

Scholarship Winners' Reports 2014

Report 1: **Dr Antoinette Boima,**
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Dates and Programme: 9–10 October 2014: BHIVA Autumn Conference, including CHIVA parallel sessions
13–24 October 2014: Observational placement at Chelsea and Westminster Hospital, London

Overview of experience in UK

1. The experience was good from the welcome we had at the airport to the hotel and the welcome dinner.
2. London's weather was very good and different from what we are used to (hot & dry).
3. The hotel and the location of the hotel (Chelsea) were good and convenient for the hospital where I was attached (Chelsea and Westminster Hospital). The hotel staff was friendly and helpful too.
4. The BHIVA Conference was the best experience ever. The Mediscript administrators were good and very helpful.
5. Chelsea and Westminster staff members were very friendly and welcoming (Kobler Day Care and St Stephens Centre). I learned a lot from the doctor who I was shadowing (Dr Katrina Stegmann) and other healthcare workers (specialist doctors, doctors, nurses, health advisers). However, I would also have liked to consult and manage patients myself rather than just observing.
6. I enjoyed London shopping and sight-seeing and visited many tourist attractions (London Eye, Buckingham Palace, Museums etc).

Benefits of the Scholarship/What I have learnt and how I would use it in Botswana

1. The BHIVA Conference was the best experience ever. I learned about new studies especially HIV cure studies and management of different HIV-related conditions. I have since adopted the website; printed guidelines for different HIV-associated conditions and using them as a source of reference in the clinics in my district.
2. New drugs: I acquired ample ART knowledge especially about protease inhibitors and integrase inhibitors like dolutegravir that are not yet available in Botswana.
3. Type of patients: I saw that a lot of patients coming to HIV and sexual health clinics in London were from more vulnerable groups such as commercial sex workers and many were MSM. The good thing in the UK is that everyone was free to share their sexual orientation unlike in Botswana where we as doctors must assume everyone is heterosexual due to cultural barriers. I learned not to judge these patients based on my personal background. I would also contribute towards public health awareness in my country especially advocating for decriminalization of vulnerable groups.
4. Doctor–patient relationship: I was reminded of the need for good communication by the doctors at Chelsea and Westminster Hospital. Fewer patients were booked per clinic, and more consultation time was given to patients, which is definitely due to a much better doctor:patient ratio than in Botswana where close to a hundred people can be seen by one or two doctors per clinic. Patients were given a lot of written material to read at home unlike in our setting where that is done minimally due to lack of availability of computers, printers, paper etc in all consultation rooms.
5. Team work (MDT): there was a lot of team work in HIV clinics and inpatient settings as evidenced by MDT meetings before the clinics, big teaching wardrounds etc.

Long-term collaboration with colleagues from UK

1. I am planning on returning to London for postgraduate studies in genito-urinary medicine (GUM)/HIV. I am very passionate about this endeavour although there may be financial constraints. Assistance with this would make my dreams come true and it would surely be a huge investment for me personally and for Botswana as a country.