Pre-Dentistry Internship Program

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Curiosity, Compassion, and Clinical Care: Reflections from My Pre-Dentistry Internship in Mombasa, Kenya

During my time in the dental unit at Coast General Teaching and Referral Hospital, I learned that dentistry is not only about treating the symptoms patients present with but also about paying attention to the small details. I realized I naturally look for these details, even outside the hospital. One day, while riding to the beach with friends in an Uber, I offered gum I had brought from Madrid to everyone in the car. The uber driver then asks me about all the gums I've tried. I go on to explain why and describe all the gums I've tried from different parts of the world. He looks at me and says "you really have an eye not everyone has". That is true. I am curious as they come and my curiosity was sparked during my time in the dental department as I sought to understand not just the "what" but the "why" behind each step of care.

Every morning, I greeted patients with a cheerful "Habari!" and was rewarded with a smile and curiosity about how I had learned Swahili. Bryan, the staff member responsible for keeping the clinic clean, made sure I practiced by greeting me in Swahili each day. These small cultural exchanges helped me connect with patients before they even sat in the dental chair. Regarding our different backgrounds, life experience and language barriers, there was a deep level of understanding the patient in a holistic manner. In Kenya, preventative dental care isn't as common as it is in the US or Europe. The cost of a healthcare premium is $5, although only around 26% of Kenyans have some form of healthcare insurance (IMA, 2025) due to this price being a financial burden for many. Keeping in mind that half of the population are unaware of measures that can be taken to prevent dental disease (Barber S, 2010). This puts you into perspective into why the condition of the patients oral health is so poor, the lack of awareness and tools to prevent, combined with the financial burden that it is to get the issue under control. Most of the oral health treatment expenses are out of pocket and with low insurance coverage (Kenya National Oral Health Policy, 2022). According to a 2020 health labour market analysis, Kenya had a total of 1344 dentists and 987 dental technologists registered across the country, representing a small fraction of the overall health workforce (Okoroafor et al., 2022).

Under Dr. Rajeev "Dr. Raj" to us, I assisted in several procedures and discovered how dentistry adapts to different realities depending on the resources at hand. The first procedure I observed was a root canal. I noticed the absence of tools I was familiar with, such as rubber dams, loupes, different rotary systems, or even a microscope. Despite these limitations, Dr. Raj displayed mesmerizing skills in performing such a complex procedure without magnification or specialized tools for the root canal. He would some days bring his own equipment such as mirrors or hand files due to the low quality of the ones provided by the hospital. With the x-ray machine broken in the department, he placed a temporary

filling and referred the patient to a private hospital for radiographs. I quickly saw how resource limitations meant root canals often took 3–4 visits to complete, creating financial burdens for patients already from low-income backgrounds.

I rotated through periodontics, oral surgery, prosthetics, and orthodontics. The specialties that fascinated me most were endodontics and pediatrics. With Dr. Maria, another intern in the pediatric department, I assisted in procedures such as pulpotomies, pulpectomies, and extractions. One memorable case was a 4-year-old child with autism. Though numb, she became overstimulated by the lights, drilling, and people around her, leading to a meltdown. My initial role was to help restrain her, but I also engaged her with toys I had in my pocket and calming words, which helped her refocus. Dr. Maria worked calmly under pressure, and after the procedure she congratulated me and asked me to assist again. Another case involved a 3-year-old with advanced cavities in his front incisors. While Dr. Maria stepped out for supplies, I used the time to build trust with him, showing him the suction, water spray, and materials to reduce his fear. Once the procedure began, I distracted him as Dr. Maria administered anesthesia.

These experiences taught me that pediatric dentistry requires not only technical skill but also patience, empathy, and creativity in creating a safe environment for children when the resources are limited. In Spain or in the US, pediatric clinics are designed to create a comforting and welcoming environment with toys etc. Here I tried to create that with my presence and words. Pediatrics became my favorite specialty because each child reminded me of my dual mission: to relieve pain and to create a safe, welcoming space for them.

