Pre-Nursing Internship Program

CASEY KIRCHSCHLAGER

UNIVERSITY OF MINNESOTA TWIN CITIES

SUMMER 2024 ALUMNI

From Nursing Student to Global Health Advocate: My Pre-Nursing Internship Experience in Mombasa, Kenya

During my International Medical Aid Internship in Mombasa Kenya at Coast General Teaching and Referral Hospital (CGTRH) I was placed in the pediatric ward, accident and emergency and labor and delivery. My experience in these three wards were very different and provided a lot of insight into the differences of healthcare in this region compared to the United States. Having gone through three years of nursing school already and only one more year before graduation, it was very eye opening to see not only the nursing role and procedures but also how nurses are taught and the weight they carry within the hospital.

Knowledge and Experience

I have gained an immense amount of respect and appreciation for not only the doctors and nurses of these under resourced facilities but also how knowledgeable everyone is despite the difference in healthcare delivery. One of the biggest factors I have taken from my hospital experience is that you cannot save everyone, and the limited resources cannot be allocated to everyone. Financially, many patients and families in these public sectors do not get the care or treatment they need because there is no money to pay. Others may be neglected if not with a support system or not treated in a timely manner. Medication is limited and medical supplies are sometimes made from innovative ideas like making splints from bending metal. I have not only seen a lot but learned and practiced skills alongside the nurses and providers. My perspective of how this area of the world functions has certainly shaped my idea of healthcare in different countries. I am coming back from this experience with a more open mind and appreciation for life.

I have one more year left of nursing school and my experience here has only made me want to perform me in school and in my career to the best of my abilities. After seeing the disparities and lack of resources in this hospital and country it makes me realize how fortunate I am to be going into a workforce that can truly impact almost every life in a positive way. I want to take with me the care and compassion of some of the nurses and doctors I have encountered. I'm also invigorated to provide a calm and friendly bedside manner than not many of the nurses and doctors have in Kenya. I am also influenced to maybe even go back to school after some experience and earn a higher degree to perform more tasks and skills.

Outside of the hospital I was very excited about each of the hygiene, reproductive and mental health clinics and seeing how much of an impact we had on the children. I think that might be taken for

granted in the US as from from a young age children are taught about health and hygiene and their bodies. As a nurse one of my roles will be education of every different age and population. It excites me to know that children appreciate and take this information to heart. I want to be able to talk young girls through puberty and menstruation or be able to destigmatize and help someone going through a mental health crisis. I want to be that person that someone knows they can go to for information, in hard times or just needing a hand to hold. I felt that in the community and in CGTRH and it makes me so excited to carry that back into my career here in the US.

Differences in Healthcare Delivery

The biggest aspect of this whole experience was seeing the differences in healthcare delivery and use of resources compared to the United States. Starting with the private vs public health care sectors. The public sector is more accessible and affordable but also contributes to poorer patient outcomes, lower standards of care and limited resources. On the other hand, the private sector is slightly more common in use (International Medical Aid, 2024) and provides a higher quality of care for patients.

Upon arrival to the hospital patients must pay for their records booklet and then are given a bill that must be paid before leaving the hospital at the end of their stay. Those who do not have the money to pay their bill are detained at the hospital until it can be covered and some even change clothes and run away. I was shocked by this fact as well as the matter that no one goes after the escapee and police do not intervene.

In addition to the financial side of the healthcare system I found it very shocking how common medical neglect was. A patients must come in with a support system or person to advocate for their health, especially in accident and emergency, otherwise doctors may not see them right away or at all. Patients or their family must also purchase their own medical equipment as needed for their condition. Whether it be sutures, ng tube, catheter, medication, etc.… The family or person accompanying the patient must follow what the doctor says to go buy it at the entrance of the hospital and then come back with the supplies.

