

# Report of a visit to UK on clinical attachment at Poole Hospital and St Mary's Hospital, Isle of Wight 6 October- 28 November 2012: an extract

Peter Pal Chol Nyan

I visited UK on a 7- week clinical attachment to Poole Hospital, mainly working in the department of diagnostic imaging (Ultrasound). The grant for my visit was secured from Gordon Memorial College Trust Fund (GMCTF) with the help of Dr. Frankie Dormon, a Consultant Anaesthetist at Poole Hospital and the Medical Lead of Poole Africa Link (which is the link with Wau hospital).



During my attachment I learned a lot about scanning though I was not actively involved hands-on most of the time. I was shown how to hold and manipulate the prob, where to place it anatomically with the help and cooperation of the Imaging staff. In rare instances, I was allowed to have a go with consent of the patients. I was engaged full time watching in the general USS and obstetric scanning.

I learned how to:

- measure the Nuchal Translucency(NT) which is a prelude to the screening for Down's syndrome and part of the anomaly scan,a technique which nobody does in South Sudan or, if it is being done,it is rare.
- recognize common abnormalities such as cardiac anomalies and renal abnormalities as well as conditions such as liver cirrhosis,fatty liver,liver tumours and hydronephrosis.
- do a routine fetal growth scan, by measuring the head circumference,abdominal circumference and femoral length, which gives you the expected date of delivery in weeks and days.

One interesting thing I noticed in the department of CT and MRI was that the whole machine was run by a team and everyone knows his/her area of responsibility.

I spent 5 weeks in Poole Hospital, one week in Bournemouth Hospital and one week in the St. Mary's Isle of Wight hospital in the department of general and obstetric ultrasound.

I felt that my visit was very worthwhile and beneficial,

even though the time was too short. I do not think one could be expected to learn all of the USS or any of diagnostic equipment within 7 weeks as the process involves a lot of technicalities and practicalities and as such each imaging modality needs a separate visit. Even so, I feel that the knowledge I gained in UK will be quite useful at home. While I will not be able to recreate something like this in South Sudan,I hope my experience will serve

to develop a sense of service delivery appropriate and relevant to the situation in my country.

In conclusion, I recommend that:

- The period of clinical attachment be extended from three to four months for various specialties especially radiology - because medicine without diagnostic services lacks accuracy.
- Assistance be given to us to take the International English Language Testing System (IELTS) so that those on attachment may communicate directly with patients and undertake examinations under supervision.
- Clinical attachment is considered for the following grades of healthcare professionals allied to medicine: physiotherapists, laboratory technicians, clinical officers, occupational therapists.Medicine is now more of team work and needs non-doctors who work alongside doctors to cooperate closely.
- Focused courses are provided to train clinical officers and senior nurses in specialized fields such as diabetes, epilepsy, stroke and anaesthesia.

My future plan and aspiration is to help to provide readily available radiographic services in South Sudan. This requires outside help from people of goodwill and commitment and enthusiasm from our people.

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