operation of law. As an individual you have a right under the Data Protection Act 1998 to obtain information from us, including a description of the data that we hold on you. Should you have any enquiries about this right please contact Membership Services Administrator at the College.