



Pre-Physician Assistant Internship Program

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Humbled and Inspired: My Time with IMA in Kenya

The first time I heard about IMA, I was immediately intrigued. I remember seeing the program and it fueled my curiosity that had been growing ever since I thought about doing an internship. The idea of actually getting accepted into such a program felt almost far-fetched. I have never taken the time to apply to anything like this before, so the idea of stepping into this opportunity was so thrilling yet nerve wracking. I was lucky enough to have a supportive circle around me, people that encouraged and reminded me that I was capable of doing anything I set my mind to. With enough convincing, I applied. In my mind, I thought, "What's the worst that could happen? I don't get accepted- or I could end up having the craziest experience in Kenya".

Fast forward a couple months, and I find myself at the Royal Suites residence, staring in awe at what the next three weeks of my life would hold. I was greeted by a wonderful group of peers and staff, and from that moment, I knew I would be in good hands. Walking into this program, I had some experience as a medical assistant in a neurology office. However, that was completely different from what I encountered at Coast General Teaching and Referral Hospital. I vividly recollect the first day I arrived at the hospital, knowing I would encounter far more striking cases than those back home. During my time there, I rotated through the Emergency, Pediatrics and Surgery departments, and I also participated in night rotations at least once a week in other departments.

Before beginning, I received an orientation that included discussions on what to expect in terms of medical cases, as well as the local culture and customs. I was told that healthcare in Kenya was severely understaffed and poorly supplied due to location and financial reasons (Cultural Approaches to Pediatric Palliative Care in Central Massachusetts: Kenyan, n.d.). I was also informed that many patients present with advanced stages of illness, often as a result of financial constraints or religious beliefs. During my time in the Emergency room, I saw many patients that would arrive with advanced cancers, severe infections and untreated wounds. When asked about the situation, the most common response was that they simply did not have the money for treatment. Others would say the nearest medical facility was too far from their homes, requiring them to strategically plan when they could make the trip. One response in particular really struck me: a patient's family explained that they were relying on prayer to heal their loved one, believing it was best to let God provide the cure. As a believer myself, I was impacted and inspired by that statement. However, it was hard to reconcile because many of the situations I saw needed urgent attention. In those moments, it felt challenging to accept that faith alone was being relied upon in circumstances where timely medical care was critical. There are many traditions of healing and medicine that Kenyans use. Various natural remedies are commonly used such as African potatoes, rooibos and the hoodia cactus. Additionally, there are rituals that are performed for

spiritual healing. For example, shells, bones and stones are used to communicate with ancestors or spirits to learn more about the patient's health condition (Brooke, 2023). When I was in the hospital I never encountered someone that firmly believed in these practices but I heard from the nurses around that it was used by many patients.

In terms of patient care, I witnessed a wide range of cases. Being in a public hospital, I observed severe understaffing as well as lack of essential tools and equipment. There were many moments when I would instinctively look for an instrument we would normally have back home, only to find it unavailable. In those situations, we often had to improvise and make do with what was already on hand. I vividly recall one night during a shift a patient began coding. One of the nurses was desperately searching for a BVM (bag valve mask), going drawer by drawer in an attempt to find one. The search took four or five minutes, and by the time the mask was finally located, the patient had already been declared deceased. I don't know if the patient would have survived had the mask been found and used sooner, regardless, the situation highlighted the critical lack of necessary resources. Another example of improvisation was when gloves were used as tourniquets which led to supplies running out more quickly. I remember one shift in the PICU, I was reminded that one of the mothers that gave birth to two beautiful boys was in intensive care due to birthing complications. One of the nurses approached me and one of my peers, asking if we were interested in feeding the babies. Without hesitation, we both agreed. I have never fed a premature baby before, so I was incredibly nervous and assumed there would be a machine of some sort. I was wrong. We had to use a syringe, carefully letting the milk independently go through the tube. This process was time-consuming, as we had to hold the syringe up in the air to allow the milk to flow, which took roughly ten to fifteen minutes. At times, the milk would get stuck in the tubes or even harden, creating additional challenges. I remember hearing that these methods were used back in the day, so it wasn't uncommon, just time-consuming and requiring extra attention. Typically, Nairobi and the Central Province are considered to offer the best public healthcare, while the North Eastern Provinces are generally more underdeveloped in terms of medical infrastructure and resources. There are private hospitals in Nairobi that are very respected and known to be top tier (Healthcare in Kenya, n.d.).

After all that I have learned during this trip, I returned home with a deep sense of appreciation for the healthcare providers I had worked alongside, as well as a strong desire to continue learning more about global healthcare practices and the challenges faced in resource-limited settings. Witnessing the dedication of the healthcare providers who worked tirelessly despite limited supplies and overwhelming patient needs gave me a deep sense of respect and admiration for their commitment to their patients. I recall all of the conversations I had with the providers and students, one thing was clear, they all shared a deep love for the field. They acknowledged that their work could be challenging

and frustrating at times, yet none could imagine doing anything else. There was genuine passion and grit behind every single provider, evident in the care they provided and the dedication they showed to their patients. I witnessed what it was like to think quickly on my feet and rely on the limited skills I had. These experiences taught me that healthcare isn't just about medicine, it's about human connection, understanding and trust. I will be sure to bring these lessons into my career by prioritizing empathy, effective communication and cultural sensitivity. I've always had a deep passion for healthcare, shaped both by my childhood interests and personal experiences. This trip has only intensified my passion, leaving me with a strong desire to learn and do even more in the field. I fully plan to return to Kenya and work at Coast General once I am a certified Physicians Assistant, so that I can gain more practical experience while contributing to the healthcare system and properly helping patients in need.

My time in Kenya was transformative. It exposed me to the realities of healthcare in resource limiting settings, challenged me to develop critical thinking skills and adaptability. It reignited my passion for healthcare and strengthened my commitment to pursuing a career as a Physicians Assistant. I am determined to apply all that I have learned in every aspect of my future practice. Fully dedicated to serving patients with compassion and cultural competency while continuing to seek opportunities to learn and grow as a healthcare professional. Beyond the clinical skills, this experience taught me the importance of patience and resiliency. This applies to myself and the patients. I learned how small gestures like listening, showing empathy and providing reassurance can have a profound impact on the patients wellbeing and steps to recovery. Allowing myself to see how other providers navigate such a challenging system inspired me to think of more solutions and think proactively about improving healthcare, even in similar situations where resources are limited. I have gained an appreciation for proper teamwork and collaboration. It was refreshing to see how providers rely on one another to manage heavy workloads and ensure the patients' comfortability, some demonstrated it better than others. This experience has diligently motivated me to approach my future career with a humbled mindset of service, humility and continuous growth. Every patient encounter is an opportunity to make a meaningful difference. I am now more committed than ever to properly advocating for patients, embracing diverse perspectives, and integrating proper cultural competency in all aspects of my future practice.

REFERENCES

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