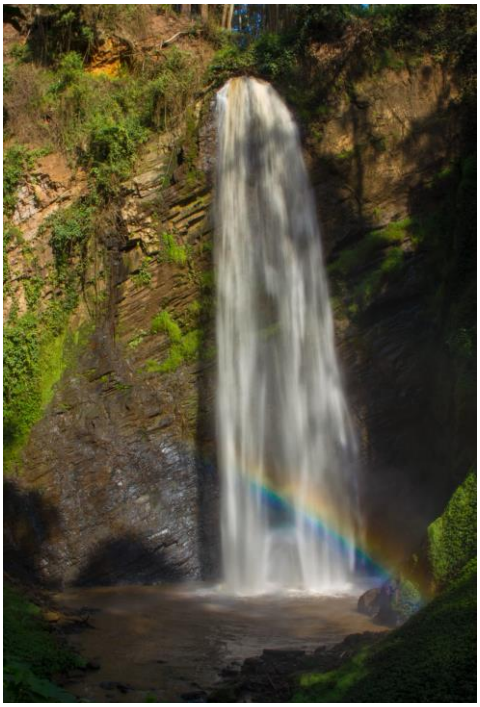
Dr Emily Clark, MRCGP, report on experience in Kisiizi Hospital, 2015

AIM: Learning about family medicine in Uganda, as a vehicle to improve Maternal and child wellbeing in Uganda through volunteering with the Sustainable Volunteering Partnership for 7 months in a remote hospital setting. I spent half my time doing clinical work, and half looking at longer term quality improvement activities which I will detail below.



Above: the hospital and outpatient department
Right: the waterfall that supplies the hospital with hydroelectric power.

Achievements/ Personal development & benefit to practice in UK

- *Leadership and management skills*: I was involved in planning of family planning services and the outpatient department. This increased my confidence in management and leadership, which I can bring back to the NHS. I was involved in looking at the challenges in outpatients, which I gleaned from working in the department and by interviewing staff. The challenges included late presentation of sick patients, lack of triage, no feedback to clinical staff, lack of senior support, late coming of interns/ clinical officers, patient flow through the department, not enough nurses, waiting for lab results, handover of results and sick patients. The challenges were presented at a meeting of staff involved and an emergency meeting involving key players was organized. I was involved in the reshaping of the department to include a new A&E area. Other measures to increase the organization of the outpatient department included a new large whiteboard rota, looking at rotas of clinical officers and nursing staff, reviewing and reiterating the working agreements of staff involved in outpatients so they

were clear on their responsibilities and duties. This also enhanced my personal effectiveness i.e. how to get things done. This required me to identify who held the power, why things were the way they were, internal politics, negotiation skills with those key stakeholders to get things done. These are vital skills a GP needs to get things done.

- *Quality improvement:* In conjunction with medical officers and clinical officers at a set of guidelines for outpatient emergencies was developed. These were discussed fully with the rest of the medical and allied staff on a CME (continuous medical education) meeting, feedback was given and adjustments made. The single page protocols were laminated and are in medical ward and outpatient's A&E area. The feedback from staff is that they are useful and practical. The topics were malaria, acute severe asthma, heart failure, stroke, head injury, trauma, sepsis & antibiotics. I also helped with the development of a new computer system in the outpatient department, as a tool for triage. I was involved in inputting of clinical symptoms, clinical alerts and diseases, linking with the ICD-10 coding. This inputting helped to shape the clinical triage system. I also was involved in reviewing how user friendly the system was, and in training other members of staff to use it.
- *Teamwork:* I worked with the multidisciplinary team including village and church leaders, nursing and medical staff. I aligned my own ways of working with theirs to achieve common aims, which was challenging, but beneficial for multi-disciplinary working in the NHS. I found it intensely challenging working with demoralised staff. On the flip-side, it was also intensely rewarding to work closely with motivated staff, particularly was able to identify a nurse who was passionate about family planning & empower her further to attend higher training & be involved in improving family planning services.

