

# STUDENT REFLECTION BY METHUSELAH TIROP KORIR

## ELECTIVE PLACEMENT – UNIVERSITY OF TORONTO APRIL/MAY 2010



Methuselah Tirop Korir and David Kigundu Rutha at the OB/GYN Department, University of Toronto.

### **Preparation**

The Medical Electives program of Moi University is a 6 week program during which students go to a health institution of their choice and choose an area of interest. This is done in the 5th year of study of the M.B.Ch.B. program.

The overall aim of medical electives at Moi University School of Medicine is to provide students with opportunities to acquire knowledge, skills and experience in areas of their interest which will be useful in their career. In January, we balloted for the various centers available in North America. I chose the University of Toronto. We were the third group of students to do our electives in Toronto. We knew very little about university of Toronto, but over the three months we were preparing, we got very detailed information from Wycliffe and George who had done their electives there the previous year. We also managed to meet U of T Visiting student Heather miller who was patiently willing to answer any question we had. We constantly communicated with Dr. Rachel Spitzer via e-mail; she was really concerned about our travel arrangements at all the stages especially in the later stages when things got a bit complicated.

Our biggest challenge was getting the visas, our visa application was delayed for more than a week because of new requirements which we were not aware of. We had to undergo a medical examination before the visas were processed.

### **Travel and Accommodation**

It was very exciting traveling by plane as it was the first time for me. We left on 13th April from Nairobi at 8:30AM and arrived in Amsterdam at 5.00PM. We were excited that we were now going to take the final part of the journey to Toronto. Few minutes before we boarded the plane to Toronto. We were informed that the airport had been closed down due to ash from Icelandic volcano. We had to spend 5 grueling days at the airport. Fortunately on 20th April

the airport was opened and we left that evening for Toronto. On landing at the Pearson Airport, and after clearing with the customs, we collected our bags and proceeded to the waiting bay where Dr. Filomena Meffe was waiting to receive us. As we got out of the Airport, the reality of cold weather hit. It was extremely cold for us. Filomena took us to Dr. Rachel Spitzers house. We were taken to 89-Chestnut residence on chestnut Street where we checked into room 516, which would be our residence for the elective period. Our room -516- was superb, had ample reading space, neat lavatory facilities and a breathtaking view of the city. A telephone and modem for internet connectivity were also available. The hotel was at about 10-minutes walking distance from the Hospitals of placement – St. Michaels, Mt. Sinai and Women’s College Hospitals. Generally accommodation was very nice. We had two meals per day -breakfast and dinner- at the residence, which were of amazingly diverse variety. At first I thought Canadians eat a lot of leaves(salad). I tasted most of the food for the first time and I really liked it though I never got used to some.

### **Clinical Rotation – St. Michael’s Hospital (SMH)**

I started my clinical rotations at SMH where I spend the first 2 weeks from 21st April to 1st of May 2010. On the first day I was picked very early in the morning from my residence by very friendly UofT students Christe and Julie. Registration and orientation went on smoothly with assistance of Sonya Surbek (Education coordinator, Med. Educ., FitzGerald Academy). I shadowed Dr. Adelmo Martoglio most of the time. He was very nice to me and we became great friends. Occasionally, I worked with other Doctors such as Dr. Howard Berger, Dr. Freire- Lizama, and Dr. Andrea Lousman among others. The resident doctors, Nursing and support staff were also very handy in facilitating my learning at SMH. The areas I rotated in included:

- Labour and Delivery floor
- Prenatal clinic
- Women’s Health Care Center–Colposcopy clinic

In the prenatal clinics, I learned how to use the tocodynamometer and interpretation of various tests for fetal well being especially genetic screening. This was quite an exciting experience for me. In the colposcopy clinic, I participated for the first time in colposcopy, LEEP and ECC. I was given the chance to do speculum exam, apply vinegar and TCA, collect pap smears, and vaginal swabs. The experience was just amazing.

I attended several teaching rounds, which I found very enriching and educative. On the overall, SMH was great learning opportunity. The relationship of the health care team to the patients, their relatives and to one another was very warm, cordial and impressively professional. I occasionally felt bad when some patients didn’t like the presence of a student when a procedure was being done to her and had to wait outside.

### **Clinical Rotation – Mt. Sinai Hospital (MSH)**

The last 2-weeks of the electives, I rotated in MSH from 3rd to 14th of May 2010. Orientation to relevant units for my rotation; training in use of power-chart and OBTV and registration to get MSH identity cards, were done in the first two days with the assistance from the very organized Jane Gracey. My supervisor was Dr. Elyse Levinsky. Other Doctors I had the privilege of working with included: Dr. Allen, Dr. Drutz, Dr. Spitzer, Dr. Maxwell and Dr.

Farrugia. The team of resident doctors, nursing and auxillary staff at MSH also enriched my overall learning experience at the hospital. Activities of interest were in:

- Labour and Delivery
- Prenatal and Postnatal clinic
- Operating Room
- Seminars and Grand rounds

Labour floor, prenatal clinics and operating room On the labour floor, many aspects of labour management were at first intriguing for instance: Use of OBTV and Powerchart computer programmes in managing patients data; continous electronic monitoring of fetal heart rate and uterine contractions with in-built alarm systems in case of deviations in normal parameters; routine use of epidural and Patient Controlled Analgesia; External Cephalic Version and amniocentesis under ultrasound guidance; for every delivery, the resident and attending Doctors were always present. I was surprised too that the husband/partner always accompanied the woman throughout the process of labor and delivery. I was given the opportunity to participate in many deliveries, repair of episiotomies, ceserian sections, triaging of patients among other learning activities. The 24-hour calls provided a great chance to master various skills on the labor floor. I however witnessed for the first time a laparoscopic hysterectomy and the use of “Sidney” computer programme to control insufflation, white balance, etc during laparoscopic operations.

