THE UNIVERSITY OF ALABAMA AT BIRMINGHAM

International Medical Education

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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I had the incredible privilege of travelling to Africa for an international elective during my fourth year of medical school. My month was spent in Kijabe, Kenya—a rural village on the edge of the Great Rift Valley. Describing Kijabe in words will not do justice to seeing and feeling it in person. Kijabe means "place of the wind" in Masai. The first night there, I thought there was a tornado, tsunami, hurricane, or freight train that was going to BLOW our house down, but realized that it was only the wind. I became quite accustomed to the wind, and now need a fan to sleep back at home. There was one thing however, that was not so soothing about Kijabe in the mornings—the monkeys (like the ones you pay to see in the Birmingham Zoo), who would forcefully jump with all their might onto our roof repeatedly. They would swing from the trees in the yard and plummet themselves above our heads, making as much noise as they possibly could.

However, Kijabe had many redeeming features that made up for the early morning monkey trampling. The climate is always temperate (60s-80s), so there is no need for central air or heat. The plants at our house looked like you had gone to the finest botanical gardens and picked the lushest bushes and richest color palettes. Some even looked like you had entered the world of Dr. Seuss's *The Lorax* because the plants are SO LARGE and colorful. There were succulents everywhere, full poinsettia TREES, and walls of red and purple bougainvillea. Watching the African sunset in the garden was unparalleled to any sunset I had ever seen.

I should add that my travel companions included two of my best friends from medical school, Catherine and Amelia. Amelia is tall, blonde, and beautiful. She is humble, soft spoken and the sweetest berry in the basket. Catherine is dark headed with a contagious smile and loves to laugh and sing. She organized our plans for the days and weekends in Kijabe.

Dr. Arianna Shirk (Ari) first connected us to Kijabe. Ari did her pediatric residency training at UAB, where she also did a chief year and critical care fellowship. She gave me a lot of life advice when she came to visit the States during morning report at Children's of Alabama. She then gave a Grand Rounds talk at the hospital later that day, and I cried throughout her presentation. I knew then that I HAD to go to Africa and work with her. Ari, her husband David, two daughters Madeline (13), and Belle (10), as well as a German shepherd mix puppy named Buddy, graciously welcomed us into their home or rather to their recently constructed "tiny house" (guest home). It was perfect for us and we had our own western style bathroom and kitchenette! Our shower was supposed to have hot water, but it did not work, despite poor David trying to fix it three times. Alas, we used our one kitchen pot as a bath basin to "shower", cook with, and eat out of—slightly less than sanitary. Later we bought a plastic basin at the hospital duka (shop), so we no longer confused our cooking pot for our shower pot. Towards the end of our trip, we did not have any running water. We ignorantly assumed this must happen all the time in Africa, but they told us this had NEVER happened before in Kijabe. In our time of desperation, we accidentally committed the unthinkable. We went to the hospital to fill up our bottles and 5-liter jugs with water, only later to realize, we had literally stolen water from the sick children of Africa (how mortifying). On our next to last day, thankfully the water returned through the pipes.

The language spoken in Kijabe (and many other parts of Africa) is Swahili. The first week I walked around to people saying "Jambo" (Hello). It turned out that no one in Kijabe actually says that. You are supposed to say "Mambo" or "Sasa", which is more like "What's up?" And "Poa" is "I'm good or I'm cool". We managed to learn how to say thank you (asante), and I also learned how to tell a mother that her baby is beautiful (mtoto mrembo). The Kenyans favorite word to say is "Sawa". They say "Sawa, Sawa" to everything. It means okay, good, all right, etc., and they say it in every sentence. I came home saying "Sawa, Sawa to people.

The Hospital: AIC Kijabe Hospital is a Samaritan's Purse Mission Hospital, serving a large part of Kenya. It has ~265 beds for adults and children. We rotated on different services each week we were there, including: PICU (pediatric intensive care unit), Wards (pediatric floor patients), and Nursery (neonatal intensive care unit and baby nursery combined). While it is in a much more resource limited setting than we are accustomed, there is one thing that Kijabe Hospital does much better than we do in the States, and that is praying for our patients. Every day when we started rounds, we prayed. Many days we prayed aloud for each individual patient. Every room we entered, we prayed.

