Pre-Physician Assistant Internship Program

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From Competition to Compassion – My Global Health Experience with International Medical Aid in Mombasa, Kenya

For the first 18 years of my life, I found myself caught in a cycle that so many of us in North America enter without realizing. This exhausting cycle is built on competition, comparison, and a constant striving for more, despite already having more than enough to survive day-to-day life. The way I grew up and the people I was surrounded by made me want to be the best, have the most, and accomplish more than others—a sad, unloving way to live, but the unfortunate reality of our mindsets in North America. For me, success meant getting ahead of others, checking off boxes, and accumulating numerous achievements, as evidenced by personal belongings. The sad truth is this internship was originally another stop in my life cycle, the next step on the ladder, another box checked - a way to gain clinical experience, strengthen my resume, and set myself ahead of others. The eye-opening experience I'm thankful for every day is what I didn't expect to happen in Mombasa during my internship. My 4 weeks spent in that city, within the hospital, immersed in the cultures around me, unravelled everything that I thought I once knew and showed me what truly matters in our special world.

One of the immediate differences that struck me when I first started in Coast General Teaching and Referral Hospital was how healthcare operated without the digital "efficiencies" we take for granted. Each consultation I sat in with was done on paper - scrappy, old paper charts stacked in folders, lots falling apart, barely holding it together. There weren't many glowing electronic screens and no clicking of a keyboard. And yet, despite the lack of electronics, care was still being given. People were diagnosed. Treatments were provided. From my perspective, the absence of technology allowed for something we have lost in North America: presence. Doctors made full eye contact and opened not only their brains to offer knowledge, but their hearts to offer support. In the Pediatrics outpatient, Dr. Nancy had patients come back from years before, and she remembered not only their medical cases but their faces as well. Patients here were more than just medical history; they were a face and a story. This realization was humbling as I realized that the life-defining technology I once thought was essential hadn't taken over people's lives here - and maybe that's why people were more grounded, more grateful and less obsessed with "more".

During my first week of my hospital rotations, a case that left an impression on me was seeing my first umbilical hernia in the pediatric outpatient clinic. The appearance was shocking - the way the abdominal wall was visibly weakened, allowing bulging from the inside out. I assumed, from my first impression, that this would be a major issue, but Dr. Nancy, who quickly became one of my most memorable mentors in the hospital, calmly explained how common these are in children there and that most can resolve on their own. It was published in Management of Umbilical Hernia in African

Children written by Ngom Gabriel that, "The symptomatic hernia was present in 90.9% of cases" (Gabriel, 2023). If these very common cases don't resolve on their own, a minor surgery with a small incision is often all that is needed to remove the herniated sac. Her calm confidence and heavy knowledge immediately reassured both me and the worried parents of the pediatric patients. My week in pediatrics taught me that healing doesn't start with just medicine - it starts with heartfelt connection. I learnt the importance of making both the child and their parents feel safe, asking meaningful questions during the consultation, and truly taking in and listening to their responses. One lesson Dr. Nancy shared with me during my first week and has stayed with me since: "In medicine, especially pediatrics, you must carry hope, because you are close to God here - when you carry hope, the families do too". She fully believed that children responded faster to treatment not only because of their biology, but because of the energy and optimism surrounding them. Pediatrics, she said, was full of magic. And by the end of my week rotating there, I began to see it too.

My week in internal medicine took me to a much heavier emotional level. I saw firsthand how many diseases and diagnoses that could have been prevented had these patients lived in Canada or the U.S. It was heartbreaking. Chronic illnesses like kidney and liver diseases were common, yet transplants simply weren't available at the most affordable public hospital. A realization hit me hard: healthcare is far from equal, and many people's outcomes are determined more by geography than by biology. Dr. Faruge told us something that I think about on the regular: many children with diabetes in Mombasa die young - not because the disease isn't treatable, but because their families cannot afford insulin. Something entirely basic and normal for us back home, but there, an essential, out of reach. "We've seen a steady rise in demand for insulin over the past few years, especially for pediatric patients. A vial costing Sh800 to Sh2,000 may last only a few weeks, and families often need multiple vials monthly, alongside syringes and glucose monitors," said Dr. Jane Wambui in the article Rising Insulin Demand in Kenya Strains Families as Type 1 Diabetes Cases Surge Among Children. It was also mentioned that the financial strain when it comes to insulin supplies and the inconsistency of it in public hospitals is compounded by Kenya's healthcare system challenges. Local health advocates interviewed a mother of a 10-year-old with type 1 diabetes, and during this interview, Mary Otieno said, "For low-income families, it's a choice between insulin and basic needs like food" (Kiprotich, 2025). There were other moments during this week that stunned me into silence - like the man with a massive cancerous tumour on his foot. It was so large, invading soft tissue and bone, that by the time he was able to go to the hospital, the only option left was amputation from the knee down. Had he been able to afford care earlier or not been afraid to come in, the outcome would have been so different, and he had the potential to continue living life with both legs. Situations like these are ones you hear of back home, but you don't understand the severity of seeing it with your own eyes.