### **Research Meetings**

We had the privilege of attending three research meetings related to OBGYN which proved very informative. These were:

1. The 9th annual neonatal and maternal fetal medicine research day.

It was held on April 27th, 2010 at JJR McLeod Auditorium, Medical sciences building, 1 Kings College circle university of Toronto. It was an educational session focusing on advances in research in Neonatal and maternal fetal medicine.

2. The 52nd “Marlow lecture” for Society Of Obstetricians and Gynecologists of Toronto.

It was held on the evening of April 29TH 2010 at Park Hyatt Hotel. The lecture was delivered by Dr. Albert Yuzpe and the title “Reproductive medicine in Canada: Retrospective”

3. Obstetrics & Gynaecology University of Toronto 27th Annual Research Day.

Held on 7th May '10 in Northrop Frye Hall, Victoria University, University of Toronto, 73 Queen's Park Cres. This is a yearly event in which students of the UofT at various levels –undergraduate, residence, and fellowship etc- make research presentations, to a panel of Judges (Lectures). Posters are also put up, presented, and then assessed for awards. The key note speech- THE HENDERSON LECTURE- was titled “Being born too soon-do obstetricians have anything to offer?” delivered by Jane Norman MD. The organization of the conference, quality of researches, posters & presentations was great learning experience.

### **Extracurricular Activities**

Despite the shortened electives time and busy academic schedule, we sought to learn other aspects of Toronto city and the Greater Toronto area.

## **Cycling**

We cycled a lot in Toronto courtesy of Dr. Martoglio, who provided us with nice bicycles and biking suit. We also managed to cycle with one of the residents, Alice Han. We cycled around Lake Ontario twice.

## **Visits within Toronto city**

We made daily walks about the city every evening to savor the rich architectural designs of buildings, the road network the parks and the populace with its rich diversity in terms of racial descent. Specific places of interest we visited included:

- The Toronto Islands
- Art gallery of Ontario
- Movie theaters
- Various restaurants
- CN Tower
- Eaton centre and other shopping malls

We did enjoy the dinners we had with friends, most memorable being:

- The invitation to Dr. Spitzer's. We had a wonderful fellowship with her family. It was nice to have Ms Rosen and Ben. Seth around though he was deep asleep all the time we were there.
- Had lunch with Abu Shriharan, who work at the Peter Silverman Foundation – an organization started by Peter Silverman to fund international health initiatives by members of MSH. Also present were 3 UofT medical students. We were able to meet Dr. Astrid Christoferson who was going to work in Kenya.

We sampled the transport options in Toronto, by using at various times the streetcars, the subway trains and the Greyhound buses.

## **Visits outside Toronto**

Dr. Spitzer took us down to Niagara Falls. Niagara Falls is a very spectacular scene.

We visited several Kenyan families, first in Waterloo-Kitchener and were taken to Waterloo University where the couple is doing their PhDs. Then in Scarborough was the 2nd family.

## **Conclusion**

Doing my electives at the University of Toronto gave me a very good experience both clinically and socially. It was a great learning opportunity, an eye-opener to technological advances in patient management. I learnt many things which I took with me back to Kenya. It gave me a chance to interact and make friends with people of all walks of life. It was worth every dollar spent.

## **Acknowledgements**

I wish to register my heartfelt gratitude to every single person I interacted with in Toronto and facilitated my academic and social development, one way or the other. Of special mention however were: Dr. Alan Bocking, Dr.

Rachel Spitzer and Mr. Aaron Yarmoshuk, who ensured that our stay at UofT and hospitals of placement was worthwhile. My primary supervisors: Dr. Adelmo Martoglio of SMH and Dr. Elyse Levinsky at MSH made learning so much more interesting. They were great teachers and mentors. I the hospitals would have been impossible without the facility of Sonya Surbek at SMH and Jane Gracey at MSH –you made me achieve so much in such a limited period of time, their organizational abilities are left to be admired. I wish to acknowledge other Doctors, residents, nursing staff at the two hospitals for aiding my learning at various levels of supervision. Medical students at the UofT made great friends. Mr. Sospeter Kaai & family, Mr. Julius & family made us feel Kenyan away from Kenya. I appreciate their hospitality.

# STUDENT REFLECTION BY DAVID RUTHA

## ELECTIVE IN TORONTO (5TH APRIL – 14TH MAY 2010)

Elective in the fifth year of medical school is a time which each student looks forward to. We get to be out of school for six weeks in a place of your choice and do what you like in medical practice. A few of the more lucky students get an opportunity to go to North America and Europe free of charge. This year I was among the more lucky students and I went to Toronto with my friend Korir.

### **Preparation**

Korir and I spent some time trying to learn about Toronto. Our best resource turned out to be George and Wycliff who went there last year. About a week to our departure we had a good idea of what to expect in terms of work, accommodation, clothing, food etc.

After four weeks of anesthesia course and a difficult examination on a Wednesday morning, I was taking an afternoon nap when I received a call from Mrs. Mamlin, our coordinator for the elective. She said she had some good and bad news for me. The bad news was that our visas were not ready and the good news was we didn't have to wait for a month to go for a medical checkup required for us to get our visas.

The coming weekend was inconveniently the long Easter weekend, which meant we couldn't go for the checkup on Friday and we had to miss our flight on Easter Monday.

### **The long wait**

We spent the next one and half weeks waiting to be issued the visas. The days seemed endlessly long, checking e-mails almost hourly or waiting for a phone call from the Canadian High Commission. We had Dr. Rachel Spitzer and our coordinator Sarah Mamlin to encourage us and cheer us up. We finally left Nairobi on a Thursday morning aboard a KQ flight.

What was meant to be two hours of waiting before boarding a connection flight from Amsterdam turned out to be 5 days. Billows of smoke from Mt Eyjafjallajokul in Iceland resulted in closure of the greater part of Europe's airspace. Five days in Schiphol airport had its ups and downs. We made new friends, took a tour of the whole airport, got used to eating cheese and basically sharpened our survival tactics.

By the time left Amsterdam we were really exhausted of sleeping on seats and the only thing I was looking forward to was a bed in Toronto. Dr. Meffe was kind enough to pick us from the airport, took us to Dr. Spitzer who took us to Chestnut residence where we stayed for the rest of our electives.

