

Challenging, frustrating, stimulating! That is how it feels to be here. Challenging in every conceivable way. Frustrating when things do not work out the way you want them to and when you have no clue how to solve a problem you normally do not experience. Stimulating as every round is used to teach younger colleagues and every medical dilemma is discussed thoroughly.

The administrative workload you have to do before even thinking about coming to Tygerberg is a major challenge. You are recommended to start preparing this one year ahead your planned rotation. ECFMG (Educational Commission for Foreign Medical Graduates) is an organization that will approve your Swedish documents such as your medical degree and your medical licence. You normally have to visit a Notary Public a few times and send in a long application, including several attachments, to the Stellenbosch University where you will be registered as a student during your clinical rotation. The VISA application can also be a struggle but is much easier if you decide to stay shorter than 90 days. A saving angel for all these obstacles is Zaibo Krieger, who work at the International Office at Stellenbosch University.

When you finally arrive in Cape Town it can be hard to drive in the left-hand traffic. It is not recommended to catch a bus or take the tube as they seldom work or arrive in time as a result of the growing corruption in the country. The poverty is high and the class differences huge. At work, you are expected to do work that physicians normally don't do in Sweden. You will need to draw blood yourself and connect infusions and you often feel insufficient. Unfortunately, there introduction is not very organized, so you will have to figure out which people to ask when you need help. This is all challenging and you will need time to recover during the stay. Fortunately, the people are very friendly, the wine is great and the nature stunning.

The Obstetrical Department at Tygerberg Hospital is a high-risk clinic, meaning that only women classified as a high risk are cared for and give birth here. All patients come via another governmental hospital and people having a health insurance give birth in private hospitals. At the Delivery Ward there is one room in which about 14 women normally sit in armchairs or at bunk beds waiting for active labour. When it is time to deliver, they move into a separate room, but the doors are always kept open so ultimately it is quite nosy in the ward. Very little time is spent on comforting or calming the women. I often feel insufficient for example when I fail to take blood samples, but instead, I experience that have a meaningful role and fill a gap when I comfort patients, e.g., after a painful examination. Few local physicians spend time doing this.

As the patients are all high-risk, there are good opportunities to learn and the specialists are also very good at using every possibility to teach, even though the workload is often high. Every week, there are several opportunities to take part in case series, teaching rounds, lectures and Journal Clubs. It is very stimulating to be exposed to this environment, especially as I have done my specialist training in a small hospital in Sweden. Furthermore, it is also nice to avoid all the administrative work you do in Sweden as well as all problems you normally have with computers. Here, you write in the Medial record (paper version) as you round the patients. You don't have this typical double round that we have in Sweden: first in front of the computer with the midwife, and then with the patient.

It has been harder to be here than I thought it would, but I definitely don't regret going. I will bring many wonderful memories from moments with patients and discussions with colleagues back home. I hope I will be able to use knowledge I have gained here in my future duties as a specialist in Sweden, as well as in further work abroad.