

Elective Grant Report



The morning we departed for the mountains

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I travelled to Ethiopia for my medical elective, but quickly found myself entranced by a unique culture and welcomed into vibrant communities filled with unassuming, inspirational individuals. It is difficult to encapsulate this experience into words, to convey the magnificence of the natural landscapes, the generosity of the local people and the resilience of the communities. All of this translated into a surreal three weeks where I learnt so much, not just about healthcare but about myself both as an individual and as an aspiring doctor.

The placement

During my placement I was fortunate enough to spend time at both a tertiary hospital in Gondar and at a remote village healthcare clinic in the Simien Mountains. It was excellent to be able to compare the delivery of healthcare in these two settings. I spent one week at Gondar University Hospital, which was a great stepping stone to prepare me for my time in the mountains. In Gondar I spent the majority of my time in the obstetrics ward. There are 746 births at this hospital each month so I had the opportunity to see multiple births each day in addition to seeing some caesarean sections. The number of caesarean sections is limited (202 per month) due to the high infection risk. I learnt so much just from speaking with the interns and doctors, not just about obstetrics but about the Ethiopian education system, lifestyle and healthcare.

Even in a tertiary hospital such as Gondar resources are limited. I was continually amazed with the high quality of healthcare the patients received despite limited resources. This is in large part due to the clinical skills of the healthcare professionals. On my first day in the obstetrics ward I watched a consultant confidently and calmly deliver a premature, twin breech birth. Having only one umbilical clamp available meant that after the first twin was born the midwives had to work quickly to tie the umbilical cord so the clamp could be detached from the first twin and used for the second twin. The fact that both twins were born healthy and received the best care possible is testament to the attitudes and professionalism of the doctors and midwives. These professionals did not allow limited resources to restrict the care they provided to patients. This professionalism was evident not just in Gondar but also in the Simien Mountains.

In the Simien Mountains I spent two weeks at a remote healthcare clinic in Keyit, set up by the Simien Mountains Mobile Medical Service (SMMMS). This clinic is not accessible by road, requiring all the medications and supplies to be carried in. The remoteness of the clinic, limited supplies and the absence of electricity all present unique challenges for the nurses and midwives who work there. The result of these challenges is lateral thinking and equally unique solutions.

As the Keyit and its surrounds are inaccessible by road ambulances and other healthcare vehicles are not able to reach patients in emergencies. The solution is a "mule-ance" which is a mule equipped with a specially designed saddle to transport patients (usually women and their newborns to receive essential in-hospital, post-natal care) to the nearest road (which may be 40 minutes or 2+ hours depending on the weather), where an ambulance will meet them and drive the patient the remaining 4 hours to hospital. This is such a wonderful initiative set-up by the SMMMS in conjunction with the SaddleAid organisation.

The "mule-ance" personifies the resilient nature of clinic staff and the Keyit community, and their ability to think laterally when faced with challenges. I admired this quality and tried to learn from this approach.





Trying the mule-ance



Keyit village



Medical supplies



Preparing for a coffee ceremony

I found working in an environment with limited resources forced me to adapt and think differently. It was simultaneously humbling and eye-opening to realise how reliant modern medicine is on investigations and tests. In the Simien Mountains, medicine is stripped back to history, examination and basic bedside testing (e.g. thermometer and dip-stick urinalysis). Initially I found this prospect daunting however with guidance from the clinic nurses my confidence grew and I was able to adapt.

Each day at the clinic was different, with presentations encompassing dermatology, antenatal care, infectious diseases, trauma and endocrinology. Patients presenting complaints of diarrhoea and parasitic infections were common due to the inability to access clean drinking water. Gastro-oesophageal reflux (heartburn) was also extremely common. This is due to the main diet in the mountains consisting of spicy food, coffee and home-brewed beer. We also diagnosed a number of patients with tuberculosis. An interesting case was a gentleman who presented with a painless, swollen right arm. Initially we were baffled as to what it could be, but after taking a detailed history and performing an examination we ascertained he had a thyroid tumour which was so large it was disrupting lymph flow in his arm. Antenatal care was particularly important in the mountains. Given the nearest hospital was 5+ hours away and required a combination of hiking and 4WDing it was paramount that any high risk pregnancies were identified as early as possible.

My accommodation whilst at Keyit clinic consisted of my sleeping bag and tent. Whilst sleeping in my tent next to the clinic without running water or electricity certainly was not luxurious (I did not shower for two weeks) it did have many advantages. It meant that I was present when patients presented with emergencies in the middle of the night. This led to one of the most unforgettable experiences of my placement.