### **Toronto**

I love Toronto, after all we underwent to get there I must say it was more than worth it. I might not remember everything I did in Toronto but one never forgets the first day. We woke up well rested and after breakfast Aaron

Yarmoshuk gave us a tour around the city. The city is beautiful, much larger than Nairobi and getting lost is very easy.

Our first stop was the Obstetrics and Gynecology department offices. We met Dr. Bocking the boss around there, Maria, Mary, Franca, Flora and Hannah who were wonderful. We received our cheques, information package and had banana chocolate cake and coffee.

Aaron Yarmoshuk helped us cash our cheques and we went to the university of Toronto electives office for registration. The next stop was the Mt. Sinai Hospital where we met Jane Gracey. She gave me an elaborate work plan for stay at Mt. Sinai Hospital. We took a break for the rest of the day and started work the next day.

### **Work**

I worked at Mt Sinai for 2 weeks and spent another 2 weeks at Women's college hospital.

### **Mt. Sinai Hospital**

Despite having a map and having been there the previous day I took a wrong turn while going to work on my first day and got so lost that were it not for the help of a kind lady I think I would still be looking for my way to the hospital.

Mt. Sinai is an exemplary hospital. I had heard and read many good things about it. Jane Gracey had given me a red file which had everything I was needed to do for my stay there. My first day of work was in the Operating room with Dr. Heather Shapiro, Dr. Lisa Allen and Beth, Ali and Lyana. Before every procedure I was introduced to the patient something we don't do back home. I think the best part of being in the OR was seeing Sydney, the machine. Sydney could turn on lights, change them to green, take pictures, insufflate by responding to a voice command. Back home laparoscopic surgery is rare and I had only seen three procedures during my general surgery rotation in 4th year. By the end of the day that number increased to six. Unfortunately I didn't have another day on the OR because of the limited time I had at Mt. Sinai.

I spent a few days in the Labor and delivery unit. Epidural anaesthesia makes the unit very quiet. I thank Dr. M. Morton, P. Hawrlyshyln and R. Greg for all I learnt from them. Probably by just having their spouses present and a dedicated team of a doctor, resident and a nurse made child birth a less difficult experience for the women.

Clinics were wonderful. One gets the chance to learn a lot in a day because the consultant could attend to 30 or 40 patients with a variety of problems and you get to ask questions. Dr. Farrugia's clinics are unforgettable foremostly because I was fed very well. I learnt a lot from her and Karen. I learnt to use a fetoscope to listen to the fetal heart beat which is easier than a fetoscope.

### **Women's College Hospital**

I spent my last two weeks at Women's College Hospital. Dr. Janet Bodley kindly prepared my work schedule. I rotated through clinics, labor and delivery and Create fertility center. I had 2 night calls, one with Dr. Akoury and

the other Dr. Pittini. Night calls were actually nice. There always was a nice dinner courtesy of the consultants before we got down to more serious work. It always was a fulfilling experience to follow a patient from triage until she delivered. Dr. Akoury taught me to collect cord blood something we don't do back home.

Clinics never disappointed me. I felt I had mastered how to interpret an obstetric ultrasound by the time I left Dr. Akoury's clinics. I still have his mini-lecture notes on twin pregnancy for future reference. I wish I had more than a day at Dr. Blake's clinic. A day at the fertility center with Dr. Baratz was truly a new experience. IVF, embryo transfer etc were things I had only seen in text books until that moment. At the end of elective I found that clinics were the best places to learn and I hope next year's students will get that opportunity.

### **Conferences**

The 27th annual research day was simply mind blowing for me. I don't know whether that is the level of research in all Canadian universities but the quality of research being done at UofT is very impressive. I feel challenged to at least do some research back here at home and also encourage my friends to participate in the same. I congratulate all the people who put in their contribution to make that day successful.

We also did attend the 58th Marlow lecture at Park Hyatt where Prof. Usbee gave a lecture detailing the progress made in the field of Obstetrics and Gynecology for the past 50 yrs. Apart from Prof. Usbee I also got to shake hands with Prof. Bob Casper who told us he has invented some very peculiar goggles which help you not to sleep during night calls.

### **Free time**

On the first Friday of our stay, Dr. Spitzer and Mark her husband invited us for a Jewish supper. Neither Korir nor I had been to one before and we enjoyed it. Delicious food was in plenty and we ate to our fill. Mark led the prayers in Hebrew if I'm not mistaken.

Dr. Spitzer, her husband Mark and their son Seth took us to Niagara Falls on our last weekend. I confirm that the falls are as beautiful as they are said to be.

Dr. Martoglio took us cycling on a Sunday morning to the peninsula on Lake Ontario. Cycling in Toronto is very enjoyable because there are cycling paths and one doesn't have to hustle for space with motorists.

Lesley Hawkins, UofT student, took us for our first 3D movie. Heather Millar, who visited Kenya earlier in the year and learnt Kenyans love meat, took us to a Korean restaurant where one eats as much meat as one can accommodate which made Korir and I feel very much at home.

We liked to walk around the city in the evenings to relax after a day's work. With the sun setting at 9PM we had enough time for site seeing. My favorites were Chinatown, the subway, Bloor St. west, and Dundas Square where we could get some entertainment. Other places we visited included the Toronto Islands, art gallery and the bottom of the CN towers.



We met enough Kenyans living in Ontario. We went to Waterloo and Scarborough and met a few Kenyan families. It was nice to have some Kenyan food and talk about our home country.

### **Summary**

All in all I had a great experience which cannot be adequately covered by this few pages of my reflection. Now I'm back home in Kenya, working hard and already trying in my own small way to bring the Toronto experience to my brothers and sisters by introducing myself, seeking consent and explaining every step of an examination/procedure to them and I'm loving it.

