

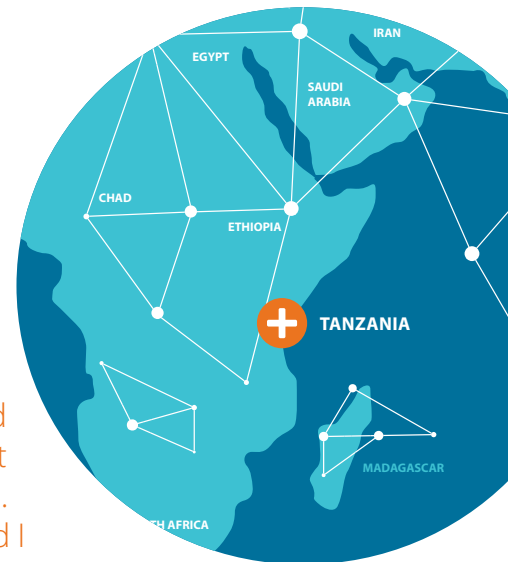
Elective Grant Report



Warm greetings on a walk home from the corner store, Ilboru Road, Arusha

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The opportunity to complete an overseas elective placement anywhere in the world and in any area of medicine, is truly one of the best opportunities afforded to us in medical school. The options this elective poses are endless and I feel so grateful to both my university and to MIGA for allowing and supporting me in participating in this placement.

I undertook my clinical elective at Arusha Lutheran Medical Centre (ALMC) in Arusha, Tanzania at the end of 2018. I was able to spend time at both ALMC and Selian Lutheran Hospital (SLH) in the Paediatric Ward, Surgical Ward and the Neonatal Intensive Unit (NICU). ALMC and SLH are sister hospitals, with the former in the centre of Arusha City and SLH situated in the outskirts of Arusha in a village called Ngaramtoni. SLH is a more rural, lesser resourced hospital and the true gravity of African life could be felt there.

I thoroughly enjoyed my time in Paediatrics in Tanzania. I saw cases that I would rarely see in Australia in the Paediatric population including Tuberculosis (TB), Human Immunodeficiency Virus (HIV), severe acute malnutrition, pneumocystis jiroveci pneumonia, botryomycosis, severe respiratory distress, chronic osteomyelitis and severe burns, just to name a few. Experiencing my first paediatric death will be something that will always stay with me and drive me to fight for more equal healthcare delivered globally.

Dr Stephen Swanson, our placement supervisor, and Dr Elena Mantz, two Paediatricians from the United States and Australia respectively, were also great sources of support during our time in Tanzania.

My favourite part of the day however was my walk home from SLH; about an hour and fifteen-minute walk along the dirt back roads of Arusha. Walking home with people finishing work, kids finishing school and people out enjoying the last few hours of daylight was very special. To be integrated and known by the community you are working in is a very nice feeling.

The time I spent in the NICU had quite an impact on me. There was a very steep learning curve to essentially managing neonates independently from 28 weeks and above. Clinically I learnt so much about the management of premature neonates; nutritional intake, supplementation and fortification, respiratory support, antibiotic coverage, umbilical line insertion, cannula insertion, the list continues. On page 2, there is a photograph of me giving a nasogastric feed. A lot of pre-term infants require this type of feed as they are too immature to have a proper suck reflex, and hence are unable to breast or bottle feed. If the mother is unable to (in this case the mum was unwell and there were twins), the nursing or medical staff will need to hold bub while the feeds are administered assisted by gravity.

With such finite resources it also raised the question of resource allocation; considering the ethical and moral implications of such decisions was extremely challenging.

I have recently commenced work at a tertiary hospital in Australia and the comparison between the Neonatal Unit at my workplace and the NICU in Tanzania is almost comical. I had to laugh to myself over the vast difference between the size, facilities, staffing and resources – as they say, “if you don’t laugh, you’d cry”. I decided to donate the Elective Grant from MIGA to the Neonatal Fund at ALMC. The Neonatal Fund covers both the NICU and a feeding programme at SLH for acutely malnourished children. This generous donation will go a long way to providing more resources for the NICU and contribute towards the bed costs and food for malnourished children.





Umbilical Vein Catheterisation
of a pre-term infant in the
Neonatal Intensive Care Unit



Nasogastric feeding
at the NICU



A patient from the Plaster
House admitted for
investigations and feeding
supplementation



The top of the world's highest
free-standing mountain,
Mt Kilimanjaro, after a 6-day
trek via Machame Route

I was fortunate enough to spend some time at the wonderful Plaster House. The Plaster House is where children part of the Rehabilitative Surgery Programme of ALMC can receive pre- and post-operative care and rehabilitation for surgically correctable disabilities, either congenital or acquired. The most common conditions seen were cleft lip and palate, club feet and burns. Care and rehabilitation can range from medications, nutrition programs, wound care, education, regular reviews by both paediatricians and surgical teams and allied health input. On the left, there is a photograph of a patient from The Plaster House admitted to the inpatient ward at SLH for investigations and feeding supplementation. You can see him eating 'Plumpy Nut', a high caloric supplement to his diet including fat, carbohydrate and vitamins, accompanied by one of the house-mummas.

Often children in Tanzania with disabilities are hidden from the outside world due to shame it will bring to the family. Plaster House is aiming to change this. This change is visible in the children who have been at Plaster House for some time; they come out of their shell when they realise they are not the only one suffering with the disability they have. The true friendships they develop with other children, the care they receive from staff and the personal growth they experience from Plaster House is truly amazing.

My hospital experience in Tanzania really was a once in a lifetime experience. I was very lucky to be able to travel to another country, immerse myself in clinical care and feel so welcomed by all the staff at the hospital. I have made colleagues, contacts and friends I never would have otherwise. I would recommend to any other medical students to take the opportunity to complete a medical placement overseas and make the most of this unique chance you have.

Outside the hospital, Tanzania was an amazing country to travel. I was fortunate enough to go on multiple safaris, including to the world-renowned Serengeti and Ngorongoro Crater. Lions, water buffalo, leopards, cheetah, elephants, black rhino, hippos, hyenas – it was like a real-life Lion King. Another highlight was reaching the peak of the world's highest freestanding mountain, Mount Kilimanjaro. Freezing cold but absurdly happy would be the way I would best describe reaching the peak. I also travelled to Zanzibar, the island of spices, and spent some time exploring the historic Stone Town and beaches of one of the most naturally beautiful places I've seen.

Travelling exposes you to so much more than you expect and I hope to take the excitement of travel, exploring and exposing myself to new places, food and cultures with me. It is my personal belief that travelling makes you a better and more-rounded person, and in turn a better and more-rounded doctor.

Over the time I spent in Tanzania I learnt so much more than just the difference between clinical medicine in sub-Saharan Africa and Australia. I also learnt more about myself, my values and beliefs, about culture, about the hardships but also the pure happiness that people with so little can experience. The people of Tanzania truly blew me away with their friendly and welcoming nature, something I wish to take with me into both my personal and professional life.

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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