The MNH is a tertiary referral hospital which accommodates up to 900 inpatients. It has a structured organization with medical and surgical departments in internal medicine, pediatrics, psychiatry, emergency medicine, rehabilitative medicine, dentistry, obstetrics & gynecology, anaesthesia & intensive care, ophthalmology and ENT.

Prior to clinical rotations, I had a brief orientation with the Department Head of Pediatrics whereby I got to present my objectives, limitations and expectations. This aided in connecting with the staff and ensuring that I had proper guidance through my clinical teaching.

Pediatric Malnutrition Ward
- Exposed to the prevalence of malnutrition in children and the associated risk factors during each developmental stage
- Observed the clinical approach to managing malnutrition and the established prevention strategies/steps that parents need to adopt
- Maternal care was integral to reduction of risk factors

Pediatric Sickle Cell Clinic
- Observed the clinical manifestations of SC in the pediatric population
- Introduced to the medical management of associated risks and the follow-up regiment.

Pediatrics

A deserted pediatric cardiology post-op ward during the strike in MNH

Neonatal ICU
- Severely resource-limited sector with aggressive management techniques to suit the emergency
- Observed the clinical manifestations of neonatal jaundice, CNS infections, malnutrition and other diseases.

General Ward Rounds – Cardiology, Infectious Diseases, Internal Medicine
- Infectious disease presentations were the most common ranging from TB to neglected tropical diseases like Yellow Fever
- Performed ward rounds and patient presentations after I had proper follow up

Pediatric Oncology Ward
- Exposed to a spectrum of childhood cancers like neuroblastoma and leukemia and their respective treatment strategies and follow-up management
- Performed routine check-ups, ordered investigations and did physicals with guidance

Clinical Applications

The elective was mostly observation-centered but I had opportunities to assist with procedures like lumbar punctures, perform physicals, review and update charts and have a proper patient follow-up as I did ward rounds.

Recommendations

- Work with the supervisor/preceptor to ensure they have a good understanding of your strengths and limitations
- Take the initiative to keep up with basic knowledge on disease manifestation and their patient management protocols – especially if you are doing rounds and follow-ups
- Language barriers can be eased if you collaborate with other colleagues – I had a list of Swahili sentences, phrases and words jotted down by the nurse when conversing with the children.
- Be proactive and respectful in any setting
- Keep up with the pertinent internal issues – there was a strike going on during my elective weeks and I was initially restricted to certain wards/rotations.
- Collaborate with other disciplines – I had the opportunity to work and learn with PTs, dieticians, nurses from other international medical schools
- Explore and experience the city and its culture

Conclusion & Acknowledgements

As I reflected on this experience, it has been an eye-opening venture and has further solidified the idea of serving an international community while I am at a different stage of my clinical training.

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