### **Appreciation**

All the people who made this elective experience an unforgettable one are many and I can name only a few. First I thank to God for everything. Secondly Mrs. S.E. Mamlin for all her persevering efforts in ensuring we finally got to Toronto amidst all the problems we encountered. My appreciation also goes to Dr. Rachel Spitzer for taking care of us in Toronto. The university of Toronto for the accommodation and funds for the elective, Dr. Allan Bocking, the Head of Obstetrics and Gynecology Department at the University of Toronto, Ms. Jane Gracey and Dr. Janet Bodley who planned my daily activities at the two hospitals. Dr. Michelle Farrugia, Dr. Hani Akoury, Dr. Jennifer Blake, Dr. R. Pittini and Dr. Ari Baratz, Dr. Heather Shappiro, Dr. Martoglio, D.r Ryan Greg, Dr. M. Morton for all they taught me. I would also like to thank Dr. Filomena Meffe, Aaron Yarmoshuk, Maria Wowk, Franca Conciatore, Lesley Hawkins, Heather Millar, Alice Han and all the wonderful Kenyans in Toronto who made my visit a memorable one.

# STUDENT REFLECTION BY SOITA WYCLIFFE CHITIAVI

## ELECTIVE PLACEMENT AT THE UNIVERSITY OF TORONTO (14TH APRIL TO 19TH MAY 2009)



Soita Wycliffe Chitiavi at Genesis Research Foundation 18th Breakfast.

### **Preparation For Electives**

The six-week-long elective placement in Moi University School of Medicine can be undertaken in a health institution within or outside of Kenya. I was privileged to have been selected to do mine overseas. On 14th January, we balloted for the various centers available in North America. I chose the University of Toronto (UofT). Being a relatively new elective center, I knew little about it and about Canada as a country. Over the following two months however, we had a lot of interaction with UofT, with Mr. Aaron Yarmoshuk and Dr. Dave Caloia, both of whom we met in Eldoret, as well as constant communication with Dr. Rachel Spitzer via e-mail. They patiently answered our many questions on various topics about the electives. Timely responses from UofT facilitated the processing of our passports and visas. Two students, Anne and Damaris, who had done their electives at UofT last year, were also invaluable in orienting us beforehand on what to expect and how to prepare for Toronto.

### **Travel**

It was very exciting travelling by plane as it was very fast for most of us. We left on 13th April at 11.10PM from Nairobi and arrived in London at 7:00AM. Six hours later we were airborne en route to Toronto via a British Airways flight. On landing at the Pearson Airport, and after clearing customs, we collected our bags and proceeded to the waiting bay where Dr. Spitzer and Mr. Yarmoshuk were waiting to receive us. As we got out of the Airport, the reality of the cold weather hit us. It was extremely cold – probably about 2-5°C – and despite having my jacket on, I still shivered in discomfort. We were taken to the 89 Chestnut Residence on Chestnut Street where we checked into room 538, which would be our residence for the elective period.

### **Accommodation**

89 Chestnut residence is a UofT residence, formerly called Colony Oak Hotel. On check-in, we were given electronic ‘welcome’ cards which we used to access our room, the gymnasium, elevators, washing areas and other facilities at the residence. We also had an electronic meal card which would be swiped through a scanner every meal

time in order to access the cafeteria. We had two meals per day – breakfast and dinner – at the residence, which were of amazingly diverse variety. I tasted almost every variety of food available and by the second week, I had settled on the menu most agreeable to my palate, the names notwithstanding. Ugali (a Kenyan staple food) was of course conspicuously missing! But not to mind, there were more than enough cuisines done by top-notch chefs to fill the gap. Our room – 538 – was generous, had ample reading space, neat lavatory facilities, and a breathtaking view of the city. A telephone and modem for internet connection were also available. The hotel was about a 10-minute walking distance from the placement hospitals: St. Michael's, Mt. Sinai, and Women's College Hospital. We felt honored to have been accommodated at 89 Chestnut.

### **Clinical Rotation – St. Michael's Hospital (SMH)**

I started my clinical rotations at SMH where I spent the first 3 weeks, from 15th April to the 1st of May 2009. Registration and orientation went smoothly with the assistance of Angela Lacroix (Secretary to Dr. G. Lefebvre, Dept. of Ob/Gyn) and Sonya Surbek (Education coordinator, Med. Educ., FitzGerald Academy). Most of the time I shadowed Dr. Stephen Im. Occasionally, I worked with other doctors such as Dr. Eva Morcaski, Dr. Freire-Lizama, Dr. Mark Yudin, and Dr. R. Shah, among others. They were great teachers, always patient in guiding me through the various procedures to ensure my comfort with the new environment and gadgets. The resident doctors and nursing and support staff were also very handy in facilitating my learning at SMH. Areas in which I rotated included:

- Labor and Delivery floor
- Prenatal clinic
- Operating Room for Gynecology surgeries
- Women's Health Care Center – Colposcopy clinic

On the labor floor, many aspects of labor management were intriguing, for instance: the use of OBTV and Powerchart computer programmes in managing patients' data, continuous electronic monitoring of fetal heart rate and uterine contractions with built-in alarm systems in case of deviations from normal parameters, routine use of epidural and Patient Controlled Analgesia, External Cephalic Version and amniocentesis under ultrasound guidance, and for every delivery the resident and attending doctors were always present. I was surprised too that the husband/partner always accompanied the woman throughout the process of labor and delivery. I was given the opportunity to participate in many deliveries, repair of episiotomies, caesarian sections, and triaging of patients, among other learning activities. The 24-hour calls provided a great chance to master various skills on the labor floor.

In the prenatal clinics, I learned to use the tocodynamometer and interpreted various tests for fetal well-being, especially genetic screening. For the first time, I witnessed laparoscopic surgery in the OR. I was subsequently allowed to assist in several other endoscopic surgical procedures such as Laparoscopic oophorectomy, hysteroscopic polypectomy and endometrial ablation. This was quite an exciting experience for me. In the colposcopy clinic, I participated for the first time in colposcopy, LEEP, and ECC procedures. I was given the chance to do speculum exam, apply vinegar and TCA, and to collect pap smears, endocervical Chlamydia, and vaginal swabs.

