Student Medical Elective Report–
Organization: Odyssey Africa/ Student Exchange Africa
Program: Medical Electives East Africa, Uganda
Dates: May 14 to July 27 2012
Locations: Multi-site Program in Kenya and Uganda

My elective practically begun when I commenced the placement process; the organizational effort was initially very difficult with very little feedback from any of the hospitals that I had shortlisted in my search for a placement. When I completed the online form for my placement through the Medical Electives East Africa program, I was able to complete placement in just five days and received a lot of planning support in the nine months preceding my arrival in Kenya.

I took my elective in two separate locations; Kenyatta National hospital in Nairobi and thereafter in Ndejje in Uganda through the Community and Family Health Initiative, an NGO in Uganda. I had a two-week travel intermission between the two sites. I was able to meet my objectives, the travel experience surpassed my expectations, the hospital staff were brilliant facilitators of learning and the program was exceptionally well-organized.

THE STARTING POINT

When I applied, my designated Program Liaison encouraged me to write down a very clear set objectives crucial to my time in East Africa. I wanted to make sure that I understood the practice of clinical medicine and surgery in a resource-poor, tropical setting; the challenges around public health work in a developing country; and to gain travel-rich experiences through cultural immersion in the countries I was going to visit. Perhaps the greatest advantage I had in achieving the latter of my goals was that the program organizer could plan home stays in both the countries I visited. In this way, learning local etiquette and mannerisms and really integrating into the local lifestyle became much easier for me.

The application process was fairly straight-forward through an online form where I could present my elective and personal preferences. From application to confirmed placement, the process took a mere five days and I was grateful to breathe a sigh of relief after trying to plan on my own for six weeks without much success.

FINALLY IN KENYA

I began the first half of my elective at Kenyatta National Hospital in Nairobi. I lived with my host family a short five-minute stroll to the hospital. Kenyatta is a large public hospital on a sprawling campus. It has an 1800-bed capacity and also serves as a teaching hospital. It is the largest hospital not only in Kenya, but in East and Central Africa housing a large number of other medical organizations such as the institute of Tropical Medicine and Infectious Disease, Kenya Medical research Institute amongst others. Because it is a teaching hospital, there are many students; medical nursing and even technical professions related to medical practice. I spent time assigned to the surgical and paediatric wards doing ward rounds as well as scrubbing up in theatre. Additionally, I was able to participate in observational studies addressing PMTCT (prevention of mother-to-child transmission) and to volunteer at the Comprehensive Care Clinics at the Nairobi Hospice. I was also able to participate as a volunteer at the bi-monthly Fistula Medical Camps. I became more aware of the challenges around maternal and child healthcare and to understand the interrelationships between sanitation, health, nutritional and cultural challenges and how they impact on public health programs in a developing country.

The clinical environments in public health facilities grapple with an enormous burden of healthcare. In a country like Kenya where there are low budgetary allocations towards healthcare and coupled with rampant corruption, these challenges are manifest. In the time just before I arrived in Kenya and shortly thereafter, there was also labour unrest among medical practitioners revolving around remuneration. These challenges often resulted in needless mortality and I also observed a near-callous attitude towards patients owing to the level of frustrations that result from resource-poor settings. The departments were largely administered by "Registrars", qualified doctors in specialization. I was able to observe how they were running the wards. The lack of confidentiality in the wards meant many times it would be hard to get full patient histories. The high volume of patients, most of who came from poor backgrounds, presented vast opportunities for learning and I think this is really where foreign students going to a developing country who are keen on the work can most benefit from. I had opportunities to participate, hands-on, in many basic clinical procedures and patient administration and management procedures; and to observe the more elaborate full surgical procedures. The medical challenges faced by public hospitals in Kenya are rife and are present in everyday life. They can be envisioned in many of the cases I personally witnessed where, for instance, child mortality could be reduced through improved education, greater access to primary healthcare and post-trauma counselling which, although non-existent in many of these facilities, would greatly reduce future incidences of similar needless mortality. There is also a greater need for improved diagnostic capacity which is, very sadly, negligible in these facilities. In Kenya, lifestyle and non-communicable diseases are on an upward trend. Many patients are not properly diagnosed because of the lack of resources. On the wards, common presentations included high fever, cough, weight loss, diarrhea and vomiting, oral and at times genital thrush, rash, meningeal signs or, frequently, some combination thereof. The hospital, by the standards in the country, has higher laboratory and diagnostic capacities. However, the majority of diagnoses were established clinically and treated with broad-based, empiric therapies. Some of the more common presenting illnesses included Tuberculosis (pulmonary, extra-pulmonary), Malaria (M. falciparum mainly), food poisoning, Meningococcal Meningitis, Tropical Splenomegaly and enteric pathogens. I also got to see some unique and rare cases of EDR Tuberculosis and even referred cases of Leishmaniasis, Tetanus and Pneumonic plague. In the surgical wards, I observed and participated in corrective eye surgeries (mostly cataract surgeries), cleft surgeries, vesico-vascular fistulas, limb amputations and repair.

