

Return to Kenya After 37 Years: Cultural and Medical Observations

GEOFFREY BERG, MD

In 1975, I spent my last three months of medical school working at a mission hospital in Kenya. It was a wonderful experience and I had always planned to go back but life got in the way. Finally, time and finances worked out so I could take part in the Brown Kenya Program in January 2012. The interval gave me the opportunity to see what had changed and what had remained the same.

The first thing that struck me was that despite a more than doubling of the population and an AIDS epidemic, modernization marched on. As an example, whereas in 1975, 90 percent of the roads were unpaved and the roofs were thatched, those ratios were reversed when I returned. And of course everyone has a cell phone.

The population explosion was evident in the towns. Eldoret was a sleepy little town in 1975 and is now a burgeoning metropolis of more than 200,000. However, progress has not come without a cost. As people acquire western amenities they also are acquiring western diseases. Over three months in 1975, I rarely saw diabetes and never saw a case of coronary artery disease. The former is becoming

prevalent and the latter is not far behind.

The AMPATH program of which Brown is a part has made miraculous progress dealing with HIV. They are expanding into chronic diseases like diabetes screening. One would hope that progress in that area is taken a step further with education programs so that Kenya can move into the future without taking on the health problems associated with western progress.

Despite my previous experience, as a practitioner of outpatient internal medicine in Providence, I experienced culture shock when thrust into the role of inpatient ward attending half a world away in Eldoret. I instantly became the presumptive leader of up to 15 house officers, students, pharmacist, nurses, etc., working within a system, language, and diseases that were all foreign to me.

Kenya has come a long way since I was first there and still has a long way to go. Good clinicians, regardless of their knowledge base in tropical medicine, can help in that journey.



Dr. Jane Carter, director of the Brown Kenya Program, was in Kenya in September and took these photos of medical workers (next page) and a new facility being built (left) at the Moi Teaching and Referral Hospital in Eldoret, which is the second largest referral facility in the country providing specialized care to patients from western Kenya and neighboring countries. The new building will increase Moi's capacity to address the challenge posed by Non-Communicable Diseases (NCDs).



JANE CARTER, MD

MAKING ROUNDS PATIENT-CENTERED

Once I got my bearings, I had to figure out how I could make a contribution to the care of patients and the education of students. For me this came when I tried to make the rounding process more patient-centered. This I tried to do in the following manner.

Rounds are conducted in English, which most patients don't speak, and they tend to emphasize teaching, since there are so many to be taught. For the most part, then, the patients are spoken about but almost never to. I made a point that each medical student has the responsibility after rounds of going back to their patient and explaining the treatment plan to the patient and give them the opportunity to have their questions answered.

Going from the classroom to the wards involves taking book learning and applying it to actual patients. This is a difficult transition in any situation but at Moi it is not really emphasized. As an example, we were rounding on a patient in renal failure with mental confusion and shortness of breath. The Kenyan attending had the students come up with a thorough list of all the problems that come with renal failure. I in turn had them look at the patient and look at the real-life manifestations that were there before them, pointing out that dialysis, cleaning the patient's blood and getting rid of extra fluid will go a long way to making the patient think and breath better.



Dr. Berg and Kenyan physicians and trainees during his visit in 2012.

ACCOUNTABILITY EXERCISE

Another area where I felt I could influence students and, in turn, be a service was in matters of accountability. Kenyan medical students are literally the brightest students in the country. That said, they have a reluctance to take responsibility and be accountable for their actions. I tried to address the issue with an experiment.

I had medical students on my team pledge to me that they would perform some task on a patient they were covering. The following day one of the students had said that he would perform a rectal exam and test for occult blood on a patient with anemia. He had not done it, so on rounds I went through an accountability exercise I had learned.

Did you make an agreement with me?

Yes.

Did you keep that agreement?

No.

What did you choose to do instead?

Not sure.

How did this affect others?

Loss of trust with me.

Don't know if the patient is bleeding.

How does this affect you?

Loss of learning opportunity.

How can you get back in accountability?

Do the stool guaiac after rounds.

After rounds I showed the student how to do a rectal exam and rather reluctantly he did it himself. Then the problems started. There were no stool cards in the side lab. There were no stool cards in the main lab. There was a suggestion that we take it to a private office who knows where and pay who knows what. Finally, the main lab suggested we try the maternity lab. With each new problem I was getting more dejected.

However, with each new problem, the student was getting more and more animated with the challenge. By the time we figured we could do it in the maternity ward, he was practically dragging me there to fulfill the mission we had started but now was clearly his. In the maternity lab we experienced a few bureaucratic hurdles before we got our answer – guaiac negative. Much more importantly, on the way to the maternity lab the student earned an "A" in accountability which showed up in his work throughout the remainder of his month on the wards.

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