I attended several teaching rounds, which I found very enriching and educative. Overall, SMH was a great learning opportunity. The relationship of the health care team to the patients, their relatives, and to one another was very warm, cordial, and impressively professional.

### **Clinical Rotation – Mt. Sinai Hospital (MSH)**

For the last 3 weeks of the electives, I rotated in MSH from 4th to 19th May 2009. On the first day at the hospital, I found the ever-orderly Jane Gracey ready with a folder bearing my name. The folder contained a schedule of the activities I was to undertake for the entire period of placement at MSH. Orientation to relevant units, training in use of Powerchart/OBTV, and registration to get MSH identity cards was ably coordinated by Jane.

My supervisor was Dr. Elyse Levinsky. Her energy, sense of humor, enthusiasm, and patience as a teacher enhanced my learning experience at MSH greatly. Other Doctors I had the privilege of working with included: Dr. Allen, Dr. Shapiro, Dr. J. Thomas, Dr. J. Kingdom, Dr. M. Sved, Dr. F. Engle, Dr. M. Barkin and Dr. Greenblat. The team of resident doctors, nursing, and auxillary staff at MSH also enriched my overall experience at the hospital. Activities of interest were in:

- Labor and Delivery
- Prenatal and Postnatal clinic
- Operating Room
- NICU
- EOPS
- CEOU
- IVF clinic
- Seminars and Grand rounds

Experience on Labor floor, prenatal clinics, and operating room was similar to that of SMH. I however witnessed for the first time a laparoscopic hysterectomy and the use of ‘Sidney’ computer programme to control insufflation, white balance, etc. during laparoscopic operations. The state of the art facilities and multidisciplinary team of specialists providing care in the NICU was quite impressive. In the EOPS, I assisted in various operations done by Dr. Allen, for example: hysteroscopic polypectomy, endometrial ablation and endometrial curettage. In the CEOU, I observed ultrasound scanning at various gestational ages. Dr. Gare explained the interpretation of the fetal scans, especially how to diagnose abnormalities such as hydrocephalus, intestinal atresia etc. In the IVF clinic, I witnessed the embryo transfer done by Dr. Greenblat assisted by a team of Embryologists. Grand rounds and seminars for 3rd year medical students were equally informative.

### **Research Meetings**

We had the privilege of attending three research meetings relating to Ob/Gyn which proved very informative. These were:

1. The 18th Genesis Awareness Breakfast

Held on 23rd April '09 at Mars Discovery District, 101 College Street. It was an educational session focusing

on Breast and Ovarian cancer. We are highly indebted to the Genesis team under the chairmanship of Dr. Alan Bocking, for the invitation and role in funding many programmes in MTRH/Moi Sch. of Medicine including our electives.

2. The 7th Annual Global Health Research Conference

It was held from 27th to 28th April '09 in Macleod Auditorium, 1 Kings College Circle, Faculty of Medicine, UofT. The theme was “Convergence of Maternal & Child Health – global perspectives”. It was organized by the Centre for International Health, Dalla Lana School of Public Health and University of Toronto Department of Obstetrics and Gynecology.

3. Obstetrics & Gynecology University of Toronto 26th Annual Research Day

Held on 8th May '09 in Emmanuel College, 1st Floor Victoria University, 75 Queen's Park, UofT. This is a yearly event in which students of UofT at various levels – undergraduate, residence, fellowship, etc. – make a presentation on research they have carried out to a panel of Judges (Lectures). Posters are also put up, presented, and then assessed for awards. The organization of the conference, quality of research, posters, and presentations were top notch. The Henderson lecture by Dr. David L. Keefe, titled “Burning the Candle at Both Ends – A Telomere Theory of Reproductive Aging,” was quite sobering.

### **Extracurricular Activities**

Despite the busy academic schedule, we sought to learn other aspects of the Toronto city and the Greater Toronto area.

#### **Visits within Toronto city**

We made daily walks about the city every evening to savor the rich architectural designs of buildings, the road network (it was surprising that motorists generally adhered to traffic regulations!), the parks and the populace with its rich diversity in terms of racial descent and, not in the least, the fashion sense! Specific places of interest we visited included:

- The Toronto Islands
- CN Tower
- Royal Ontario Museum
- Ontario Art Gallery
- AMC Yonge-Dundas movie theatre
- Various Ethnic Restaurants

Dr. David Zakus and Mr. Yarmoshuk took us to a baseball game at the Rogers Centre when The Blue Jays were playing The New York Yankees. Unfortunately “we” lost. The next day, we were back at the Rogers Center with a group of medical students from UofT. This time round, we won against the Chicago White Sox.

We did enjoy the lunches & dinners we had with friends, the most memorable being:

- The invitation to Dr. Spitzer's. We had a wonderful fellowship with her family. Seth was just around the corner but hadn't come along yet. We were to meet him a few weeks later.

- Lunch with Abu Sriharan, Blair, and Leena, who work at the Peter A. Silverman Centre for Global Health, MSH.

We sampled transport options in Toronto by using at various times: the streetcars, the subway train and the Greyhound buses.

We shopped in various malls including Eaton Centre and Future Shop. Chinatown and Dollarama were handy places for relatively cheap items.

### **Visits outside Toronto**

Aaron took us down to Niagara Falls. Along the way, we enjoyed the sight of the green fields, vast farms of grapes, and vineyards. We had to make a detour to one of the wineries to test the age-old homegrown wines. Niagara Falls was breathtaking. The height of the waterfall, the mist created by the falls, the “Maid of the Mist” visible near its base, the fact that the second fall was entirely in the US and Buffalo University was just across the channel, were all incredible.

From Niagara Falls, we went to Niagara-on-the-Lake. It’s such a scenic town with tulips in bloom in a variety of colors. After lunch, we visited Aaron’s parents at St. Catherine’s before hitting home –Toronto.