My time in Kenya was richly rewarding. There are many places of interest that can be undertaken in a single day-trip or stretched out over several weekends. There is a rich adventure travel experience that comprises a variety of activities and I got to see the very best. I was well-received in the country and despite the travel warnings, I always felt very safe. I feel though that an elective in this destination is best arranged with an experienced hand to provide support.

ONWARD TO UGANDA

After completing 4 weeks in Kenya, I took a two-week intermission to spend time with my host family and to travel in both Kenya and Tanzania. Thereafter, I spent two weeks attached to a local NGO (Community and Family Health Initiative) in Uganda that offers primary and community healthcare services in maternal and child healthcare (principally through traditional birth attendants) and also runs a home-care and education program that routinely follows up with HIV/AIDS patients for in areas of nutritional health, ARVT, and economic projects. It was enlightening to see primary health care strategies and programs and how they interact with healthcare facilities. Here I had the opportunity to not only work with a community of traditional birth attendants, but to also see a wide range of HIV-related conditions including Kaposi's Sarcoma, pneumonia, candidiasis and Pruritic Papular Eruption and to also see ARVT-related conditions such as polyneuropathy and lipodystrophy. I also got to participate in their mobile clinics run on an outreach-basis that are primarily designed to offer early detection and referral of critical cases to the nearby mission hospitals. It was instructive to see the improved outcomes in overall community health through basic strategies of improving nutrition, access to water and access to proper sanitation at the community level. Within the jurisdiction of the same project, it was also notable to see improved outcomes on child-mortality and women's health through maternal education programs and primary healthcare strategies such as traditional birth attendance. Community support programs also help to de-stigmatize cultural perceptions towards disease and to empower communities to improve the general state of health within the community.

Although my time in Uganda was significantly shorter, it was also a great eye-opener to the opportunities that exist to improving healthcare through simpler strategies than curative ones.

MY TAKE-HOME AND GENERAL ADVICE

1. Respect the people, their traditions and their culture. Try to understand the country and the context in which you will be working.
2. If you can, carry some basic materials that you may not otherwise have access to. Carry your own stethoscope, scrubs; and if you are going somewhere remote, carry your own supply of hand-gel, gloves and face-masks. These will come in handy in the event that they are in short-supply where you are going. And if you don't need to use them, you can always gift them to the hospital.
3. Respect the work. Unfortunately, too many foreign students going on elective to these countries are more interested in the travel experience. A poor work/study ethic predisposes supervising staff towards "slackers" and you will completely lose out on the elective experience.
4. Take an interest in the language, it helps ease the challenges of cross-cultural communication and makes people have a friendlier disposition towards you.
5. I highly recommend a home stay if it can be arranged. If your medical school allows it, I also highly recommend participation in a primary health elective program for students interested in public health; it's a really great way to connect the dots between clinical practice and community health.

Undertaking a multi-site placement seemed very daunting when I first considered it and I was very apprehensive to travel alone to Africa for the first time. My apprehensions quickly dissipated when I discovered how exceptionally well my program was organized. I gained a deeper understanding of clinical presentation and the correlation between social, cultural, political and economic factors and the management of public health services in a developing country and critical skills in the practise of medicine in a resource-poor setting. The hospital staff and organizational team were wonderful (David was just absolutely great!). Thank you!

Andrea Oelschleg