It was the last night in Keyit and a woman presented in labour. There were no ultrasounds or machines to monitor the baby or the mother's health. Instead the mother had a single drip with fluids (no pain relief!) to keep her hydrated. The only form of light came from our headlamps. My respect for the woman was immense, especially when despite not having any pain relief she barely uttered a word of complaint. I was in awe at the calmness of the midwife, even when things were not going to plan. He had to perform an episiotomy (thankfully we were able to locate some local anaesthetic for this) and the skill in which he performed this procedure was remarkable. At 3am the baby was delivered safely much to everyone's relief, including the fourteen family members waiting patiently outside to welcome the newest member of the family.

I also feel living at the clinic allowed me to have greater insight into the community, the lifestyle and the culture. This was highly beneficial in allowing us to understand the patients and their complaints.

It also meant that I was able to purchase fresh eggs from the nearby farms for breakfast each morning and enjoy freshly baked bread from the village for lunch. Myself and my two colleagues would enjoy delicious meals cooked for us by Bethlehem, a lovely lady who lived in the village.

The people

Ethiopia itself was great, however it was the people I met who made it such an incredible experience. In Gondar I had a wonderful opportunity to spend time with local midwifery students. Discussing their experiences, healthcare challenges unique to Ethiopia and comparing my own experiences and challenges was incredible insightful. However, a reflection on my time in Ethiopia would not be complete without mentioning the incredible midwives and nurses at Keyit Clinic.

Getu, Addis and Seble were extremely welcoming and a valuable source of knowledge in the mountains. They would translate any questions I had for patients and translate the patient's answers back to us, allowing us to be fully involved in consultations and utilising a collaborative approach to healthcare. I learnt so much from just watching them interact with patients. Their skills and their calmness in challenging situations were incredibly impressive. Finally, Brian and Wendy Lovatt, the wonderful founders of the SMMMS. Without the generosity and hard work of these two individuals the clinic in Keyit would not exist. They work tirelessly to ensure the clinic is constantly stocked with medical supplies and work with the local midwives, nurses and community members to ensure the longevity of the SMMMS.

I feel so grateful for my experience in Ethiopia and for being welcomed into the community so openly. No matter where I walked in the mountains I was greeted with shouts of "Salam" (Amharic for "hello") by the local children. People would regularly invite us into their homes to enjoy a traditional Ethiopian coffee ceremony. This involved freshly roasting the coffee beans, grinding them and serving guests (i.e. us) at least three cups of coffee each. Unsurprisingly I lost count of the number of traditional coffees I drank while in the mountains.

The generosity of the communities in the Simien Mountains to literally welcome us into their homes was overwhelming. It was the local people, their vibrant spirit and unconditional kindness that drove our passion to give back to this community. Each day we were motivated to care for them the same way they cared for us.

The Ethiopian community and the individuals I met will have a lifelong impact on me. This is why I am even more grateful to MIGA and the \$1,500 community component of the Elective Grant which enabled me to give back to the Keyit community in a tangible way. In discussions with the founders of SMMMS before I departed it was decided the Grant would be put towards a Haemo-Cue, a device which enables patient haemoglobin to be tested with a simple finger prick. This was an incredible device to have in the mountains. It was fantastic being able to take the Haemo-Cue to the clinic and train the nurses and midwives on how to use it, in addition to providing education regarding which patients to use it on. It was particularly beneficial to use in the antenatal clinic where



Using the Haemo-Cue



Birthing chair in Gondar
community health centre



Enjoying the local food



Enjoying some mountain tea

women are most at risk of anaemia. This device enabled us to test women at the point of care and provide appropriate treatment (iron tablets) to ensure optimal health for themselves and their baby. It was also useful in patients presenting to the clinic with non-specific symptoms such as dizziness. I am extremely grateful to MIGA for enabling us to provide the clinic with this resource which will continue to be utilised by clinic staff.

Reflection and conclusion

Reflecting on my experiences in Ethiopia and what I have gained both professionally and personally seems intangible. The Ethiopian healthcare professionals instilled a resilient and resourceful approach to healthcare. My experience emphasised to me how access to resources does not define the quality of healthcare you can provide. Empathy, diligence and professionalism surpass and are more powerful than many modern medical technologies. The generosity shown to us by the local community inspired me to work even harder as a small way to repay them. My time in Ethiopia was beyond what I could have anticipated. It continuously challenged me and in doing so taught me so many valuable lessons.

Each year MIGA's Elective Grants Program offers 10 Grants of \$3,000 to medical students undertaking electives in developing communities. Each Grant includes \$1,500 to cover the student's personal elective costs and \$1,500 to provide medicine or other aid to the local community. To be inspired by other past recipients and find out more about applying, visit our website.

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