We visited several Kenyan families, first in Kitchener-Waterloo, and were shown around Waterloo University where the couple is doing their PhDs. Then in the Vaughan area of the York region was the 2nd family, with whom we attended a Sunday church service at New Life Christian Church. Lastly, we visited a young Kenyan couple who were being discharged from Rouge Valley Hospital in Scarborough upon delivery of their first born son.

### **Challenges At the Hospitals**

- New technology was somewhat disorienting for the first few days. At SMH there was no formal training on the use of OBTV and Powerchart and therefore even with the requisite password it was difficult to operate effectively on the labor floor.
- A few of the patients or their relatives would refuse my presence in the room during certain procedures.
- The elective period was too short. The differences in medical practice between SMH/MSH and MTRH were significant and it would require more time to be able to grasp the new practices in order to function effectively.

### **General Challenges**

- In the first weeks, the weather was hostile and uncomfortably cold for us.
- The food tasted strange in the first few days and needed getting used to. Making an order for food at a cafeteria or restaurant was a challenge since specific descriptive lingo was required; being in the company of a native friend was strategic.

- Communication with family and friends back in Kenya needed some adjustment due to the time differences between the two countries and relatively punitive mobile phone tariffs in Canada. Skype mitigated the problem somewhat.

### **Recommendations**

To benefit optimally from the OBTV & Powerchart training given at MSH, either both students on electives should do their first 3 weeks at MSH; OR

Both students should have a 2-day induction to the programmes after which one of them moves to a different hospital.

Accommodation for next year electives students be maintained at 89-Chestnut Street. The allowance for next year elective students be maintained at CAD 750.

### **Conclusion**

Doing my electives at the University of Toronto was a huge milestone in my life and will forever be etched into my memory. It was a great learning opportunity, an eye-opener to advances in obstetric care I hither-to had not witnessed, a chance to interact and make friends with people of all walks of life, and an epic adventure, too. It was worth every dollar spent and an evidence of the generous spirit of the people of Canada.

### **Acknowledgements**

Every single person I interacted with in Canada, and they were many, left an indelible mark and facilitated my academic and social development one way or the other. Of special mention however were: Dr. Alan Bocking, Dr. David Zakus, Dr. Rachel Spitzer and Mr. Aaron Yarmoshuk, who ensured that we had the best that UofT and hospitals of placement had to offer. My primary supervisors: Dr. Stephen Im of SMH and Dr. Elyse Levinsky at MSH made learning so much more interesting. Thanks for being great teachers. Unraveling the complex set-up of the hospitals would have been impossible without the facility of Angela Lacroix at SMH and Jane Gracey at MSH – you made me achieve so much in such a limited period of time. I wish to acknowledge other doctors, residents, and nursing staff at the two hospitals for aiding my learning at various levels of supervision. Medical students at UofT made great friends. Mr. Sospeter Kaai & family, Mr. Maina & family made us feel Kenyan away from Kenya. We appreciate their hospitality.

# STUDENT REFLECTION BY GEORGE GATEBU NGARE

## THE JOURNEY OF MY LIFE



George Gatebu Ngare at the Toronto Island

My name is George Gatebu Ngare, 25 yrs old, Kenyan by birth, and a fifth year medical student at Moi University (MU) in a 6 year medical undergraduate programme. I came to Toronto for an elective in ObGyn courtesy of the exchange between MU and the University of Toronto. This opportunity was availed to me on merit but it is by chance that I picked this destination from a jar. Twenty-four others (students) in my class got to go to other places like Indiana, Portland, Sweden and Brown University. The bulk of my class (85) are in various places within the country and a few are in neighbouring countries doing an elective programme of their choice. This is my first international experience save for Uganda and Tanzania. My school is located in Rift Valley province, 700 kms from home. I stay with my parents in Nairobi over holidays (roughly 5 weeks in December) but home is somewhere in the Mt. Kenya region. I don't have a family of my own yet; that is in the future, as well as clearing 6th year, an internship for 1 year at a public hospital, and a residency in Obstetrics and Gynaecology. Before I came to Toronto I loved jogging, movies, and playing soccer; my self-identified strength was endurance and no one had a problem with my Kenyan brand of English. My biggest fears were benign prostatic hyperplasia and spiders.

I come from Murang'a which is in Central Kenya and which is home to the famous Mt. Kenya. Mt. Kenya is the highest (4,572m) mountain in Africa after Kilimanjaro. My home was a focal point during the Mau Mau disturbances (struggle for independence) in 1952-56. The Kikuyu (my tribe), Meru, and Embu people cultivate Mt. Kenya's fertile lower slopes. From 1,524 – 4,572 m altitude are dense woodlands inhabited by elephants, buffalo, and leopards (note: "NGARE", my family name, means leopard in kikuyu).

### **Preparations**

I had three months to prepare for this journey. Mrs. Sarah Ellen Mamlin (of Indiana University and who is based in Eldoret, Kenya) took the task at heart to make arrangements for our passports, VISAs and flight bookings. She told us what to expect at our places of electives. We were immunized, took a short course on fancy dinners, and she introduced us to a Canadian \$2 coin and instructed us to try everything (food and drink). Dr. Rachel Spitzer was in



touch with us on the other end. She sent us all the official documents and welcomed us beforehand. She made all the arrangements for our stay here and formally introduced us to students and staff at UofT, Mt. Sinai, St. Michael's, and Women's College Hospitals. She also had the help of Mr. Aaron Yarmoshuk of CIH (Centre for International Health) who we met while still in Kenya.

I traveled home on April 9th to spend the Easter holiday with my parents as well as to say good bye. The mood at home was vibrant. I must say I regret stealing the holiday from them because my journey occupied their minds greatly. My mum was so happy she kept praying and thanking God for the miracle. She was at the time nursing my Grandmother at home who has advanced breast cancer and even she was filled with joy. I spent the nights with my older brother who rammed in me some wisdom about this opportunity. He told me in my mother tongue "not to pee on good fortune and told me to feel free to become a Canadian Obama!"

I did not get much sleep as we had been told to get into the plane tired to so that we could sleep through most of the journey in order to arrive fresh and shorten our jetlag.

