LEARNING OBJECTIVES

• Gain exposure to clinical medicine in a low-resource setting.
• Gain a deeper understanding of the social determinants of health in a developing country.
• Learn about common presentations in tropical medicine.
• Gain skills and cultural competencies which could be applied to future global health work.

UGANDA

• Uganda
  • East African Nation
  • Population – 35,873,000
  • Official Languages – English, Lugandan and Swahili, but over 40 different regional languages are in use
  • UN Human Development Index = 0.484 (Ranked 164/187 countries)
  • 37.7% of the population live on less than $1.25/day
  • HIV Prevalence – 7.4%

• Mbarara
  • City in Southwestern Uganda, near the borders with Rwanda and the Democratic Republic of Congo
  • Population: 83,700
  • Local Language – Runyankole

• Mbarara Regional Referral Hospital (MRRH)
  • Public hospital associated with the Mbarara University of Science and Technology
  • Referral hospital that accepts complex cases from the area
  • 600+ beds
  • Medical care (doctors, nurses) is free of charge. Medications and investigations are not.

MY ELECTIVE

• 4 week clinical elective at MRRH in June 2014 in the Department of Internal Medicine
• Clinical Responsibility:
  • Participated in daily patient rounds (AM)
  • Worked in Medical Emergency (PM) – The emergency department in Mbarara is divided into medical and surgical halves, with the medical half managing all cases with non-surgical etiology.
  • Shadowing in Specialty Clinics – HIV, Diabetes, Nephrology
  • Performed initial patient assessments – Vitalis, history and physical
  • Prepped and participated in procedures – IV’s, blood transfusions, rapid diagnostic testing, lumbar punctures, pericardiocentesis, NG tubes
  • Other tasks as required – Monitoring fluidics, delivering samples to the lab, getting blood from the blood bank

• Common Presentations:
  • HIV – While only 7.4% of the population is infected with HIV, it seemed that over half of our patients were HIV positive. To reduce stigma, hospital staff used codes to refer to patients’ HIV status: NY for HIV-positive or NYN for HIV-negative.
  • Tuberculosis (TB) – We saw pulmonary and extra-pulmonary complications of TB every day including TB meningitis, pericarditis and tuberculous spondylitis (Infection of the spine).
  • Meningitis – With so many immunocompromised patients, simple infections often progressed into meningitis. Common etiologies were Cryptococcus (a fungus), TB, and other bacteria. It was so common that one doctor referred to Ceftriaxone (a powerful antibiotic that crosses the blood-brain-barrier) his patients “daily dose of Vitamin C.”

DISCUSSION

This elective was an eye-opening experience for me. It was my first time visiting a developing country. I learned what it is like to live and practice medicine abroad. The patients were kind, respectful and incredibly grateful for the care they received. While I could not communicate fully with all patients, I did what I could and would often work together with nursing students to translate and complete tasks.

The staff at the hospital were wonderful teachers and brilliant doctors who took me under their wing and taught me how to provide the best possible patient care with limited resources. Almost all healthcare staff were locally trained and I was very impressed with their medical expertise. They worked very long hours under very difficult conditions, but still were active in teaching and research.

Resources were very limited. For many patients it was impossible to provide optimal treatments, and many patients died from diseases that could have been easily treated in Canada. At the same time there were many success stories, with patients going home healthy. The HIV clinic provided high quality anti-retroviral therapy and ongoing management to thousands of patients with HIV. However, there was not enough funding for all HIV-positive patients, and many of our patients were admitted for opportunistic infections and complications like Kaposi’s sarcoma. Smart foreign aid could help this hospital continue to provide quality care to even more people.

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REFERENCES