

How to decide on your medical elective: insights from a medical volunteer in Africa

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Karyn took time out the New Zealand medical workforce in 2016 to spend 12 months traveling and volunteering in India as well as southern and eastern Africa. She spent 6 months volunteering as an obstetrics registrar in a mission hospital on the outskirts of Nairobi. She also supervised medical students who conducted free clinics for the rural tribal communities of the Maasai Mara and impoverished areas of Nairobi. Together with volunteers from the United States (US) and the United Kingdom (UK), and inspired by visible changes in the health and wellbeing of the communities in which they worked, Karyn has started her own Non-Governmental Organisation, Kenya Health Movement, to widen not only the experience for medical students, but also the number of communities able to receive quality, free and easy to access medical care.

It is coming around to that time of the year again, when medical students across the country are allocated their elective quarter and begin the process of organising their electives. The medical elective offers a chance to experience medical practice in a different culture, country, resource setting, or specialist area. It can be one of the most challenging and rewarding experiences a student may undertake at medical school, and is certainly one of the most eagerly anticipated. However, medical electives can present challenges previously not encountered as a medical student. The decision of where to go and what to do with this invaluable opportunity can be a difficult one. As an Obstetrics and Gynaecology registrar, I have taken part in voluntary medical service across six different countries and three continents in the four years since my own medical student elective. To ensure you have the safest and most enriching experience, I urge you to clearly identify your own ethical values, motivations and goals before committing to a medical elective.

Spending most of my time working in under-resourced settings in Africa, I can attest that working in demanding, unfamiliar cultures and circumstances often promotes increased independence and self-reliance, leading to immense personal growth. By living and volunteering my medical skills in Nairobi, Kenya over the past 6 months, I have acquired deeper understanding of some of the more subtle skills that make a skilled doctor an excellent doctor. Growing up a New Zealand European, in a rural farming community north of Auckland, I have never before experienced being a minority within a community. Certainly as a native English speaker, I have never had to grapple with learning a new language. When you find yourself barely able to convey where you want to go on a bus or what vegetables you would like to buy at a local market, obtaining a sensitive and appropriate history from a patient or getting an informed consent becomes infinitely more difficult. Even through a translator the subtleties of 'the art of medicine', such as compassion, can be lost and one has to learn to focus on the non-verbal aspects of communication. These often overlooked cues can make you a more patient-centred doctor in your future practice. This is particularly relevant in instances such as breaking bad news or consenting a patient when subtle cues of confusion, fear, or a lack of understanding could go unnoticed.

It is also critically important that your choice of country and centre reflects the main goal of your medical elective. If you want to experience the latest developments in cardiothoracic surgery you are best to seek opportunities in large university hospitals in Europe, the United Kingdom, United States of America, and Australia. It would therefore be unfair to expect this of a hospital in rural Tanzania. Participating in a medical elective in a developing country can however provide you with an opportunity to see diseases you may not be able to see here in New Zealand, or much more advanced pathology than would commonly present back home. Practising in a resource limited setting can also teach a student the value of clinical exam, rather than relying on imaging or investigations.

Once you have decided on the country, the next consideration would be what region or size of hospital or clinic you wish to visit. Being involved with medical outreach activities or medical electives in rural clinics provides an opportunity for family-centred care and an often more intense experience of culture. This in its self can be an incredibly enriching experience. Cultural activities such as attending morning prayers and meditation while conducting medical outreach at a Buddhist monastery in the Indian Himalayas; sleeping in a mud hut listening to the growls of hyena at night; or learning to dance with the Maasai tribe are events that have made my medical volunteer work unforgettable. In fact some of my most rewarding experiences as a doctor have occurred while volunteering in rural communities. Overwhelming expressions of gratitude from communities such as the sacrifice of a goat in my honour, and its subsequent presentation to me in the form of a cloak; or being draped in prayer scarves from a renowned Buddhist monk are experiences unrivalled within the confines of our New Zealand hospital system (in which you will spend the early part of your career).

Community outreach can also provide a valuable public health focus to a medical elective. The interplay of the wider social determinants of health such as poverty, unemployment and education, with the individual disease or illness are highlighted when working at a close community level. Joseph, a young boy we came across while conducting outreach in one of the poorest communities in Nairobi, is a prime example of the

social determinants of health. Presenting with a severe skin condition, he was found to be suffering from pellagra, a vitamin B3 deficiency, as a result of his malnutrition and Acquired Immune Deficiency Syndrome (AIDS). The wider health determinants at play here were a country with high unemployment, poor access to contraception to control family size, low educational achievement in a school system only publicly funded to completion of primary school, lack of empowerment of women, and no social welfare system. Kenya Health Movement, funds not only his hospital stay and ongoing medications, but also provides food donations, Human Immunodeficiency Virus (HIV) and health screening for the rest of the family, housing for the family, and sponsorship for his return to school; through which they were able to make a much more significant improvement in his health.

Medical electives are undoubtedly an invaluable learning experience, in more ways than purely gaining medical knowledge. However, it does also pose new challenges and dilemmas for a student, particularly in resource limited settings. It is important to realise the impact your presence has on the clinic, hospital or health system you work within, as well as your own safety and limitations. Health systems in developing countries are under immense pressures and hosting medical elective students can place further stressors onto an already stretched medical staff to provide adequate supervision and teaching, as well as physical resources. At its worst this could mean an experience such as on my own medical elective in Tanzania, where the hospital I visited had such little resources that we would wash, dry, and reuse disposable gloves.

Students may also find themselves being asked to perform procedures they are not competent to perform, placing both themselves and their patients in harm. Even as an obstetrics and gynaecology registrar I faced this issue, during my recent time volunteering in a Kenyan hospital. A woman was transferred to our hospital after suffering a prolonged labour; during which her baby had died, and presented with post-partum haemorrhage. She lost an estimated three litres of blood prior to arriving. Her resuscitation was put on hold due to the inability of her family to pay the hospital fee. Later it was established that the hospital would cover the costs of an operation to repair her cervical tear and a possible hysterectomy, but no surgeon was available to perform the surgery. As a junior registrar I felt the surgery was outside of my competency. The alternative was to witness her bleeding to death in front of our eyes. A more experienced surgeon was found eventually, resolving my internal dilemma. Sadly the woman lost too much blood and did not survive the surgery. This was far from an isolated experience and may challenge an elective student to the core of their values.

While the final year medical elective offers you a world of opportunities and an array of unforgettable experiences, it does require careful consideration of goals and expectations and a considerable amount of planning to take full advantage of the opportunity. Regardless of the focus or location of your medical elective, you will look back at your time fondly, knowing the experience has shaped you into a more grounded, empathetic, and skilled medical practitioner, and global citizen.

If you wish to learn more about our non-governmental organisation (NGO), Kenya Health Movement, or join us for your medical elective, visit our website kenyahealthmovement.com, send us an email kenyahealthmovement@gmail.com or visit our Facebook page.