R25 Practicum at Wenchi Methodist Hospital

This summer I completed an international practicum at Wenchi Methodist Hospital in Ghana. I could not have asked for a better experience to wrap up my first year of medical school. In this report, I will explain what made Wenchi such an exciting educational experience. I will discuss my pre-trip goals, one specific global health issue, my responsibilities at the hospital, and my overall assessment. I will conclude with some pictures to illustrate my experience.

Proposed Goals

My proposed goals for the practicum were as follows:

1. To practice interviewing and physical exam skills in a culturally sensitive manner
2. To learn how to develop a differential diagnosis
3. To put what I have learned in my GISGH classes into practice by talking to healthcare workers about the issues they see in their community.

In regards to my first goal, I was partially successful. The official language in Ghana is English, and from my conversations with the administration before my trip I was under the impression that most of the patients and staff spoke English. However since Wenchi is a relatively rural area, that was not really the case. Nearly all the patients and many of the staff members only spoke the local language, Twi. This was only a minor setback, as the doctors and nurses I
worked with kindly translated everything for me. This did mean though that I could not conduct independent interviews with patients. At least once a week I was paired with a translator in one of the outpatient clinics and conducted focused interviews. These interviews were far different than what we are taught at the College of Medicine. There was literally a bell that went off every 2 minutes signaling the next patient to come in, so I had to do a 30 second interview before I consulted the doctor or medical assistant. Learning how to conduct an interview this quickly was very valuable.

Similarly, I learned how to do a quick, focused physical exam. My non-verbal communication skills were greatly improved by this task, as I attempted to explain to patients what I was doing. Before this trip, I often felt like I was just acting out the physical exam as we practiced it in class. However I now can pick up many findings on a physical exam. For example, I can recognize an enlarged liver or spleen, wheezes in the lungs, anemia, and oral thrush. I also learned how to do a vaginal exam and breast exam, as well as a standard prenatal exam.

In regards to my second goal, I was very successful. As I mentioned earlier, outpatient clinics worked on a rapid schedule. Luckily, early on in my practicum one of the doctors walked me through his strategy. Most of the patients who come in have malaria. This doctor explained the countless complications of malaria and helped me understand the important questions to ask. He also guided me in determining which patients need to be admitted and which patients can just be given oral medication. When a patient came in without malaria, this doctor was eager to explain his thought process in
diagnosing and treating the patient. With his guidance, I learned so much about treating patients in Wenchi. I recognize that this is a unique environment, and in the US I’ll be dealing with far different illnesses. However, I believe that the practice I received in Wenchi will make me a better diagnostician anywhere.

My final goal was achieved by talking to both healthcare workers and community members. I will cover just a few interesting points that I learned from these incredibly informative conversations. According to most of the healthcare workers, the health system in Ghana is relatively effective. The country is broken up into subdivisions, and each division has a healthcare facility. Anyone can get basic insurance for 15 cedis a year (the equivalent of $10 USD). That said, roughly 15% of the patients I encountered did not have insurance. Access to care itself is a huge problem for those who live in the rural villages. Wenchi has a couple outreach programs for these patients, however in emergency situations these patients do not have many options. In addition to learning about the healthcare system, I learned a lot about health rituals. One of the most interesting I heard about involves scarring a mother’s face when she seems unable to give birth. The thought is that demons give her miscarriages when her babies are too beautiful. By scarring her face, her babies will not be beautiful and the demons will leave her alone.

There are countless other topics that I talked about with my colleagues this summer. Below I will discuss one issue that I found particularly interesting: HIV and breastfeeding.
In previous classes, specifically my “Introduction to Global Health” class last winter, I learned about the modes of transmission of HIV. Most children who contract HIV are infected through mother-to-child transmission. Roughly 15-25% of infants with HIV-positive mothers contract the virus during pregnancy or birth, and an additional 15% are infected during breastfeeding. The significant increase in HIV-infected children who breastfeed compared to those who do not warrants concern.