Each unit of the hospital has its differences and different procedures for care, but I found that labor and deliver was one of the most different from the US. First, the nurses and even student nurses are the providers for vaginally delivers while only the PA's and Doctors perform the c-sections. Mothers are to birth alone in their bay, no one else is allowed to be with them including the father figure. Fathers and family must wait outside of the unit but can buy and bring in medication or supplies if instructed to. Most women birth naked and are left to scream in pain for hours without anyone checking in. Epidurals are only used for c-sections and even then, are only an injection into the spinal column rather than a

catheter that is left in place until after the procedure. At CGTRH babies are brough straight to warmers after delivery and remain there for 2-3 hours. On the other hand, in the US babies are delivered straight to skin-to-skin contact with the mother called the "golden hour" and breastfed with in that time. I found it interesting that there are signs all over the unit saying babies must be fed within 30 minutes to an hour, but I never saw that happen. After asking a nurse about this they said that the baby must remain in the warmer while the mother cleans herself up and after three hours the baby must be breastfed to prevent hypoglycemia.

In addition to the procedures, I observed that no stethoscopes or dopplers were used when assessing fetal heart rate, only fetoscopes. There is also only one maybe two for the whole unit and they are just passed from patient to patient as needed. Doctors and nurses are very skilled at using this device and can almost immediately determine what condition the mom and baby are in without any other test or device.

The pediatrics department also surprised me, where critically ill babies are placed in wooden bins next to each other and older children are still in cribs or beds with their parent next to them 24/7. Patients do not have their own bay or room and everyone is in one area together. All children and babies have an IV placed upon admission to the unit and many have ng tubes for feeding. Children are here for a number of reasons, but the most common illnesses are tuberculosis, severe acute malnutrition, HIV and pneumonia.

Political Systems and Cultural Variations

Aside from the public and private sectors to healthcare only around 35% of the population has health insurance. This leads to patients not seeking care when needed, increasing transmission of diseases like HIV and Aids and therefore putting even more strain on the system. I also find it interesting that faith-based organizations are a large contributor to the healthcare system.

In the United States doctors and other providers are of the highest paid professions with some making over $500,000 per year. Nurses make an average annual salary of around $94,000 (US Bureau of Labor and Statistics, 2024) with that coming out to around $45 per hour. At CGTRH I asked a labor and delivery doctor about his income which was only around $1,200 USD per month or $14,400 per year. This encompasses a full 40-hour work week, 50-60 c-sections per month, being on call, assisting with vaginally delivers, caring for complications and leading the unit. He said at the end of the month he still must scrounge from money to pay rent and provide for his family. I was also able to talk to nurse about their salary and it comes out to around $3 USD per hour which is practically nothing.

Culturally disease, death and dying is all too common in this part of the country and happens quite often. Many people do not see a doctor when they are sick and only show up to a hospital if they are extremely ill. Everyone is very strong. From a young age boy are taught that crying is a sign of weakness and can even be punished for it. Death and burial are also a very religious process. Families of a deceased body follow the body to the morgue and stay with it until they can have it for ceremony. People are very protective of the body and have specific rituals when it comes to death and the afterlife.

Unique Clinical Cases

During my time in the hospital, I saw many unique cases that are not common or even exist in the US. The pediatrics department saw many cases of malnutrition which is common in the country but quite the opposite in the US. Marasmus, also called severe acute malnutrition, is a condition that I have only read heard and learned about in textbooks where the patient's body is not absorbing nutrients and therefore the stomach becomes very large while the limbs are very tiny. This was my first time seeing a patient living with it and I was shocked by how someone could live with this.

In labor and delivery there was such a high volume of patients, some came in so fast and providers had no idea how many weeks they were, the condition of the baby or specifically how many babies there were. I was working a night shift when a momma came from around the corner of her room and asked for a cervical check. As we laid her on the bed and pulled the gown back, the tiniest foot was coming out. Nurses scrambled to find her chart and it wasn't until both babies were coming out that they realized she was only around thirty weeks. Each weighing less than two pounds they were just set in a warmer until being brought to the newborn unit and eventually both passed away. In the United States there are so many technologies and medications used to detect multiple fetuses, abnormalities and solutions for be able to carry the babies closer to term. It's just another eye opener to the disparities of this area but also the strength and resilience of the mothers who give birth under these circumstances.

