

Phebe Ijaduola - Elective Report

My name is Phebe Ijaduola, a final-year medical student at University College London (UCL). I chose to undertake my medical elective in Nigeria, the country of my heritage, as I have always had a strong desire to learn more about the nation, experience its culture firsthand, and contribute to its healthcare system following my medical training. I felt that the best way to achieve this was to immerse myself in Nigeria, explore its healthcare infrastructure, and work alongside healthcare professionals delivering care in a resource-variable setting.

The journey began with a flight from London to Lagos. Upon arrival, I was welcomed into a city full of energy and life. The bustling streets, heavy rush-hour traffic, warm climate, and vibrant atmosphere were instantly recognisable. Despite having spent most of my life in the England, arriving in Lagos felt like coming home.

My elective took place in Lagos, Nigeria, where I was primarily based at Lagoon Hospitals, Ikoyi. The elective provided exposure to Intensive Care Medicine, Emergency Medicine, and Internal Medicine, allowing me to gain valuable insight into both the clinical and systemic challenges faced by healthcare providers and patients.



Intensive Care Unit

To begin my elective, I spent time in the Intensive Care Unit (ICU) at Lagoon Hospitals. From the outset, I was struck by the dedication, clinical expertise, and adaptability of the healthcare professionals working in such a high-pressure environment. The ICU managed a diverse range of critically ill patients, providing exposure to conditions and presentations that I had not previously encountered to the same extent in the UK.

During my time on the unit, I observed the management of patients with severe sickle cell crises, major road traffic accidents resulting in multiple rib fractures and polytrauma, and patients undergoing brainstem death assessments. These



experiences highlighted the complexity of critical care medicine and reinforced the importance of strong clinical judgement, physiological understanding, and effective multidisciplinary teamwork.

One particularly valuable learning opportunity was observing numerous video-assisted endotracheal intubations. Watching experienced clinicians perform airway management in critically unwell patients enhanced my understanding of the technical and non-technical skills required in emergency and intensive care settings.

As part of my placement, I delivered a presentation on Ventilator-Associated Pneumonia (VAP). Given the frequent use of mechanical ventilation within the ICU, this provided an opportunity to discuss preventative strategies, reinforce patient safety measures, and highlight areas where complications could potentially be reduced through good clinical practice.



A notable difference from my experiences within the NHS was the significant role that family members and religious beliefs often played in decisions regarding ongoing care and end-of-life management. Family involvement was frequently central to discussions about treatment escalation and future care planning.



This highlighted the importance of understanding cultural and religious influences on healthcare decision-making and reminded me that effective patient-centred care must consider not only clinical factors but also the values and beliefs of patients and their families.

Emergency Medicine

My time in the Emergency Department exposed me to a wide variety of acute presentations, including stroke, myocardial infarction in a young male patient, and severe polytrauma following a fall from a building. These cases highlighted the fast-paced nature of emergency medicine and the importance of rapid assessment, prioritisation, and multidisciplinary collaboration.

One of the most striking aspects of working in the Emergency Department was witnessing the impact of healthcare financing on patient care. Unlike the NHS, where treatment decisions are generally separated from a patient's ability to pay, healthcare

access in Nigeria was often influenced by insurance coverage and financial circumstances.

I observed situations where patients required escalation from the Emergency Department to the Intensive Care Unit, but delays occurred while insurance approval or payment arrangements were clarified. In some cases, employers did not provide comprehensive health insurance for their staff, while different insurance providers covered varying levels of care and different categories of hospitals.

These experiences highlighted the significant role that healthcare systems and financing structures play in determining access to treatment. It was difficult to witness situations where financial constraints had the potential to influence clinical pathways, particularly for patients with time-critical conditions. The experience reinforced my appreciation for universal healthcare systems while also providing valuable insight into the challenges faced by both patients and healthcare professionals working within insurance-based models of care.

Internal Medicine

My placement on the Internal Medicine ward provided exposure to a wide range of acute and chronic medical conditions within an open general medical ward setting. One notable difference from the UK was that patients could directly request appointments with specialists, rather than first requiring referral through a GP.

During the placement, I also attended a teaching session delivered by a medical technology company on a new ventilator device, providing insight into advances in respiratory support and critical care technology.

