

Teaching of Medical Students within the Provision of Medical Care in the Itibo Mission Hospital in Kenya Adra Czech Republic / Kenya Development Co-operation Project

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Abstract

The aim of this article is to describe the preparation of students who go to the Itibo development co-operation project. This includes how clinical practice and medical ethics are taught as part of participating in this project in Kenya. We will try to explain the possible benefits for students and the importance of understanding multiculturalism in the provision of medical care.

Keywords

teaching medical students; medical ethics; holism; development co-operation; transcultural nursing; clinical practice; Kenya

Introduction

The ITIBO project has been operating under the auspices of the non-governmental organization ADRA CR in Kenya since 2005 and is focused on providing health care and educating local personnel. Co-financing is realized through sponsorship donations, thanks to which it is possible to develop the area and increase the quality and standard of care. The founder and head of the project is the Czech nurse Aleš Bárta. Over 10,000 patients visit this facility annually. Local staff and nurses work in the inpatient outpatient department. The medical facility also includes an operating theatre, an intensive care unit, an X-ray machine and an ambulance for the treatment of HIV patients. The doctor is not permanently present. Students from Czech medical faculties regularly work here for several months a year and, together with doctors and local health professionals, participate in care. They work in specific conditions, different from those we know in Europe. A specific feature of the work in this facility is the close connection of medicine and nursing with a strong emphasis on transcultural care. Students always work under the supervision of experienced health professionals. The project is of great importance in the education of local staff, but also of medical students. Students must rely on basic physical investigation methods. They have very limited options for auxiliary examination methods (e.g., ultrasound, X-ray, basic laboratory examination, ECG). They work in a team of people with whom they have to work and cooperate 24 hours a day for 4 weeks.

They get into situations that many people don't have the opportunity to find themselves in in their lifetime. These include deaths of newborns, abortions, intoxication, large-scale devastating injuries, extremely tense psychological situations, etc. On the one hand, they can help many needy people here and, on the other hand, they have the opportunity to learn more about themselves, and consolidate and acquire new knowledge and skills.

Teaching students of medical faculties in Itibo

Around 25 students and approximately 8 doctors from the 3rd Faculty of Medicine participate in internships in Itibo every year. In the academic year 2018/2019, English curriculum students took part in the internship for the first time with an excellent response. In the academic year 2019/2020, only two internships were implemented (due to the SARS-CoV-2 virus pandemic, doctors and students were evacuated from Kenya for security reasons), but from 2022, the trips have been renewed again. On average 25–35 students apply for one term (4 weeks). The capacity of one rotation is 6 students and 2 doctors. The selection of students takes place in several rounds; it is not only about the necessary knowledge and practical skills. The team must also be balanced in terms of gender, and the professional focus of individual members and their experience. It is not a classic internship, but real practice in extreme conditions.

At the faculty, as part of the preparation of students for the internship, we have introduced an optional subject: Work in developing countries – ITIBO Health Centre, Kenya (Seminar on practical internship in Kenya). Students are thus better informed about internships, and they have at least a general overview of what the stay entails. In addition, selected students attend pre-departure meetings where they receive additional information and prepare for departure. In the course of 5 seminars, students will become familiar with the issue of care in these conditions and will receive the necessary information in case they are considering going on an internship.

Optional subject syllabus:

1. seminar: Introduction to the issue of humanitarian aid and development cooperation. Ethics of humanitarian aid. Chapters in Multicultural Nursing. Introducing East Africa, Kenya. Geographical, cultural, economic and demographic differences of this country. Determinants of health – their influences and differences in the tropics and subtropics. Project Itibo, the history and functioning of the project. Mission safety issues, vaccinations, visas and practical recommendations before the trip. Culture shock, stress load on missions. Getting to know the basics of the local language of the Kisi tribe.

2. seminar: Patient in Kenya. Diagnostic–therapeutic process and its differences. Psychological and communication aspects and specifics of work in a different culture. Possibilities of laboratory tests, auxiliary examination methods, specifics of work in the ICU, gynaecology and obstetrics department.

3. seminar: Tropical medicine. The most frequently occurring diseases, their diagnosis and treatment in the context of tropical regions. The teaching is complemented by specific case reports of our patients with rich photo documentation and video recordings. Students themselves will design a diagnostic and treatment procedure. Linking theory with practice.

