

This International Practicum to Uganda was an experience that I will treasure for the rest of my life. In just a short amount of time, I was able to do and see so much that will have a lasting impact on me. I was able to accomplish all of my goals that I set prior to the trip. I was with an amazing group of people that all worked hard to make the time there as great as it was. We all put a lot of work into organizing and acquiring donations to use while we were there and to give to the local dentists to better serve the local people. We worked in small communities around the city of Kampala. We were swarmed at every location with people that were in great need for dental care. We were able to treat about five hundred individuals while there, five hundred individuals that would not normally have the opportunity to receive any care. We were given a tour of the dental school and facilities at the main hospital there in Kampala. We also had the opportunity to meet many local dentists in the area. They helped with the service and talked to us a lot about the standard of dental care in Uganda. Through seeing with my own eyes, talking to the local dentists, and working on patients in the communities, I gained a better understanding of the oral health care system and what needs they have. It was great to be able to build relations in Kampala and promote OSU College of Dentistry.

I loved being able to apply the skills and knowledge that I have acquired here at OSU to actual patients that needed the help. We worked hard every day and worked with many individuals. I would never have the opportunity here at school to see such a high volume of patients in such a small amount of time. I seemed to engrain much of the knowledge and skills into me as well as learn many new things that I can use. This hands on work is something that teaches much quicker than reading and studying any day. Not only did I get to work with patients of another country, I was able to work with dentists of Uganda as well. This was great in teaching me communication skills and learning about another region in the world. The people of Uganda are amazing and I loved learning about their culture. I worked on my own a lot of the time and in groups a lot of the time as well. I enjoyed the time spent with the group and feel that we worked very well together. There was little arguing and a lot of helping each other out in any way we could. I learned a lot about team work and how vital it is to operations such as the one we were on. I also learned a lot about myself as I worked alone many times in this professional setting.

The work that was put in to and fulfilled in this trip, is exactly what needs to be done to help with the health needs in developing nations such as Uganda. We all worked hard in finding the support needed to go and do what we did. We helped the communities around Kampala with a great service. We provided care to individuals that would not normally receive the care needed. In the process we all benefited greatly and became better health professionals.

The availability of dental care in developing countries is a problem seen throughout the world. There are countless of individuals that do not have the resources to pay for a dental visit or possibly do not even have access to a dentist if they wanted. The World Health Organization estimates that in Africa, the ratio of dentists to people is 1:150000(WHO, 2011). This is compared to the ratio of 1:2000, found in most industrialized nations. These numbers show the great importance for something to be done. People in developing countries need help in order to take care of the need for dental care.

Oral disease is found everywhere. Dental caries and periodontal disease are the two main issues that we face with oral disease. Most individuals have some level of dental caries before they become adults. There is a positive relation between the amount of sugars we consume and the amount of caries we have. As processed food and sugars become more prevalent in developing countries, so will the amount of dental caries. Most countries in Africa are in a process of developing. This process is causing more soda and other sugar packed substances to spread throughout the country. This is causing more and more individuals to have problems with dental caries. At the same time this is going on, the individuals do not have proper access to fluoride which would help combat the affects of the sugar. There are also many other issues in developing countries that increase the risk of developing caries and other oral diseases. Some of these issues include general health and quality of life, diet and nutrition, fluorides, school oral health and oral health of the elderly population, HIV/AIDS, approaches to oral health promotion and disease prevention, and oral health surveillance (Bulletin, 2011). We usually think of all the direct affects of dental caries. If we want to truly help, many of these indirect issues have to be addressed to see any progress. There are many groups and organizations that look in to the big picture and try to address the issues. Another problem is that even when individuals have dental caries and want something done, it is almost impossible for them to get the proper help that is needed.

Most of the work that is done in developing nations is to address the patients that are in pain. This is usually done by extracting the teeth that hurt. There is such a lack of dentists and so many people that have dental caries, that it is usually the extreme cases that have to be taken care of. This process seems to help those that are truly in pain, but addressing the issue earlier in the process would be the best way to handle it. Primary care and prevention is something that is greatly needed (Dental, 1998). It is very important to take a great look at the health care systems that each country has. Research and studies need to be done to see if it is something that is working or not. It will not do much good to just keep treating patients if nothing is being done to improve prevention and primary care.

Many groups go to developing countries and offer their services with health care. Many go and treat the dental caries and help many people. The same issues occur after the group leaves and problem continues to exist. While working with the individuals in the place that the work is being done, I think that it is vital to show oral hygiene instructions. Most people in these developing countries did not grow up brushing their teeth twice a day and have no idea what to do. You can give all the tooth brushes and tooth paste, but if they don't know how to use them, nothing will be done. There have been efforts to address this problem. There are some programs that go above just teaching oral hygiene to individuals. Many groups go to developing countries just to help with the health education. It seems to be more important than just going and doing dental work for a few weeks. There are many programs that will help dental teams achieve this goal (Health Education).