Women At Risk International Foundation (WARIF)

I spent a day volunteering with the Women at Risk International Foundation (WARIF), a Nigerian organisation dedicated to supporting survivors of sexual and gender-based violence. Through their Survivor Project, I participated in discussions surrounding the experiences of survivors of rape and sexual assault, which provided valuable insight into the physical, psychological, and social impact of abuse. I also learned about the services WARIF provides, including medical treatment, forensic examinations, psychological counselling, and ongoing support to help survivors recover and rebuild their lives.



Leprosy Mission Nigeria

I spent time with The Leprosy Mission Nigeria, an organisation dedicated to the diagnosis, treatment, rehabilitation, and social reintegration of individuals affected by leprosy and other neglected tropical diseases. During my visit, I observed the holistic approach taken to patient care, including wound management, disability prevention, rehabilitation services, and community outreach programmes aimed at reducing stigma. As part of the visit, we donated funds to support food provision for patients and contributed basic household items to assist individuals and families living within the



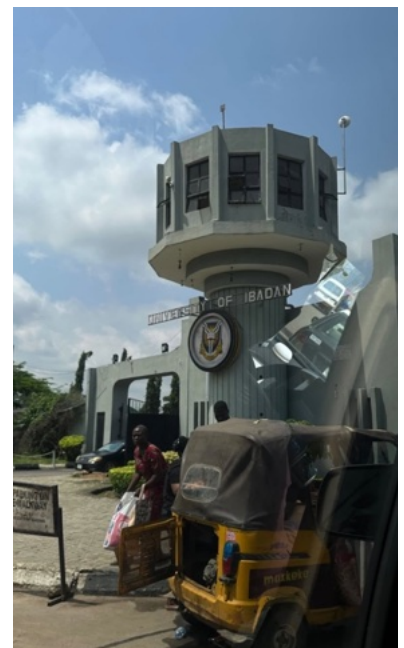
community. The experience highlighted the ongoing social and economic challenges faced by many affected by leprosy and reinforced the importance of compassionate, patient-centred care that extends beyond medical treatment alone.

Other Activities

Alongside the clinical aspects of my elective, I had the opportunity to further explore Nigeria and connect with my heritage. I visited the University of Ibadan, where one of my relatives was among the pioneering ENT surgeons in Nigeria and played a significant role in developing the country's ENT residency training programme. Visiting the university was particularly meaningful, as it allowed me to appreciate both my family's contribution to healthcare in Nigeria and the legacy of medical education within the country.

I also visited a student hostel built by my grandfather, which was a proud and personal reminder of my family's commitment to supporting future generations through education. In addition, I explored some of Ibadan's Zoo, National Park and spent valuable time reconnecting with family members.

Back in Lagos, I enjoyed visiting the beach and experiencing the vibrant culture of the city. A particular highlight was enjoying a wide variety of Nigerian food, from traditional home-cooked meals to local delicacies, which allowed me to further immerse myself in the country's rich culture and hospitality.





Conclusion

This elective provided invaluable exposure to clinical medicine, public health, and healthcare delivery within a resource-limited setting. Working across Emergency Medicine, Intensive Care, Internal Medicine, WARIF, and The Leprosy Mission Nigeria broadened my understanding of the social, economic, and systemic factors that influence health outcomes. It also highlighted the resilience, skill, and adaptability of healthcare professionals working in challenging environments.

Key reflections from the elective include:

- The significant impact of financial barriers on access to healthcare and patient outcomes.
- The importance of strong clinical assessment skills when investigations and resources are limited.
- The value of multidisciplinary approaches in addressing public health challenges, including gender-based violence and neglected tropical diseases.
- The dedication and expertise of healthcare professionals in Nigeria despite resource constraints.
- The importance of community engagement, health education, and advocacy in improving population health.

As I prepare to begin my career as a Foundation Doctor, this elective has reinforced my passion for clinical medicine and global health. The experience strengthened my ambition to contribute to healthcare both within the UK and internationally, particularly in Africa. I hope to build a career that combines patient care with leadership, education, and healthcare development, helping to improve access to high-quality healthcare and health outcomes on a broader scale.

