

Objectives

1. To consolidate clinical knowledge and practice clinical skills.
2. To gain experience in recognition and management of tropical medicine.
3. To experience healthcare in a resource-limited setting.
4. To compare and contrast the practice of medicine in the UK and Kenya
5. To explore different career options and medical mission.

I did my electives in Kijabe Hospital, Kenya through Africa Inland Mission (AIM), a Christian mission organisation. Kijabe Hospital is a church hospital located in Kijabe Mission Station. Kijabe is a Masai word, meaning “place of the wind”. True to its name, it is constantly windy. It is on the edge of an escarpment overlooking the Great Rift Valley, at an elevation of 7500 feet above sea level.

The hospital

Kijabe Hospital is a 265-bed secondary referral hospital. I was pleasantly surprised at the range of services they offer. The hospital’s inpatient services include general medicine, surgery (general, plastic reconstructive and hand, orthopaedics, neurosurgery), Intensive Care Unit(ICU), obstetrics and gynaecology and paediatrics. Kijabe Hospital is also a paediatric surgical centre, in partnership with BethanyKids, a charity providing paediatric surgery for a wide range of neurosurgical, urological and neonatal conditions.

The hospital’s outpatient department attends to about 450 patients daily and comprises a 24-hour Casualty, general and specialty clinics (maternal and child health, diabetes, plastic reconstructive and hand surgery, orthopaedics, general surgery, tuberculosis, ophthalmology, ENT, dental and HIV/AIDS)

The hospital also has a 9-unit operating theatre, physiotherapy unit, pathology department and a chaplaincy department.

My experience

I divided my time between medicine, HIV care, surgery and paediatrics (General and Neonatology). I learnt basic Kiswahili phrases and the odd ‘Sheng’ (slang) word or two, but language was not too much of a problem as all the staff members and some of the patients spoke English.

I started off on the medicine service in the female ward. I would do a “pre-round” daily with the Clinical Officer (CO), which comprised clerking any new admissions and reviewing patients on the ward, before the Consultant arrived. The wardround normally consists of the Consultant, CO, nurse, nutritionist, chaplain and occasionally physiotherapist. We would present all the patients on the wardround including our management/discharge plan. I was surprised at the number of patients with diabetes, hypertension, deep vein thrombosis and heart failure, which can be attributed to the introduction of the western diet. There was also an interesting textbook case of tetanus and paraneoplastic syndrome. TB/HIV and AIDS-defining illnesses were not uncommon on the wards. Patients who needed continuous monitoring were nursed on the same ward in the High Dependency Unit. Those who deteriorated further were evaluated for the Intensive Care Unit. I was occasionally given the task of explaining to family members and breaking bad news to them. I was also asked to confirm the death of a patient, for the first time. I found breaking bad news and dealing with dying patients great challenges but I felt supported

throughout by the team. As a mission hospital, the hospital fees are kept low, made possible by donated services of missionaries and overseas donors. However, it was not uncommon to see patients who were not able to fund their treatment and had to rely on their relatives to search for money. This made me very aware of the cost implications of my actions and decisions, especially when ordering tests and investigations.

The Kijabe Hospital AIDSRelief Programme, which manages over 6000 patients, is a part of AIDSRelief Kenya which offers free HIV care and creates awareness in the communities in which patients with HIV live. My time there was focused on learning how patients with HIV are managed holistically. The various code names used to describe HIV/AIDS, such as ISS (immunosuppressive syndrome), show how significant stigma is in that community. The doctors in this service conduct a rigorous consultation where they elicit current health issues, tuberculosis symptoms, drug side effects, support and they conduct a pill count to ensure patients take their pills correctly. I was also able to conduct consultations on my own. I learnt about issues governing compliance, such as stigma, resistance/hostility from spouses and lack of understanding. I attended one of their mobile clinics an hour away from Kijabe, where they conduct similar consultations and refer patients to Kijabe if they require admission.

Surgery outpatient clinics receive a range of cases, such as benign prostatic hypertrophy, benign breast lumps, fistula-in-ano and malignancies. There was the opportunity to be part of the team, running clinic consultations to assisting in theatre.

In the 'Nursery', the Special Care Baby Unit, which cares for preterm and term babies with complications such as meconium aspiration, neonatal jaundice and neonatal sepsis, calculating feeds and fluid requirements here were of utmost importance and I was taught how to manage those babies accordingly. Here, I also saw a number of babies with encephalocoeles, spina bifida and hydrocephalus, mainly managed by the neurosurgery team. In the older infants and children, malnutrition and rickets are two of the most common presentations and good dietary advice and supplementation are important in managing those. I also had the opportunity to accompany the Newborn Community Health Project team to a village to educate the community on neonatal and maternal health.

Kijabe Hospital places a great importance on education. Conferences are held daily, at 7am and during lunchtime, where different topics are discussed or taught. Chapel is held every Wednesday morning, where the hospital congregates to worship.

Culture

This trip to Africa has not been all about medicine. Kenyan culture places a big emphasis on relationships and I integrated myself with the interns in the hospital and spent time learning about their culture. Kenyans are so warm and welcoming and being a Malaysian, I felt that there was a lot in common between Kenya and Malaysia, from the flora, certain aspects of the language - there were similarities between certain Kiswahili and Malay words, both having an element of Arab influence – and also historically, Kenya and Malaysia being Commonwealth countries. I even had the privilege of attending a bridal shower and a Kenyan wedding. The long-term missionaries and volunteers in Kijabe also organize a weekly dessert night for short-term people like me and it was nice to meet volunteers from the US, Australia, Canada and Hong Kong. I used my weekends for travel and I visited Mount Longonot, a dormant volcano, Hell's Gate Gorge, Lake Naivasha, Lake Nakuru and the Masai Mara.

AIC KIJABE HOSPITAL, KENYA

Elective Report 2012

Su-Ann Yeoh

My electives in Kenya have been a great learning process and an amazing experience. Someone once told me that "once you get African sand in your shoes, it is difficult to shake it off". That is certainly true for me, and I would love to go back someday. I would like to thank AMECA and MedChi for the generous awards which have helped me greatly in funding my electives.

Anyone who is interested in applying can email me for more information.

Su-Ann Yeoh su.ann.yeoh@hotmail.com

Or alternatively,

Medical student elective information and application

Synergy, AIM International, Halifax Place, Nottingham NG1 1QN

0115 9838120

[*synergy@aimeurope.net*](mailto:synergy@aimeurope.net)

Kijabe Hospital contact

General information: info.kh@kijabe.net

Website: <http://www.kijabehospital.org/>