I arrived at the airport accompanied by family (7) and friends (9), thereby getting a small village send-off. When I had said goodbye to all, I pulled my dad aside and told him that I would make him proud. Funny thing no one was crying; it seemed like they were pushing me onto the plane.

I did not get much sleep on the first flight. I was fascinated by the technology on board and I kept checking under my seat for the safety jacket. I think I was the only person paying attention to the safety measures being explained. I was anxious about the stay away from familiar territory (because I love control!) and all the responsibility on my shoulder. I was to uphold the university's name and have fun, learn without tiring my teachers, talk English all the time but not come home with an accent, buy gifts for friends with an unknown price tag, etc. During the flight there were two humming noises: my stomach and the engines. My GI tract rejected the foreign plane food violently. I chose what to eat carefully on the second flight. We sat near the emergency exit and I remember telling Wycliffe during some turbulence that we would jump out before there was a cause to. I finally got sleep thanks to a Mr. Jack Daniels.

We arrived in Toronto on 14th April 2009 at exactly 13:30 pm to be welcomed by Dr. Rachael Spitzer and Mr. Aaron Yarmoshuk. It must have been 5°C outside; though I had been forewarned, having 15°C as my lifetime record lowest temperature, any preparation would have been futile. My 'warm' attire turned out to be summer wear and nothing worked. I knew it was spring so I couldn't help but wonder what winter was like. Mr. Aaron kindly offered to adjust my wardrobe with a jacket and so did Elaine of Mt. Sinai later on. The drive to the residence was exhilarating; seeing all the smooth roads, beautiful buildings, and a complex transport network had me stunned. Rachel and Aaron gave us an introductory tour but all I remember was the CN Tower, College St, University Ave and Mt. Sinai. The huge city before my eyes was awesome; I made a mental note to commit to memory a few phone numbers in case I got lost and to always walk in one general direction.

We arrived at the residence; still a hotel to me. Our hosts were keen to know whether the hotel was to our liking and I thought it was fantastic. We were to have breakfast and dinner from the residence. The residence had a pool, gym,

foosball table, piano, study place, a view of the city, and it was located next to a fancy star hotel called the Metropolitan. From the window we could see City Hall, the Hilton Hotel (which looks beaten down), and for three weeks we could see the Tamil protest on University Ave. When our hosts had left we appreciated the room further and were taken for a brief tour by a friendly staff. He further gave us a number to a doctor from Kenya who had spent some time at the residence and who now works at Sunnybrook. I slept that night soundly amid my confusion, disorientation, and anxiety. I prayed there were only a few things that I didn't know I needed to know.

The broad objective of the elective programme in MU is to provide the student with an opportunity to acquire knowledge, skills, and experience in a different learning environment in areas of their interest.

Specific objectives include:

- To widen the students' experiences in undergraduate education and strengthen their areas of weakness
- To develop the ability to participate in the planning and the implementation of their learning activities and in making rational decisions
- To increase the students' responsibility for self determination in their education

I also wanted to see, feel, experience, participate, hear, and understand as much as I could take in of all aspects of human life in a G8 country over 6 weeks.

### **MSH Journal**

#### **Wednesday, April 15**

Registration at the Medical School Building

Signing malpractice insurance forms

Brief tour of the library

Computer training in power chart

Obtaining passes to call rooms and access codes to scrub dispensers

#### **Thursday, April 16**

Dr. Windrim's High risk clinic

#### **Friday, April 17**

Round on hyperthyroidism in pregnancy

Dr. Windrim's High risk clinic

Computer training in OBTV

#### **Monday, April 20**

OR with Dr. Wendy Wolfman – laparoscopic procedures

#### **Tuesday, April 21**

Dr. Paul Bernstein prenatal clinic

Overnight call in Labour and delivery

#### **Thursday, April 23**

Dr. Windrim's High risk clinic

#### **Friday, April 24**

Day call in labour and delivery

**Sunday, April 26**

Day and overnight call in labour and Delivery

**Monday, April 27**

Evening launch of the Maternal Child health conference

**Tuesday, April 28**

Maternal Child health conference

**Wednesday, April 29**

OR with Dr. Michael Sved

**Thursday, April 30**

Dr. Windrim's High risk clinic

**Friday, May 1**

Round on developments in surgical wound care

Day call in Labour and delivery

While at Mt. Sinai I was mostly under Dr. Windrim. In his clinic there was a team of sonographers. I spent most of my time with them. While there, I picked up some lessons on twin-twin transfusion, renal anomalies, gastroschisis, IUGR, fetal demise, reduction surgery, estimation of weight, and anatomy scans. I also attended Dr. Paul Bernstein's antenatal clinic. This is a man with famous patients who were all distinguished and had cool histories. I saw a patient who was 36 but looked 20 years old.

While in Labour and delivery calls, I worked with team B taking patients' histories and doing physical exams at triage. I used the computer based programme for monitoring labour, as taught. I participated in SVD's and scrubbed for a number of CS's while observing an even larger number. By my third call I was very comfortable with what went on there. Every labouring mother had the comfort of a single room, one full time nurse, the company of a midwife and spouse, and few family/ friends. All the patients I met were accompanied by their spouses; something we observed with Wycliffe was that the family units were tight knit. The patients had a team taking care of them composed of staff (Consultant), fellow (visiting consultants/residents with further training), Resident (Registrar), and student. The level of comfort afforded to the patient was fantastic. I saw my first birth plan, which guided the care providers on how mothers wished to be helped. On my first day on call my supervisor delivered a son in the same facility. I wondered how many of our staff back at home would do that, again reiterating on the level of confidence the staff has in its own care here at Mt. Sinai.

Operating room: I watched 5 laparoscopic surgeries for hysterectomy and endometriosis. I was shocked to observe prophylactic oophorectomies based on high risk and BRCA gene tests. I found the Drs. (esp. Wendy Wolfman and M. Sved) in the OR particularly cheerful and helpful. They explained, asked, answered etc. I wish I had spent more time there but honestly I don't know what would have been cut out to avail this opportunity!

