

Clinical attachment: a learning experience

A clinical attachment is an opportunity for doctors from South Sudan to experience the hospital and clinical practice in a setting different from their own. What they learn in the attachment will help them improve their medical practice on their return. I attended a clinical attachment in Oral and Maxillofacial Surgery at Poole Hospital, UK, in March 2012. This attachment involved attendance in diagnostic clinics, ward rounds and operations.

I learnt a lot of things during the attachment from the professional working environment and excellent doctor-patient relationships to the great way patients are handled through the system. All these help improve our patient care and South Sudan can emulate most, if not all, these practices.

Working in hospitals is not a one-man show, but require a team in order to deliver quality services. I saw good team spirit; each member of the team knew what to do, at what time and how, to complete the holistic care of the patient. This is essential if we want to provide good services at home.

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Instilling the virtue of honesty in the workplace as well as strict time keeping is essential. In most instances in our hospitals, there is no discipline due to poor management skills in the various departments leading to poor performances and quality of services provided. I would highly endorse the implementation of a proper workable system to improve these qualities in medical staff and workers in the hospitals.

There are several draw backs to attachments, though. One is the heavy reliance on technology for diagnosis: the use of CT scans and sophisticated investigations. Because we do not have such high levels of investigative aids at our disposal, we still depend on our clinical skills and senses in examinations. Another disadvantage of attachments is the lack of hands-on application which is not allowed because of our observer status.

Despite the short comings, many of the things I learnt and saw during the one month clinical attachment are things that can be easily adopted in order to improve the work environment and give more time to the care of our patients. These were practical changes that will require little extra effort to realize. I recommend that such opportunities be granted to many of my colleagues so that change may come in our work places as we endeavour to deliver quality health services to the people of South Sudan.

Dr. Poni Pitia Lako

Dentist, Juba Teaching Hospital

Email: naponi_ed@yahoo.com