4. seminar: Following the previous seminar, case studies from gynaecology and obstetrics, internal medicine, paediatrics, surgery and other fields.

5. seminar: Medicine of remote areas. Chapters on war medicine and disaster medicine. News from congresses. At the last seminar guests are usually present – doctors who participated in the internship. There is space for students to ask questions, guests reflect on their own experiences with providing care at Itibo.

In the Itibo, medical and nursing care are closely connected, they intertwine with each other. Treating patients is a moral art and morality is part of a wider cultural context. Students must have good knowledge and skills in the field of nursing care. In the vast majority of cases, clinical decision-making does not involve the use of recommended procedures in the mechanical sense of the word. Different social, cultural and economic contexts play an important role in the decision-making process. Theoretically possible versus realistically available options are in considerable disproportion here. It is always necessary to keep in mind that it is a specific patient, a suffering person, in a specific situation. A prominent theme is transcultural nursing – within the framework of a holistic approach to local patients. It is always essentially one and the same thing, the main principle of Hippocratic medicine: *Medicine subordinating expertise to ethics and the doctor's activity to the benefit of the patient.*

The teaching of clinical practice is inextricably linked with the teaching of medical ethics. Students of our faculty have the subject ethics and humanities as part of the compulsory curriculum for a period of 5 years. The students who are selected for the internship at the Itibo have a very positive attitude to ethical issues, they strongly feel the problems associated with development cooperation and humanitarian aid. This can be inferred from motivation letters and personal interviews as part of the internship selection process, but also from the essays that students write before leaving for Kenya. In them, they express their motivations, personal attitudes and also the expectations with which they go to Itibo. After returning, students also write an essay in which they reflect on the entire stay.

The close connection between medicine and nursing is reflected in Itibo by the holistic approach of patient care inherent in the local culture. Doctors and students often provide, in addition to medical care, nursing care. Medical care is always provided within the limits of the legislative framework. Additionally, there is a framework of ethics that pervades the aforementioned. When providing care in this facility, we reflect the Code of Ethics of ADRA Kenya and ADRA Czech Republic (this is a document containing basic rules and recommendations for providing care), and, furthermore, the Code of Ethics of the International Red Cross Movement and the Humanitarian Charter (documents that form a certain framework for the provision of aid, helping in decision-making in specific situations). The last-mentioned document strongly relies on human rights (it is a human rights approach). The fundamental document is of course the Universal Declaration of Human Rights (1948) as well as the ethical code of the WMA (World Medical Association). The approach of so-called principlism, developed at Georgetown University, is currently essential for clinical reasoning. Also important is the casuistic approach, which was developed in Antiquity and is flourishing today.

In the general approach in bioethics and clinical ethics, we basically see similar tendencies in Kenya as in the Western world. This can be inferred from the publications that are published here, but also from the study of the curricula of various medical and health faculties and secondary schools preparing for the practice of health professions. Specifically, in Itibo, local customs and the person of the health worker (local health workers who have the trust of the local population), as well as the priest, the mayor and other important citizens, also play a strong role. Patriarchy is quite prominent in this specific area and religious affiliation is also important. Around Itibo, most people belong to Protestant denominations – e.g., Adventists – and also Roman Catholicism. (In the whole of Kenya, the representation of individual religions is as follows: Protestants 45%, Roman Catholics 33%, Muslims 10%, indigenous, animists 10%, others 2%. Different sources roughly agree on the percentages.)

Ethical problems and dilemmas in the context of a different culture

Students who work in clinical settings encounter a variety of ethical issues and dilemmas. We solve a number of problematic situations by talking to the patient, family members, and the local health professional. (He is a practitioner who understands the local culture and will also help as a translator). In the field of clinical ethics, principlism and the so-called “4 boxes approach” serve us as a framework.

From the point of view of medical indications, we will evaluate the real possibilities that we are able to offer the patient. This is especially the availability of medicines, technical equipment, and knowledgeable staff. It is about evaluating what is indicated in the given situation and what we are realistically able to provide at the same time. We do not always have specialists on the given issue in our team. An important role here is played by the recommended procedures, the so-called Guidelines, which are issued by the relevant authorities (e.g., Médecins Sans Frontières).

Patient preference is a prominent area. It is necessary to explain everything to the patient so that he can make the right decision based on his desires and wishes. There is a need for constant dialogue, explanation, so that the patient’s wishes and expectations are realistic. It is an informed consensus – often implicit (oral consent), less often in written form (for particularly demanding, risky performances, the list of which is defined).

