

## **Roger Harman African Travelling Fellowship Report 2018**

### **Nigel Burrows**

I would like to thank the BAD for awarding me the Roger Harman African Travelling Fellowship. This enabled me to teach the dermatology residents for a week in October 2018 at the ALERT (All Africa Leprosy Rehabilitation and Training Center) Hospital in Addis Ababa, Ethiopia. Due to financial cuts in the Addis University the Dean of Medicine was not able to fund any visiting lecturers' expenses this year.

Teaching at the ALERT Hospital is a well trodden path for a number of UK dermatologists. The joint UK-Ethiopian Dermatology Training Education was started over 12 years ago and has contributed to successfully boosting the number of well trained dermatologists in Ethiopia. It was initially set up under the guidance of Professor Peter Friedmann and colleagues. UK dermatologists have been involved in training / teaching commitments and the specialty exam process and oversight with the input from Richard Weller, Sue Lewis-Jones, Chris Lovell, James Ferguson, Ruth Murphy and other colleagues. The BAD and Richard Weller very generously hosted six senior Addis dermatologists at the AGM in Edinburgh July 2018. At the AGM, Dr Dan (Dagnachew) Shibeshi, Head of Dermatology at Addis University at the time, spoke eloquently of their progress towards developing a world class training programme and becoming self-sufficient in well trained dermatologists, thanks in no small part to UK dermatology support, which he acknowledged. He plans to establish training centres in 3 universities outside Addis. They want to train 2 Paediatric Dermatologists and now have two fully trained dermatopathologists in Addis.

I was initially invited to ALERT in 2017 as an Adjunct Lecturer at Addis Ababa University but this fell through at the last minute due to administrative problems locally in Addis. The Dermatology Dept and Addis Ababa University asked for further teaching this year from the UK and, with only a couple of weeks notice, final arrangements were put in place for me to go out and teach for one week. This was to compliment the teaching to be given by Dr Mary Judge, who was visiting for 2 weeks.

After rather precarious commutes through Addis traffic to the hospital each morning, I delivered two dermatology lectures a day (0800 and 1230), on adult and paediatric topics, to the year 1, 2 and 3 dermatology trainees. Between 20-30 trainees attended each lecture. The trainees understand that in order to have a broad knowledge of skin disease they need to learn about conditions that are not common to their practice. The head of department was given a list of potential lecture topics beforehand and he chose those he felt to be most relevant. I therefore lectured on the following: Lumps and Bumps, Connective Tissue Disease, Genodermatoses, Male Genital Dermatoses, Skin Cancer, Genetic Disorders of Connective Tissue and a Paediatric Quiz. A further talk on Pigmented Lesions had to be abandoned due to a local IT hiccup!

In between the lectures Mary and I attended the wards and outpatient clinics. Patients arrive early in the morning for clinic, with a referral letter from primary care but without a fixed appointment. They therefore wait in turn for their consultation. Trainees see the patients, often in pairs, if junior, and seek consultant advice as required. The clinics move at a fast pace with trainees seeing around 20 patients in a clinic, with slightly fewer seen in the paediatric clinics. There is no requirement for clinic letters to be sent to the referring clinician. In addition to the common dermatoses I saw patients with infectious diseases, particularly cutaneous leishmaniasis (there is a high prevalence of leishmania aethiopica), mycoses and leprosy. The staff have limited access to laboratory investigations and drug

therapies which can make diagnosis and treatment of leishmania difficult in some circumstances. Also, there is no provision in Ethiopia for molecular diagnosis of genodermatoses. It was very sad to see the death of a young girl, shortly after admission to the ward with toxic epidermal necrolysis, but it was a reminder that many conditions seen in the UK are common patients in all countries.

I really enjoyed the opportunity to teach and interact with the local trainees and consultants, learn how a different health system operates and, increase my knowledge of tropical diseases. I feel I learnt more than I taught. So, even with a short attachment, I left benefiting greatly from the generosity of the dermatology staff showing me great clinical cases in clinics. I have also gained a better understanding of Ethiopian history and culture. The latter was enriched after the dermatology consultants kindly invited us out for a dinner to sample the local food and see examples of local dances. The trainees and consultants are very appreciative of the UK support and I would encourage other consultants to think about visiting ALERT to teach. Personally, I do hope that I will get the chance to join the dermatology team at ALERT on other occasions.



Dr Nigel Burrows and Dr Mary Judge with the dermatology students and some of the consultant staff at ALERT hospital



Entrance to ALERT Hospital, Addis Ababa

22/11/18