

Medical Student Enrichment Program

University of Alabama at Birmingham School of Medicine

Clinical Elective: Kijabe, Kenya – Kijabe Hospital

Dates of Training: January 27, 2019 to February 20, 2019

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Working in Kijabe, Kenya was one of the highlights of my medical school experience and it was life changing to say the least! I've been so incredibly lucky to have had various enriching global health opportunities throughout medical school and working at Bethany Kids at Kijabe Hospital was certainly no different. Perhaps most notably, working in Kijabe gave me the opportunity to envision the role that global health could have in my career.



While working in Kijabe, Catherine Brown, Claire Cordes, and I had the opportunity to rotate through the various inpatient services (general inpatient wards, newborn nursery/neonatal intensive care unit, and pediatric intensive care units) and perform clinical research investigating bronchiolitis in a resource-limited setting. My favorite part of my time there was working with the pediatric oncology patients while on my week on the general inpatient service. As an aspiring pediatric hematologist/oncologist, I loved getting to know patients and their families while in the hospital and was reminded of what I love most about this unique and amazing patient population that spans continents and cultures. The unparalleled bravery and hope that defines the constitution of children fighting cancer is something I will never be able to accurately describe in words.

While the most common malignancies in the United States are leukemia and CNS tumors, the most common malignancy in Kijabe is B-cell lymphoma, with quite a bit of Burkitt's lymphoma. There is also a fair amount of retinoblastoma. The oncologist, Dr. Sarah, thinks that leukemias probably still are the most common childhood cancers in Africa, but they are often attributed to other illnesses and go undetected, with many children's passing being attributed to febrile illness/anemia without suspicion of an underlying malignancy causing it. Dr. Sarah also said that while health insurance is good in



Kenya, the process to be referred from a community health center through the system to a tertiary center could take months. Due to this difficulty for children and families to go to a tertiary referral center in a timely manner and the cost of diagnostic imaging, most patients with possible/suspected brain tumors never receive a full work up, much less undergo treatment. Most lymphomas also present in later stages because TB is so common that diseased lymph nodes are commonly initially diagnosed as TB. The lymphoma is only recognized after going through six months of anti-TB therapy with persistence of fevers/symptoms. Most children also do not have ports, unless there is significant difficulty getting peripheral access, due to the risk of infection. In addition, there are frequent shortages of life saving chemotherapeutic drugs. During our time in the country, there was no 6-MP in the country, an integral component of various chemo regimens. The stark contrast was certainly a lot to take in and process, but while some things are very different, many stay the same. Hope endures still and I was incredibly encouraged and inspired by the courage and resilience that I've seen in so many of our oncology patients and families back home.

Needless to say, it was an amazingly enriching experience! I could not be more thankful to have



gained an invaluable perspective and to have the opportunity to learn from such an innovative, joyful, and perseverant team at Kijabe. As I have with other rotations abroad, I will certainly be returning home with even more gratitude for all of the incredible resources we have at Children's of Alabama and UAB.

Amelia Schuyler