In my past education I learned that mothers should be advised not to breastfeed when they are HIV positive. Studies suggest that the virus can migrate from the mother’s blood to the breast milk, and that the virus has a greater capacity to replicate in the breast-milk than in the blood. Once ingested by the infant, the virus may penetrate the gut submucosa, leading to infection. In light of this information, most developed countries recommend replacement feeding for infants born to HIV-infected mothers. For example, an expert advisory group on AIDS in the UK states that, “where it is possible to ensure uninterrupted access to infant formula milk...the Departments’ of Health policy is to advise HIV-

---

infected women not to breastfeed.”³ A similar stance is taken by the Centers for Disease Control and Prevention in the US.⁴

I was surprised to learn that this is not the case in all countries. In Ghana, for example, mothers are advised to breastfeed for two years regardless of their HIV status. Looking into the literature, I was expecting to find many sources refuting this policy. However, I found that the WHO actually supports this. The 2006 Guidelines on HIV and Infant Feeding suggest exclusive breastfeeding for 6 months and immediate weaning after that point.⁵ Just four years later, WHO came out with a revised, broader statement:

“Mothers known to be HIV-infected (and whose infants are HIV uninfected or of unknown HIV status) should exclusively breastfeed their infants for the first 6 months of life, introducing appropriate complementary foods thereafter, and continue breastfeeding for the first 12 months of life. Breastfeeding should then only stop once a nutritionally adequate and safe diet without breast milk can be provided”⁶

The reasoning behind this recommendation is multifaceted. Most importantly, breastfeeding is a healthy source of nutrition for infants. Replacement feeding in many developing countries is unsafe due to unsanitary water and lack of proper resources. Accordingly, many studies in the past 10

---

years have linked formula feeding in developing countries to severe illness, and even death. Another factor surrounding the issue of breastfeeding and HIV is the social stigma of AIDS. By avoiding breastfeeding, a cultural norm in many locations, a woman may be inadvertently disclosing her status. Interventions that suggest a premature cessation of breastfeeding will not be well received as a result. For example, a 2009 study reported that women in Kenya did not stop breastfeeding their infants after 6 months due to the stigma that would result.

With the health of the babies and the social concerns of the mother in mind, healthcare workers at Wenchi Methodist Hospital currently follow the most recent WHO recommendations. Most mothers who visit the hospital do not have a safe and affordable alternative to breastfeeding. Thus, they continue to breastfeed their child until two years of age. Instead of focusing on breastfeeding, healthcare workers spend their energy on promoting compliance to medication. In addition to helping the mother’s health, regularly taking ARV’s significantly decreases the chance of transmission of the virus through breast milk. Although I was surprised by what I saw in Ghana at first, I now understand that breastfeeding regardless of HIV status makes sense given the economic, cultural, and social circumstances.

---

8 “Stigma Preventing Some HIV-Positive Women in Kenya From Following Recommended Infant Feeding Practices.” Kaiser Family Foundation. SAfAIDS. <www.safaids.net/content/stigma-preventing-some-hiv-positive-women-kenya-following-recommended-infant-feeding-prac>
Responsibilities On Site

During my practicum I got to spend time in a number of different departments, and my responsibilities varied at each location. My time was divided between the following six general locations: operation theatre, inpatient wards, outpatient department, specialty clinics, maternity ward, and outreach.

In the operation theatre, I mainly watched as one of the two doctors performed surgery. The doctors always explained what was going on, and occasionally let me scrub in. The two most common surgeries were hernia repair and C-section. I also got to see a couple of surgeries that are very rare in the US, including a debridement and a bowel resection. This was a very unique and positive experience. On the other hand, there were a few negative instances that I encountered in the operation theatre. There was a lack of variety in anesthetic agents, so often it was hard to find the correct dose for a patient. At times the patient woke up mid-surgery. It was a really disturbing experience that occurred in about half of the cases, whereas in the United States it is almost unheard of. Despite this, I really enjoyed learning from the doctors as they conducted surgeries.

The inpatient wards consisted of a Male Ward, a Female Ward, and a Pediatric Ward. Each morning I would attend rounds in at least one of these wards. The doctor or medical assistant would go through the case, answer my questions, and occasionally ask me to conduct part of the physical exam.
The outpatient department, as mentioned earlier, was a fairly hectic environment. I enjoyed experiencing this, but the conditions were very poor for the patients and I couldn't help but question if they were really getting all the care they needed. Patients waited hours on hot, crowded benches outside to see a doctor or medical assistant for a mere two minutes. When I was shadowing in this department, I did my best not to slow down the doctor or medical assistant in charge that day. As a result, I sometimes did not understand the complete story of each patient. However the staff was eager to help me learn, and they soon asked me to help. With a translator, I could help take brief patient histories. I never quite got used to the fast pace of the outpatient visits, and couldn’t help but worry about how the medical staff must inevitably be making some errors with some of the patients.