In the pediatric ward I also learned that there are no organ transplants within the whole country and those who are in need must make arrangements to travel to a different country. Specifically, there were two children in the POW ward that needed liver transplants to survive. One child's family was fortunate enough to have the funds to travel and he was being prepared to leave for India where he would receive the new liver. Unfortunately, the other child did not have much family and traveling for the surgery was not an option, so providers were just making him comfortable with the time he had remaining.

I had never heard of the term mob justice until coming to CGTRH. I learned about this when in accident and emergency after seeing patients come in who had just been brutally attacked. This is the result of letting the public handle discrepancies rather than the police getting involved. From stealing to

fighting, looting and assault, the "mob" will get back at the person who was involved in the event by throwing rocks called stoning with the intent of killing the person. In extreme measures tires are put around the suspect so they cannot move or run and then lit on fire are stoned until death. If they are lucky at any point during these events, bystanders may try to help and pull them from eventual death, but this is just how some problems are taken care of. In the US there are also many injuries and death due to gunshot wounds, but in this part of the world there are more manchette attacks and stoning than anything else. This all was a little scary to see at first but just gives me a deeper look into the difference of a less developed and structured country.

Notable Patient Interactions

In accident and emergency, I was observing the intake side with some other interns while a patient to the left fully seizing. Not a single doctor or nurse came over, so we ran over, turned her on her side and protected her head. She was foaming at the mouth, barely breathing and seizing uncontrollably every minute or so. It took almost 45 minutes for a nurse to push meds, which the grandmother could not pay for, so another person did. This did not work, and she was given more an hour later. After about 2 hours a doctor came over and yelled at us to let go of her. It was extremely hard to see that she didn't get the care she needed because money was a factor and the fact that doctors and nurses did not seem to care, they just stood around and did nothing. We all thought she was going to pass away, but two days later came back to find her in the ICU in a coma. I don't know what while happen or if she will live but she was only 20 years old, and I pictured that being me.

In labor and delivery, a mama had just delivered a baby girl. She was so excited and all she wanted was to hold and feed the baby. After talking to her for a little while this was her third child but the other two were both still births. It was so rewarding to see her happiness with this child, knowing it was most likely going to survive but also a eye opener learning that still births and complications during labor and delivery are a very common occurrence in the hospital.

In addition to patient interactions, I enjoyed getting to know some of the doctors and nurses very well and hear about not only their role in the hospital but their background and details of the job. Schooling is somewhat like the United States as doctors are in school for 6 years, PA's and Nurses have 4 years along with clinical rotations and shadowing hours. The main difference though is that students are taught the best way to learn is to do. The interns and students do much of the work and care while they are supervised by the higher ups. It's taught during any skill or procedure that you observe one, do one and teach one. Once those three have been covered you do them on a regular basis, even without having full credentials.

In conclusion to my internship and looking back at my experience as a whole I have expanded my knowledge and skills greatly and taken with me a newfound respect for the lives of everyone who lives here. Life may be hard, and healthcare may be scarce, but I fell in love this the fact the citizens of this country are so proud to call Kenya their home. Everyone was so warm and welcoming, and I never once felt scared or in danger. The experience and memories I have taken with me from this internship will last a lifetime and hopefully inspire others to follow in my footsteps.

REFERENCES

1. International Medical Aid. (2024). Current State of Healthcare in Kenya. https://drive.google.com/file/d/1RYiwOfR0xXwbnOOcs24VN3QNYXw6HFG8/view
2. Obstetrician and Gynecologist Salary (2024). US News and World Report. https://money.usnews.com/careers/best-jobs/obstetrician-and-gynecologist/salary
3. Occupational Employment and Wage Statistics (2024, April 3). U.S. BUREAU OF LABOR STATISTICS. https://www.bls.gov/oes/current/oes291141.htm

INTERNATIONAL MEDICAL AID
Reimagining Healthcare

GET IN TOUCH

Schedule a Zoom Call

Online Scheduling

EMAIL

admissions@medicalaid.org

ADRESS

1629 K Street NW Suite 300

Washington, DC 20006