

David Wolfer, Nursing Major  
Summer 2014 Study Abroad Brief  
Walker Institute of South Carolina

First, I would like to thank you for the Walker Institute and the role that you have played in helping me afford the opportunity to work in Kampala, Uganda for six weeks this summer. This experience has been formative for me and allowed me to tangibly experience the health care of the largest public hospital in a developing country in a way that no book, newspaper, or any other form of learning could teach. I worked for two weeks in three areas, Infectious Diseases, Emergency and Trauma, and Pediatrics which provided a unique picture into the workings of the hospital for three, critical populations.

During my study abroad I lived with a Ugandan family, worked at Mulago Hospital, the national referral hospital of Uganda, and also participated in a Medical Camp in Southern Uganda. I intentionally chose to work in the Infectious Disease, Emergency, and Pediatrics for several reasons. I came back from study abroad in July and was able to apply my experiences to my application for the Rotary Global Grant. This postgraduate fellowship focuses upon enacting sustainable change internationally with two of their six areas of focus being Disease Prevention and Maternal/Child Health thus justifying work in their corresponding areas. I chose to work in the Emergency / Casualty department because of my interest in working in the ER in the United States and internationally in an advanced practice role.

For my first two weeks, I was able to work in the Infectious Disease Ward. This ward was a startling introduction into Mulago Hospital as it contained a daily census of about 100 patients and was staffed by about two nurses and two medical students (called intern doctors in Uganda). I was able to learn about the Ugandan nursing practices dictated by the country's healthcare system. With a 50:1 patient to nurse ratio, nurses in Uganda primarily give IV medications to fifty patients, in comparison to the wide range of duties that an American nurse would perform for their three or four patients. My job while in Infectious Disease ward was to help one of the nurses round on one of the ward's wings. When rounding, the nurse and I would look through about forty patients' charts, prepare, administer, and document the IV medications prescribed for each patient. In addition to giving drugs, I was able to learn and improve my skills in starting intravenous lines and drawing blood necessary for lab tests. Up to this point in nursing school, I have not had the opportunity to start IVs and draw blood on patients, however, this ward provided ample opportunities to increase my skills and confidence in performing these tasks.

For my third, fourth and fifth weeks, I worked in the Medical Emergency area commonly referred to as Casualty. In this department, patients were triaged and later taken to their respective areas after their conditions were stabilized after focusing on maintaining the ABC's (Airway, Breathing, and Circulation).

The Casualty area was particularly beneficial because it provided me with exposure to a wide range of conditions from diabetic comas to congestive heart failure. In casualty, I worked primarily with Dr. Nantongo, who had completed medical school, while most of the other practicing physicians were still in medical school. Dr. Nantongo was not only competent in her job, but did a fantastic job explaining her steps in diagnosing patients. One of the most interesting types of patients was teenage girls who were admitted feigning either coma or violent tonic clonic seizures. These patients were quickly diagnosed with conversion disorder and were promptly given IV Lasix, a diuretic, and 500 mL of Normal Saline. This harmless treatment “magically” healed the patients by filling them with fluids and causing diuresis.

One of my most unique experiences in Casualty was working two consecutive night shifts working from 6pm-6am. These shifts allowed me to see how the hospital functioned overnight and tested how my body would deal with consecutive night shifts (artificial jet lag). During the night shifts, all healthcare workers would typically sleep in adjacent rooms on benches or extra beds (one night two nurses shared one bed sleeping head to foot) starting around 2am. This meant that no health care workers were available from 2am until 7a in the emergency ward. During this time, this left me and two other Canadian nurses to provide all care in the emergency department... The second night, at about 1 am, a patient died because the hospital staff took 2 hours to replace an oxygen tank. About three hours later that night another patient died of lung cancer after resisting any type of curative treatment. This second death allowed me to experience the typical form of Ugandan mourning, which included twenty family members screaming, screeching, and yelling at the body which woke up the rest of the 120 patients and family members sleeping in the communal ward/room. At around 2 am that morning an attendant with broken English requested that I come and bring cotton to help her. I then grabbed a small clump of cotton and followed her. I discovered that her patient had vomited nearly a liter of bright red blood all over the floor which she wanted me to clean up with the cotton. I promptly had a doctor come and assess the patient, but the story is more symbolic of the extreme severity of patient sickness that I encountered every day at the hospital. After I left at 6am, another patient died after the attendant was commanded to step outside the unit so the floor could be cleaned. During this time, the patient who was receiving oxygen with a mask threw up, aspirated, and died by the time the family was allowed back in the room. These types of unnecessary deaths happened more frequently than I wished at Mulago Hospital. Overall, Casualty was an amazing experience to learn from and assist an experienced doctor. Through the night shifts, I learned about the overnight care of patients. One of the positives of casualty was discovering the unique challenge and fascinating nature of accurately diagnosing patients with no medical records and language barriers for both me and the doctors.

For my final week, I worked in the Pediatric Ward, primarily within the resuscitation room where severely sick children were triaged. This area was especially tough because of the large number of

malnourished infants. A particularly sad case was an infant who had polydactyly (multiple digits, 24 total fingers or toes), bilateral cleft palate, and congenital cataracts. One of the saddening parts of this rotation was the inexperience of the med students working in the area. These students demonstrated their lack of knowledge by overusing several diagnoses and greatly over prescribing antibiotics for newborns. This was particularly dangerous because of the increase likelihood of causing antibiotic resistance and ototoxicity (ear problems) because of the disregard to following "standard" protocol for drug administration at Mulago. Overall this rotation was an excellent look into the tough struggle of growing up and surviving in Africa. This rotation also reinforced in me that I will most likely never work in a pediatric unit because of the emotional strain I experienced from the constant screaming of infants.

In addition to the hospital work, I was also able to volunteer with Helping Hands, a medical mission NGO, as they provided a free medical camp in the remote town of Kassensero (no running water).. During this camp, I was able to assist with taking vital signs and drug administration. In total, the camp served 1,600 people during two days. The experience was unique in that I was able to partner with a wide variety of Western and Ugandan health professionals and work in an unreached, rural area.

Thank you again Walker Institute for helping me afford such an incredibly hard and beneficial experience. I look forward to graduating from USC in May of 2015, and plan to continue serving underserved patients here in the Midlands and internationally.

David Wolfer

Note: I will be presenting to the USC Student Nurses Association later this fall. I will happily mention and recognize your office. If you would like, I think it would be great to have a representative speak more in depth about the role of the Walker Institute on campus to the nursing students.