It was incredible to see God's miracles spoken into existence each day in Kijabe. We also helped with a research project in the afternoons.

They have many funny medical abbreviations in Kenya. For example, one morning I saw the abbreviation "HOB" as a complaint in my patient's chart. I asked the nurse, "What is HOB?" She said, "Hotness of body". Hotness of body is a REAL medical term there. I asked her if that meant a fever. She said "No, it means you touch the body and it is warm". I found out it is the term for subjective fever. They do not call it a fever unless it is measured (which makes sense). Also, the term for diarrhea is "loose motions". I mean, I guess they are motions that are loose.

In the morning at the hospital after we pre-rounded on our patients we would go to "handover", which is their version of morning report. There were about twenty Kenyans in one tiny room with two slim benches and two plastic chairs. The first morning, Catherine, Amelia, and I were dressed in our business attire and our white coats, feeling like we could be clinically diagnosed with heat exhaustion, but we eventually got used to it. The patient population in Kijabe was much more diverse that what we are used to seeing in the States. For example, one of our first morning reports was about a patient with paralytic rabies! Another patient had acute liver failure, stemming from what we would all consider to be a harmless course of griseofulvin prescribed to treat tinea capitis. I took care of patients with severe acute malnutrition, typhoid, various bacterial and parasitic infections, as well as bread and butter pediatric diagnoses like asthma and bronchiolitis.

In the PICU, I witnessed my first pediatric patient death: a six-year-old boy with a pineal brain tumor who had been admitted for tumor resection. This six-year-old boy was the first patient I saw in the hospital. When I started taking care of him, he had just been recently operated on, but was seeming to make a recovery. He was breathing on his own, moving his limbs spontaneously, had all reflexes intact, and was responding to stimuli. During his first operation, the neurosurgeons were unable to remove all of his tumor due to its dense vascularity. They operated another time and were able to remove quite a bit of the tumor. However, over the next few days, his surgical drain from the operation began to show problems as he began to deteriorate. He had multiple coagulopathies including disseminated intravascular coagulation, an acute kidney injury, and multi-system organ failure. I then rotated on to my next service, continuing to think about and pray for this little boy. One day on Wards, we happened to finish rounding early in the morning. I went to the PICU to see if they needed any help, and ended up staying for PICU rounds. I was informed that sometime during the night, my six-year-old patient's brain had herniated from a massive brain bleed. Catherine was the student assigned to PICU that week. We looked at each other in disbelief, heartbroken. The medical director of the hospital, who happens to be a pediatric emergency medicine physician (one of only two in the whole country—the other being Ari), was our attending the day he passed away.

Her name is Mardi. Mardi allowed us to be part of the conversation as she spoke to the parents and family of a precious six-year-old boy, delicately and skillfully telling them that their baby was brain dead. I could not stop crying. As Mardi beautifully put it, we as physicians have the holy privilege of walking with patients and families through the valley of the shadow of death. I pray I never become numb.

I certainly learned to rely more on my brain, my hands, and my stethoscope while in Africa—the heart of true medicine. It never ceased to amaze me how creative and genius the pediatricians were in Kijabe. They serve as neonatologists, intensivists, hospitalists, neurologists, primary care doctors, and everything in between. They somehow know the literature like the back of their hand even though computers and Wi-Fi are limited. Never once did I hear an excuse about having limited resources. Every day, no matter how bad the diagnosis, how hard the intubation without ideal supplies, how complicated the procedure; they figure it out, they make it work, they save lives. I am forever inspired by these patients and their families and will carry these experiences with me for the rest of my life. Each day I will strive to be more like the people who work at Kijabe Hospital, knowing that one day, I will return. Until next time, Kijabe.

Claire Cordes