Left: working closely with sister Damari, firstly in training her in family planning, and then as a trainer herself to teach others.
Below: working in the outpatient department

- *Cultural competency*: I enhanced my own cultural awareness, vital for work increasingly diverse NHS and wider society in the UK. The local people were mukiga and the longer I spent with them, the more I felt there was to learn about their cultural identity, traditional healing practice & how this impacted on their health.
- *Clinical skills:* I encountered wide-ranging pathology, such as TB, HIV, typhoid, syphilis, malaria etc., as well as very late presentations of more familiar diseases such as diabetes and hypertension This honed my clinical acumen for practice in the UK. It often required innovation & flexibility of thought to manage complex patients with the resources available. In the increasingly diverse UK environment, infectious diseases are being seen more commonly in the UK. As the only GP at the hospital, surrounded by surgeons and doctors who were skilled at the dealing with the immediate visible need in front of them, I sometimes felt like a lone wolf when I spoke about preventative medicine & involvement of the community, but hopefully I brought a different perspective.
- *Managing resources:* Working in a resource-poor setting with further enable to me to understanding resource allocation, important in the era of GP commissioning. In any system, there are competing health needs- in Kisiizi it was malnutrition & sick children. I developed further understanding that addressing one problem or health need for a population may impact on another, positively or negatively. This includes financially & in terms of resources. This is evidently true of working in the current stretched NHS. Identifying unmet need, barriers to care, designing health projects & anticipating practical / ethical dilemmas are all skills we need as GPs.
- *Independence*: Perhaps i had more responsibility, perhaps more freedom to make decisions, but certainly feel more ready to be a GP in todays NHS than i did a year ago. Instead of abandoning a struggling GP workforce, I have returned fired up & ready.
- *Inspiration:* I met Ugandan doctors, nurses, clinical officers, who had overcome challenges personally to achieve their current position, who deal with a plethora of clinical challenges day to day, without the luxury of unlimited investigation & management options. One who stands out is Sister Nancy, one of the only psychiatric clinical officers in the country who cares for vast numbers of psychiatric inpatients & outpatients, brought to the hospital in shackles & chains, with really only haloperidol & benzodiazepines at her disposal, who treated the patients with compassion, kindness & deep understanding.

- *Resilience and assertiveness*: sometimes the clinical need was overwhelming- the queue of outpatients never-ending. But i had to learn to say no. There was significant pressure for me to learn to do caesareans, to cover on calls. My charity had principal of counterpart working. Only working if you were with a Ugandan colleague so that skill sharing could continue. I tried to stick to this principle, which wasn't easy, when there was always another sick child to see. I had to find my identity as a GP in a health system which didn't have GPs & become confident in the skills i could bring to the hospital & community.
- *Teaching & faciliation skills*: I was involved in designing & running teaching sessions, including family planning, postnatal care, recognising sick patients and diabetes. Myself and my husband ran a weekly course for groups of 10 nurses, based on the UK 'ALERT' course. Each session lasted for 2 hours and was based around practical scenarios and the ABCDE approach. 59 nurses attended the course. The feedback was that the scenarios were realistic, helpful and they enjoyed it. The course also covered the SBAR tool for handover, to empower nursing staff to communicate more effectively with doctors when dealing with a sick patient. We also trained Elliott, a medical nurse, to run the course with us. This course was an attempt to improve patient safety at the hospital, as it came out of the recognition that patients were not always recognised as being sick by the nurses. It showed collaborative working with nursing colleagues to improve patient care and safety. We also designed and led the course, based on the local available resources, and local situations. The course enhances teamwork, partnership and communication of the medical and nursing teams.

As mentioned, I was also heavily involved in family planning training and service development, organizing basic training for 68 members of staff, in conjunction with the U-SHAPE initiative (find out more at http://ushape.org.uk/). This training introduced them to the benefits of family planning and the issues surrounding this subject. This incorporates the 'whole institution approach' that the health facility as a whole is responsible for family planning, and not just the designated family planning provider.

I also helped to run higher level training for 32 nurses and midwives. This course was adapted from the DFSRH (UK Diploma of the Faculty of Sexual and Reproductive Health) and curriculum of the WHO training Resources Package (fptraining.org) to skill the health professional with the theoretical knowledge and practical skills to be an independent family planning provider. Being involved in this initiative has been really challenging, very positive and really heartwarming. I have especially enjoyed empowering the Ugandan nurses and midwives to tackle the challenge of family planning themselves in their communities'. It has been really positive to see the charisma of the nurses in continuing to push family planning forward at Kisiizi hospital.

Above: family planning trainees, June 2015

Overall, my experiences at Kisiizi hospital were challenging, inspirational, positive and educational. I definitely gained more from my time there than I could have given and would like to sincerely thank the support of the Claire Wand Fund in supporting this fantastic opportunity.