There are some main programs in the world that address many of the issues that we have been hearing about. The World Health Organization (WHO) is one of those main programs. They have done many studies on developing nations. They have done many studies on what health programs work best and how to implement new ideas to that of existing ones. They do a lot of research on oral diseases and find ways to fight them. The fact that there is little priority given to preventive and restorative dental work is a huge problem (WHO, 2011). This is a main concern right now for the future. There needs to be a lot of commitment in order to properly address this issue and actually do something about it. It usually takes groups dedicating their efforts to smaller regions and making sure that there is progress happening. The WHO has really pushed for the developing nations to get more qualified personal to treat the patients in the country. There needs to be more focus on training locally and less focus on other countries providing the bulk of the work.

The FDI is another group that does a lot of work in bettering oral health to all individuals around the world. They focus a lot of effort on developing countries. They also do a lot to prepare individuals with continuing education (What We Do, 2011).

I realize that there is lot more to be done than just what we accomplished. We did a lot though for the amount of time we had. It is a start to something that I will be working on for the rest of my life.

My responsibilities started months before we actually went on the trip. We spent countless hours on trying to raise money for the trip. I actually think that we would have made more if we would have all just gotten part time jobs. It was a good time for us all to bond and get to know each other better before the trip. We all knew each other well and worked well

together over in Uganda. A few days before the trip, we got together to pack up all the supplies that we had. I think that it was around twenty bags that we ended up taking. It was crazy how much we actually took with us. Most of it was probably tooth paste and tooth brushes. We finished our last final and then had to be to the airport in a few hours. If I could go back, I would have given us at least one day to rest. Anyways, we didn't and we were off to Africa!

I have traveled a little, so it was easy for me to get used to the ways things were in Uganda. It was hot and humid. The driving is crazy and it always seems to just be chaos. We had a couple days to rest a bit and get to know the group that would be helping while we were there. They seemed to be great help the entire time we were there. I was happy to have locals to take care of us. We had to go to the store to buy bleach, buckets, brushes, and other random supplies that we thought pointless to pack in our luggage.

Every time we got to the sites, it took about twenty minutes to set everything up. We had to set up a place to do the initial exam and give local anesthetic, a waiting area, operating area, and a place to clean the instruments. We didn't have set responsibilities, but I always seemed to get the instruments and the operating area ready to go. We had the opportunity to do a little at each of the stations. I spent most of the time doing extractions though. I really liked it and seemed to get the hang of things after the first day. We would work for about 8 hours with a small lunch. Sometimes we would switch stations at lunch to mix it up. This usually kept things interesting and made the day go quicker. We would work hard the entire time. We always had to cut people off at the end of the day because we didn't have more time to see them. Clean up took about twenty minutes as well. We would get ready for the next day and pack up fresh supplies when we would get back at night.

We did a lot of work, but it would have been impossible without the help of the local communities. Each area had people to help get things organized, take the trash, and just help with little things that would come up. One day we went to a village that was about an hour outside of Kampala. I loved that day and they were super happy to have us there. I would want to do more of that kind of stuff when I go back.

Most of the people seemed to be happy as can be. I always felt safe. That wasn't even an issue. The food was good. We had a lot of rice, potatoes, and meat. Using the atm was kind of a hassle. I would just take all cash if I did it again. Also, they did not take cards anywhere. I have never been anywhere like that. It would have been bad if we didn't have cash. The language was never an issue. A lot of people spoke a little English, and if not we

usually had people with us to translate. I got a little sick for one day. I took the stomach medicine that was given to me and I was just fine. The guesthouses that we stayed at were simple but nice. Mosquito nets are vital and we had those.

Uganda is beautiful. I didn't realize that it is so green. The safari, boat ride, white water rafting, gorillas, and just seeing the country was amazing. I loved my time there. I really do not have anything negative to say. The trip was all positives!

Works Cited

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The day we arrived. All twenty bags made it!



The van that we would spend much of our next two weeks in. We really got to know each other.



The typical set up. Waiting, exam, local, waiting, extraction (not seen), and clean up (not seen).



Local Anesthetic.



Extracting. Head lights and a lot of gauze.



Me extracting. Pretty simple most of the time.



The sign of hard work.



O-H-I-O-O-O-O



The group with all the volunteers that helped us.



Dr. Balsly with one of the monkeys at our guest house.



On the boat tour near Murchison Falls.



Safari time!



Alan and myself at Sippi Falls.



It's almost as though he was posing for us.