

Elective report: The Good Shepherd Hospital in Eswatini

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A bit about me...

My name is Ellie and I spent a month in Eswatini (formerly Swaziland) on my elective in July 2022. I'm a student at Newcastle University and my elective came at the end of my fourth year - I'd been looking forward to my elective from the first day of medical school! I embarked on my elective by myself and made the decision to go to Eswatini because I wanted to experience rural medicine in another culture and see what it's like at a Christian hospital. I organised my elective with Dr Pons via email which was very straightforward as he replied promptly to my emails and (many!) questions. I'd recommend my elective to anyone who is interested in rural healthcare especially with a community focus, or ophthalmology. I found my experience eye opening, challenging and fun.

What did I do?

My elective was in Siteki, a rural village near the Mozambique border in Eswatini. A placement with Medical Missions Eswatini (MME) meant that in my elective I experienced a variety of different healthcare settings, and I tried to pack in as much as possible for my four weeks there. One of my goals was to get as much exposure as I could to all the different services people in and around Siteki have access to.

The main hospital in the area is the Good Shepherd Hospital, which has an outpatient's unit (which operates more like a GP surgery) with medical, surgical, paediatrics and obstetrics/gynaecology specialties, each with one doctor and a specialist nurse. The inpatient part of the hospital is mainly split to a male/female ward, Paediatrics, Obstetrics, & Gynaecology, and TB units. I spent most of my time in the hospital in the medical outpatient department, working alongside the specialist nurse. There was always a steady stream of patients and lots of opportunity to take histories and examine



patients. There was a limited number of investigations available to us which challenged my clinical reasoning, working out exactly what would be useful to do, not just ordering every blood test available! Patients came in with tropical illnesses like malaria and TB, but as with any GP type service there was also the common cold!

MME is linked with the Ebenezer Clinic. This is a rural nurse led clinic serving a large group of people. I was involved in helping the nurse run their clinic – but it often led to me taking the history and examination, and discussing what the next steps were with one of the nurses before implementing a plan. There was a limited list of medications to prescribe but it was really useful having the BNF on my phone to learn more about the medications and the correct doses for conditions I hadn't seen before. This was a very practical part of the placement, and I really enjoyed getting stuck into the team at the Ebenezer clinic. The prevalence of diabetes and hypertension in the general population is very high, with poor understanding of how to live healthily e.g. diet and exercise – so there were lots of chronic disease reviews as well. I also became quite proficient with diagnosing, explaining and treating scabies – something I'd not been exposed to in the past.



I only spent a day with the Home Based Palliative Care Team, but had I had more time, I'd have loved to do more of this, and I'd recommend everyone try to spend a day with the team. We packed up the 4x4 that the team had with medical supplies for the day, driving across bumpy roads in the hills



for home visits. It was really inspiring to see the nurses administer some simple, but impactful care via bereavement visits, wound care and pain relief, in settings where people's homes weren't much more than straw topped huts, living an hour away from more developed civilization!

Dr Pons is an ophthalmologist and he is well known in Eswatini for his work; people travel from Mozambique (Siteki is only 20 minutes from the border) to see him. I spent a few days with him both in clinic and in surgery, and it was a great learning opportunity as ophthalmology hasn't been covered much in my course so far. The high prevalence of diabetes and hypertension brought an also high prevalence of eye complications and retinopathies. The eye care services are really developed with some good screening facilities. It was really interesting to see cataract surgery, and the difference in the surgical facilities. Comparing it to what I've previously seen in the UK, for example, most of the linen, patient drapes, and gowns are reusable fabric, not disposable, so undergo a sterilising process once used. The eye clinic is also linked with MercyAir, a helicopter program set up to reach even further into the rural communities, allowing greater access to healthcare all over. Whilst I was out I got to go on a helicopter trip which was honestly the most amazing experience as I'd never been in a helicopter before and I don't know when I will again! I was actually a part of the dental team and alongside a dentist who normally works at the Good Shepherd Hospital, we went to a rural hospital that didn't have a dentist and saw 60 patients that day! The other people I was on elective with had their helicopter trips with the SightFlight team, who go to rural locations and do reading glasses fittings, screening for cataracts, diabetic retinopathies and general eye checks. They loved the experience of giving someone correct reading glasses and seeing their faces light up when they could read a sign or a book properly.



I felt like by the end of my 4 weeks I was just scraping the surface and there was still so much I wanted to see and do. I'd recommend trying to spend at least a week with each team so you can get to know the doctors and how things are done.

Day to Day

I went out on my elective by myself, but there were 2 students from another university on elective at The Good Shepherd at the same time so we did most things together.

There is some variation day to day, but this was the kind of thing I got up to!

06:30 – Wake up, go for a run around Mabuda Farm (lots of nice trail paths!), shower.

07:30 – Breakfast.

08:00ish – Hop in the RAV (4x4 car borrowed from the Pons') to drive 10 minutes or so to the hospital/clinic/project (ask the doctors you're with what time they will be getting in – some of them will start work at 7 but I never joined that early! Most ward rounds would start at 9 and at the clinic we often got there for 9).

08:30 – Get stuck in on placement! Mornings often involved ward rounds, seeing patients in outpatients and sending them for investigations which would be reviewed later, generic consultations, home visits etc depending on the team you're working with

12:30 – Lunch. I often made a packed lunch and took it with me, but there are a few stalls just across the road from the hospital that sell "dusty chicken" with pap – something you should definitely try while you're out.