The specialty clinics worked in a similar way to the outpatient department, except they had specific focuses each day. For example, the diabetes clinic is on Tuesdays and the HIV clinic is on Thursdays. Patients go to their respective clinic roughly once a month to follow-up and refill medications. I really enjoyed learning how to do a focused interview for each of these cases. The only negative aspect of these clinics was the occasional lack of medications. Normally the patients get their medications for free, but the lack of medications makes it difficult. Since compliance is so important for patients with chronic illnesses, it was very hard for me to watch a patient walk away with a two-week supply of a medication that is supposed to last them a month.
The maternity ward turned out to be my favorite location in the hospital. I spent the entirety of my first week there and went back occasionally throughout my stay in Wenchi. While in the ward, I learned from the midwives. They taught me about medications, vaginal exams, normal vaginal deliveries, and postpartum infant care. I had the opportunity to help with each of these tasks. It was a very supervised, yet hands-on, experience that could not be matched.

Finally, on four occasions I went on outreach with some nurses and midwives from the hospital. Three of the four occasions were with the child and reproductive health clinic. This clinic does outreach two days a week. They have a set list of communities (15 total), and they visit each one roughly once a month. While there, they meet with the mothers of the villages and do educational sessions on various health topics. Then they weigh the children and give immunizations when needed. If a child is sick or is underweight, they have a one-on-one session with the mother to figure out the next step. When I went on this outreach, it was my responsibility to weigh the babies and chart their growth. The other outreach program I went on only occurs quarterly. We went to a really run-down village and did education and various health screenings for patients of all ages. I mostly took blood pressures, but I also helped with HIV testing and vision screenings. All four times I went out outreach I was amazed at the poor living conditions in the villages. However I was very pleased with both outreach programs. The people in the village were receptive to the hospital workers and were exceptionally thankful for our help.
Overall Assessment of Practicum and Additional Advice

This practicum was a phenomenal experience. I would not have changed any aspect of it. The two doctors at the hospital were extremely kind and loved teaching, and this was true of the entire staff. I really felt like I got a personalized learning experience. None of my questions went unanswered, and I feel like my medical knowledge grew exponentially in the short amount of time I spent at Wenchi.

There were definitely some negatives to the hospital, which I hinted at in the sections above. First of all, there was a huge shortage of staff, particularly doctors. The two doctors were always on call and constantly exhausted. They had to attend to every case, and thus had no specific expertise like we would see in the United States. Also, there seemed to be a problem with delegation of responsibility, particularly when it came to emergencies. In a couple of instances a patient died as a result of the staff not taking action. When looking at these cases, it was always far more complicated than just pointing a finger at a single staff member. However there was never any follow-up and nothing would change as a result. One of the nurses explained it to me as an organizational error as well as a lack of a sense of urgency. Even though it was very disturbing to see, it was a good situation for a GISGH student to witness. I understand how deep this issue runs and how difficult it is to correct.

The only other word of caution I have for future students is in relation to religion. Central and Southern Ghana in general is a very Christian area, and in
the Methodist Hospital this was amplified. Most of the staff is religious and verbal about it, and all of the wards have pictures of Jesus hanging up. I never felt pressured, but students should be warned that Christianity is everywhere. I went to church once after being asked by the administrator who set up our stay. After that, I did not feel the need to go again but I was asked every Monday where I went to church the previous day since it was assumed that I would go. I never felt overly uncomfortable by this, but it is something for students to be aware of.

In terms of travel advice for future students, Ghana is an extremely easy country to navigate. It was always easy to find someone who spoke English and everyone was very nice. I would recommend changing money over in Accra or a large city because it is difficult to do in Wenchi. There is a larger town roughly half an hour away that has an ATM that takes Mastercard, so that is always an option. I rarely felt unsafe this summer. Of course as a white person in Africa I was hassled a lot, but it was never violent or uncomfortable. Wenchi itself is a fantastic place to live. It was the perfect location for me, but if a student is looking for an extremely lively town, then Wenchi would not be ideal. It's a quiet, sleepy town that does not have much to do. For me, the small size made it relaxing and made it easy to get to know the community. My summer was really incredible, and I hope that more Ohio State students decide to go to Wenchi in the future.
Pictures

Front of the hospital compound

Male Ward

Child and Reproductive Health Clinic
Prenatal exam room in Child and Reproductive Health Clinic

Minor Operation Theatre

Pediatric Ward

My classmate bathing a newborn after a successful emergency C section
Me and a scrub nurse

Me and my classmates with Dr. Ben before a surgery

The public health outreach coordinator and his nephew
The healthcare team walking to a village for outreach

The schoolhouse in the outreach village

Healthcare team preparing for HIV testing and counseling
Healthcare workers conducting eye screenings

Weighing babies at outreach

Filling out growth charts

Healthcare workers enjoying a traditional meal of fufu after an outreach trip