Since returning home from my month in Mombasa, I've learnt that my old problems that I used to allow to consume me, things like small setbacks, minor inconveniences, not having the newest things - now feel impossibly small. This realization and clarity came from not a single moment, but a series of humbling experiences. The silence speaks unbelievably loud when heartbreaking decisions determine which patient deserves a ventilator spot in the ICU or which patients to triage as urgent or less urgent in the ER. I witnessed patients who needed urgent treatment to increase survival rate being treated slowly and after other patients, simply because there weren't enough resources or staff to make it possible. Witnessing this firsthand changed something in me. Another moment I'll never forget was in the orthopedic casting room, watching children have fractured bones realigned without any general anesthesia. No sedation, no numbing - just raw, overwhelming, unbearable pain. I stood comforting a young boy, only six years old, as he gritted his teeth, in obvious pain. He sat through it with unbelievable courage. Not because he was a superhuman, but because there was no other option. This kind of strength is not something we often witness in Canada. In Mombasa, strength isn't a virtue; it's a necessity for survival, and for this little boy, I realized that strength isn't an act of bravery, but it's the only option. These experiences collapsed the illusion of control and comfort I used to carry with me from growing up in North America. I no longer find myself getting upset over small things like slow Wi-Fi, long lines at the store, or slow drivers on the way home. Those "problems" are all privileges.

Mombasa taught me that perspective is everything, and gratitude is not something you only express when things are going well, but rather it's something you carry with you even when they don't.

Looking back now, I see how each of these unique experiences chipped away at my old mindset. The constant search for more, the hunger of needing to be the best. The pure belief that I had to be better than others to be valuable. That success was about doing, not being. In Mombasa, I found something different. Gratitude for the smallest things. Communities where little material wealth existed. Strength looks different in different parts of the world - but perhaps it's the most powerful when it comes from necessary resilience and not ambition. One of the most powerful examples of this shift happened during my week in surgery. An American pediatric surgeon from Texas had flown to Mombasa to volunteer for two weeks, offering her expertise to consult on special pediatric cases that exceeded the training level or specialization available locally (Nijeru, 2025). There was no spotlight, no fanfare, but just a woman with decades of knowledge quietly giving not only her time but her heart and care. What very well could have turned into a hierarchical clinical setting became something much more human. Inside that operating room, I witnessed an environment filled with learning, humility, and a spirit of giving. She taught countless procedures and important perspectives by exemplifying how sharing knowledge can create a deep connection and how compassion transcends borders. One of my orientation leaders told me when I asked him on our city tour of Mombasa what his favourite part of the city was. He

looked around and said, "I love it all. This is my home, and all of these people are my people." This simple answer carries a weight that I still feel in my heart. It captures what part of me was missing back home: connection, belonging, presence. I've developed a deep gratitude for my day-to-day life, and with each step I take, each word I speak, and each interaction I make, I've begun to try and spread the outpour of love and community that I was immersed in throughout this internship.

This internship changed me. It opened my eyes to the inequities of the world, yes, but more than that, it helped me see myself and my values more clearly. I no longer want to spend my life climbing a ladder that leads nowhere. I want to build something grounded in purpose, humility, and care. Care for others, and myself. That shift in perspective is the greatest gift Mombasa gave me, and I will carry this with me forever. I'd like to take this as an opportunity to thank International Medical Aid for making this life-changing experience possible. Your program didn't just give me clinical exposure: it let me unlearn what I thought I knew, and grow into someone who values presence over performance and people over prestige. You gave me more than an internship - you allowed me to reflect on who I was and gave me a window into who I want to become. Because of my time in Mombasa, I now walk forward in my journey through medicine with new goals and dreams. One's no longer rooted in personal advancement, but in service. I hope to return to Africa not as a visitor, but as a physician who gives back to the very communities that helped me find myself at such a young age. I want to be a part of bridging healthcare gaps, sharing knowledge, and empowering others the same way I was empowered during my time in Mombasa. Mombasa didn't simply shift my perspective on how I see the world, but it also shifted my perspective on where I see myself belonging in it, and for that, I am endlessly thankful.

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