During our outreach clinics, during my breaks of assisting Dr. Ian in cleanings, I would take the opportunity to interact with the curious kids that were waiting right outside the dental area. I took a dental teeth model from the consult table and would pop quiz them on oral health. I asked them to show me how they would brush the model's teeth and they were eager to get to do it, and I was eager to answer any questions they had.

In addition, I spent two days in the prosthetics laboratory. Mansoor, a technician, showed me their creative but improvised methods of working. For example, they made their own Bunsen burners by filling a container with spirit, inserting a cotton wick, and lighting it to heat tools when working with wax. The lab environment, though functional, was crowded, disorganized, and limited in resources. Mansoor asked me about practices in Spain, and when I explained digital impressions, he and the other technicians were fascinated and eager to learn. They were explaining how their work would be quicker and more efficient with modern technology.

In the emergency room, where Dr. Raj was on call, I saw patients with maxillofacial fractures, often from motorcycle or tuk-tuk accidents. Many never returned for definitive treatment because of the high cost of plates required for fixation. These systemic challenges opened my eyes to the intersection between dentistry, medicine, and socioeconomic barriers to care. Low prioritization to implement preventive and promote oral health programs has led to a demand for curative and rehabilitative services outstripping the facilities and human resource available (Kenya National Oral Health Policy, 2022).

As well as the use of products such as Chloroform and formochrosol without proper isolation. These were used to resolve Gutta Percha in root canals and formochrosol as intracanal medication. These medications came with negative side effects such as tissue necrosis due negligent use as an anesthetic or as a dissolver without proper isolation preventing it from coming into contact with tissue in the oral cavity (Taghavi Zenouz, 2022). When I found this out, I asked one of the dentists if these risks were highlighted to the patient, and the short answer was "no". I realized that whether it was due to the low literacy level of the patients or the lack of patient protection, patients weren't educated the way they should be with all the risks that the procedure could have.

I also noticed this during my night shift in maternity, the lack of provider-patient communication shocked me compared to what I had seen in the US. During one of the labors, the doctors were injecting medications in the mom with no prior warning or explanation as to what it was, as well as with pelvic checks, they just did what they had to do, without reporting the dilatation to the mother or indicating the stage of labor to the mother. This would leave patients disoriented and lost in their procedure, although the ratio of doctors/nurses to patients was so disproportionate that they didn't have the time to fully educate their patient, because they had 20 other patients waiting for them due to the low amount of doctors and the high number of patients (Okoroafor et al., 2022). The analysis of Kenya's health workforce found that the overall density of doctors, nurses, and clinical officers per 10,000 population was 30.14 in 2020, representing about 68% of the SDG index threshold of 44.5 (Okoroafor et al., 2022).

My weeks in Mombasa also exposed me to broader realities of the Kenyan healthcare system. Patients or their families were often responsible for transporting blood samples, buying plates, sutures, or even medications themselves. This was at times the nurses task, although a doctor in the maternity ward was explaining that as a form of strike due to the high number of patients per nurse and the low pay, nurses wouldn't do these things at the speed that would be expected. This doctor went on to explain how he would at times go get CT scans, medications or lab tests for patients to avoid them missing a dose of their medication or wait all night for results. He seemed burned out due to this situation, he went on to exclaim "I am tired too, but these people need us no matter how we feel".

As the internship went on, I realized that every x-ray, every case of fluorosis, and every fractured tooth represented more than a medical condition, it represented a person's battle with comfort, confidence, and dignity.

This internship not only strengthened my technical understanding of dentistry but also deepened my appreciation for resilience, creativity, and compassion in healthcare, no matter where you are. Mombasa taught me lessons that will stay with me as I continue my journey in dentistry, appreciating the tools I have within my reach, and the team I will work with. I was able to fully grasp the similarities and differences dentistry has across the world. I was aware of the difficulties other developing countries faced, but it is not until you are facing those difficulties that you truly understand what they entail. I aspire to come back one day and be able to give back all the knowledge that I was given during my time in Mombasa.

As someone who has called "home" multiple parts of the world, I was eager to see if Mombasa would fit into that category. It did. The people I met, the opportunities I encountered, and the lessons I will carry with me for the rest of my life, all made Mombasa feel like home.

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