16:00 – Things often got a bit quieter after lunch and by 4pm I was often ready to go home. On some days, if I finished earlier and felt like it, I would walk back from the hospital to Mabuda Farm (it's only 30 mins or 3km walk and it's what a lot of the nurses who work at the hospital do!). If you don't drive there are also minibuses – or combi's- that go along the main routes but I never worked out/needed to use a combi.

17:00 – There is a really pretty spot on the farm called "The Rocks" where you can walk (15/20 mins) to catch the most incredible sunsets. When I was there in July the sun set around 17:20 and after that it would begin to get cold.

18:00 – Have dinner.

19:00 – Read, journal, watch TV – there was a limited choice of TV channels but we loved watching whatever National Geographic had on.

20:30 – I often went to bed early. After it's dark it's not safe to be out and about driving as there aren't streetlights. There are lots of cows on the side of the road which you can't see driving in the dark, and other drivers might not have working lights so it's safer to make sure you're back at the farm before dark.

What was accommodation like?

I stayed at Pilgrims Rest on Mabuda Farm. Mabuda Farm is run by the Pons' and has lots going on. There's trails to walk and run, horse riding, a pool, and a lovely coffee shop called "The Green Shed"

which sells coffee made on the farm and other fruit and vegetable produce. Pilgrims rest is the backpackers facility, where I had my own room, access to the communal kitchen and living area, and bathroom facilities. Other expat doctors and workers live on the farm so there is a really friendly community with different things happening throughout the week including Spaghetti and Bible Study on a Wednesday evening (for everyone – you don't have to be a Christian), porridge together on a Friday morning, and Friday Braai-day (bbq in the evening). The farm is not far from Siteki, the local town, where you can do a food shop. I'm a vegetarian and it was very easy to get food to eat from the supermarket – however in restaurants often the only option was a cheese and tomato toastie!

What were the differences/challenges?

Having only experienced medicine in the context of the NHS before, I found it very different seeing health services where people pay for things themselves. There were many occasions where people had stopped taking their medication because they couldn't afford it, struggled to get together the money to pay for transport for hospital, self-discharged from hospital stays because they had run out of money etc. This was quite heart-wrenching at times, seeing the poverty that people were in, and how money was needed for their treatment but they weren't able to get it.

Not only was money an issue for patients, but the resources we had available for investigations and treatments meant we couldn't always go with the top N.I.C.E. guideline recommendations. There are very limited specialist doctors in Eswatini, with most of these being located in Mbabane, the capital, which is an expensive bus fare for patients. Towards the end of my time there was a shortage in the hospital of normal saline! I often felt very limited with the impact I was having, but weekly teaching sessions with Dr Pons were a really good way to reflect on my experience and discuss the things that were troubling me.



What were my highlights?

The hospitality of patients, nurses, doctors and generally everyone in Eswatini made the experience for me! People were always saying “sawubona” (hello) on the streets as you walked past, and I loved feeling part of the community. I have to say the helicopter trip with MercyAir was a once in a lifetime opportunity - the birdseye view of Eswatini was amazing. The African sunsets were amazing and I tried to catch as many sunsets (and some sunrises too) as I could.

What about the weekends?

There’s lots to do in Eswatini, and it’s a small country so it is easy to get around. The main things that I liked doing was seeing the wildlife and animals. Only 30 minutes away from Siteki is Hlane Game Reserve where you can go for a safari game drive, Mlilwane Nature Reserve is only 2 hours away for a weekend trip where you can go for walks and get up close with zebra, and I even did the annual Mbuluzi trail run and saw giraffe while running. Heading over the border to South Africa it’s very easy to get to Kruger for your chance to spot the big 5 and St Lucia too for your hippo and croc fix, and the stunning coastline.

What advice would I give for future students?

English is the official written language in Eswatini, so there’s a good chance you’ll be able to conduct some of your histories without the use of a translator. That being said, try to learn a few phrases like hello as it goes a long way with patients.

Make sure to bring your stethoscope (if you have one), BNF app downloaded on your phone, and an Oxford Clinical Handbook too as they will come in handy.

If you’re there in the UK summer months it’ll be winter in Eswatini. It’s warm in the day (trousers and t-shirts), but bring a few jumpers - it gets cold when the sun goes down and Siteki is on top of a hill so it is a bit cooler.

Embrace the fact that some things operate in “swazi time”, there’s a



different pace of life and culture and things are done differently.

Make the most of the coffee at the Green Shed – it's incredible, and try as much of the farm produce as possible; the macadamia nut butter is a firm favourite.

Organise your own wheels borrowing a car from the Pons'.

Get planning as early as possible – the elective spots do fill up and flights are cheaper the earlier you book them.

Journal! I'm not someone who normally journals but this would be my top tip whilst you're on elective. It's the perfect opportunity to reflect on the highlights and lowlights (and there will be some challenging situations), and keep a record of what you have been up to. Your medical elective only comes round once!

Enjoy yourself – this is an amazing elective so make the most of it. Say yes to as many things as possible (within reason of course).

For further information:

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If you have questions for me, write to elliembain@gmail.com

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