The quality of life is also taken into account, here even more significant cooperation with the patient and his relatives is very important.

The topic of contextual characteristics covers the previous three areas – it is an overall assessment of the situation in the light of medical indications, quality of life and patient preferences. A significant problem in this case is the lack and unavailability of resources (both qualified personnel and material resources). It is a fact that must be taken into account in a specific situation. There is a diametrically different social, cultural, economic and geographical context and conditions.

The ethos of the entire specific Itibo healthcare facility has a significant role and influence on decision-making and consideration. (It is run by a Czech and Kenyan Adventist organization, which is a Protestant denomination, and there is therefore a strong influence of the tradition of

Christian ethics). The social teaching of the church has an irreplaceable role, especially the principles of solidarity, subsidiarity and personality should be mentioned.

Communication and a personal approach to a specific patient always play an irreplaceable role together with respect for a different culture. We reflect on given clinical cases with the students. There is an effort to facilitate the discussion of given clinical cases. First, evaluate all relevant facts and information within a descriptive approach. After that comes the normative part. Action reflection is an integral part of ethical decision-making within applied ethics. It is about mutual respect and respect for a different culture. Knowledge of a different culture is absolutely essential in this case.

Transcultural medicine and nursing – different approaches in specific conditions

Medicine (in the sense of “*cure*”) and nursing (in the sense of “*care*”) are closely linked here. As part of the transcultural approach in the care of our patients at Itibo, it is about mutual interactions, transcending or crossing the boundaries of two different cultures (when students from a foreign curriculum are present at the internship, the situation is even more diverse, as they come from different parts of the world). As preparation before departure, we discuss the philosophy of multiculturalism (especially cultural plurality, nursing as a culture, and also the concept of transcultural nursing according to M. Leininger) at the seminars. The topic is also culture shock and its effects and methods that help to manage it. Some time is also devoted to the specifics of communication in local conditions.

At the Itibo site, we strive to nurture good relationships between the local health professionals, the community of residents, and our students and doctors. The emphasis is mainly on respect for differences, mutual tolerance. As part of interculturality in the team, we try to make it beneficial for all parties. In these conditions, the team of students and doctors must function flawlessly with each other, but also in relation to local health professionals and patients. As part of culturally congruent care, we try to provide culturally specific care with regard to local conditions and customs. Care must respect the given culture, values, customs, but also different methods of treatment. It is a two-way exchange of information, experience, and jointly facing challenging situations. Our endeavour is a holistic approach reflecting bio-psycho-socio-spiritual unity. It is also necessary to understand and respect certain cultural taboos, which are numerous in the local culture and are sometimes very different from what is considered taboo here in the Czech Republic.

In the students’ essays after returning from the internship, I also see references to the possibility of understanding one’s own life, contexts, but also language and culture. When talking to our medics in Itibo, I notice that they often describe a different understanding and expression of time in the local culture, a different approach to time horizons, agreed appointments for a given time (regular check-ups, wound dressings). In general, it can be said that multicultural nursing leads to and also requires an understanding of oneself, one’s own way of looking at another culture and penetrating the “imaginary skins of the cultural onion”.

In order to understand the patient from a different culture in nursing practice, Jana Kutnohorská makes certain recommendations in the publication *Multicultural Nursing*. We are also inspired by the recommendations for a long time when working at the clinic in Kenya and as part of preparatory seminars before departure:

- Recognize and appreciate cultural differences. There is a need to overcome cultural barriers and be aware of differences.
- Understand the patient's cultural reasons. This requires an active interest in the culture from which the patient comes. It is necessary to actively search for information.
- Be empathetic to a different culture. Information about the culture and trying to understand is not enough, you need to deal with egocentrism.
- Show respect for patients and their culture. I often teach students basic words, and they also have a dictionary. Local people are always happy when we start the conversation in the local language. Then, of course, we communicate in English.
- To have patience. It is a relationship of mutual trust and respect.
- Analyze your behavior. It's about realizing yourself and your own values.

Conclusion

When describing the way medical students are trained and taught as part of the Itibo development cooperation project in Kenya, we have pointed out the importance of gaining multicultural competence and acquiring cultural competence. These are important areas within the holistic approach of patient care at this medical facility. In this regard, we can see the importance for students in understanding multiculturalism as an integral part in the provision of medical care.

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