Rounds: I attended rounds on various topics held at lunch times and Friday mornings. These were very detailed and covered various topics. I feel that my divergence with pizza began there. The last piece I had was in one of those; I don't like pizza any more.

I attended a conference on the 27th – 28th of April. I met Prof. Heather Morris and some of the students who had come to visit Kenya.

I attended a teleconference conducted by Lindsay and Dr. Kelly Murphie about HIV/ AIDS and was amazed to learn that the prevalence of the disease in Canada is 50,000 in a country with 30 million people. The level of care for these patients was also evidenced-based and very humane. Dr. Kelly Murphy is a brilliant teacher and a cheerful person; she was the happiest person I met.

I ventured into the NICU and I was amazed at the number of incubators and the variety of procedures done for those born premature. The youngest at the time was 23wks and the lightest was 650g.

I attended the Genesis Research Foundation annual breakfast meeting. A group that had a hand in the presence of the Riley Mother and Child Wing of MTRH back at home.

Above all I will not forget the lessons I carried out of the whole experience. I learnt so many things but the following were burnt in my heart. I was really moved.

I spent close to 2 weeks at Women's College Hospital. This hospital was where I did the most in gynaecology.

**Monday, May 4**

Registration

Tour of the hospital

Labour and Delivery in the morning

Afternoon clinic- gynaecology with Dr. Jamie Croft

**Tuesday, May 5**

Dr. Zalts gyne and prenatal clinic

**Wednesday, May 6**

Day and night call in Labour and Delivery

**Friday, May 8**

Research day

**Monday, May 11**

Day and night call Labour and delivery

**Wednesday, May 13**

Dr. Akoury's high Risk clinic

Dr. Jenifer Blake's Gynaecology clinic

**Thursday, May 14**

Prenatal clinic with Dr. Ori Nevo

Lunch with the Silverman foundation staff

**Friday, May 15**

Infertility clinic at Create fertility centre with Dr. Ari Baratz

## **Tuesday, May 19**

### Clinic with Dr. Akoury

There were many things unique to my experience at Women's College. It was the first time I met other students. Since it was a smaller hospital, I had the advantage of knowing most people by their first names. I felt particularly at home during labour and delivery calls because of the nurses and the very able residents. This was an obviously shorter stay, worsened by a research day and a national holiday on 18th May. It was the only facility in which I got to see gynaecology patients and thus was very beneficial. I saw patients pre-op and those with problems not warranting admission; this is deficient at home where the bulk of patients in gynaecology are managed in the doctors' private clinics.

I enjoyed research day. I met most of the students who had come to Kenya for their electives. I listened to all their presentations and couldn't help but notice that they had very controversial topics which sparked the interest of the judges. I will never forget the presentation by Elissa on CARE, a unit that takes care of patients who are victims of sexual assault. The appalling findings greatly disturbed Dr. Heather Shappiro and Dr. Nevo greatly.

Dr. Zalts, Pittini, Akoury and Nevo allowed me to do as much as possible while on the labour floor. Patients of this hospital seemed to stop coming in from around 2AM In the clinics I was able to help around as I learnt.

The infertility clinic blew my mind. I saw what many of my classmates will only get to read about. Dr Ari Baratz was energetic and got me inside the rooms with patients 100% of the time. I saw three IUI's, a retrieval of ova, diagnostic hysteron-sonography, and I sat through the whole process in various pieces. At the end I had a clear conception of what was done at the clinic, including the social and legal issues surrounding interventions. Dr. Ari counseled patients with failed interventions and one without hope of success. It was hard for these patients and the way in which this counseling was done moved me. I learnt that it costs about \$11,000 to try to get pregnant 1-4 times, and that the government did not cover in-vitro fertilization for women with intact fallopian tubes. I also met a Dr. Glass who attends to cancer patients before they go through therapy to secure future reproductive options. She explained the various services they offer to these patients. I finished the day with a tour of the very secure rooms where embryos, ova and sperm were stored. Sadly, I did not see retrieval of spermatozoa by a urologist or the rooms where the samples are collected. I can only imagine.

In summary for the two facilities:

1. I saw a staff so kind to the patients and their families, and concerned about their comfort, well-being and happiness.
2. I had the opportunity to talk to the most polite, patient, and receptive clients and patients. I experienced a sense of order in paper records and protocol and saw how adherence makes a difference.
3. I met the most hilarious doctors, and their cheerful demeanour reflected strongly in their good work.
4. I saw a style of teaching which encouraged understanding.

5. I met, shook hands with, and talked to the people who write policy-changing papers, and who contribute greatly to the textbooks we commit to memory back at home. I shook hands with Dr. Greg Ryan and shared a table with him.
6. I met the most generous crowd: people who give you coats when you are cold, people who call you up because they heard you were from Kenya, and people who offer you a pen because yours is not as nice.
7. I saw a level of training above reproach. Systems workers and staff were on time and kind to students and patients.
8. I listened to very informed patients. I liked it and I think it increases the demand for proper care all the time.
9. The health care in Toronto has a huge preventive element. What can be picked out in-utero is obviously greater.

There was nothing that annoyed me about my visit to Canada. The visit gave me an opportunity to meet other sets of cultural values. I found Canadians very accepting and accommodating. I had dreaded standing out as the only dark skinned person initially, because this would have drawn attention to me and hindered my appreciation of the place. I was wrong. What shocks me is due to 25 years of a life seeing things done differently in Kenya. With this being said I need to state that Canadians drink a lot of coffee. Dundas street smells of burnt coffee, people pay to receive calls, people are crazy about pets, and patients have unreasonably high expectations about the quality of the product of conception.

The Exchange Programme: I got to know more about the partnership between Moi University and the University of Toronto. I appreciated that most of it is based on the generosity and good will of individuals and organisations within Canada. I listened to students present research they had done in my back yard; I was impressed and motivated to participate. I became surer that I want to specialize in obstetrics. I did achieve my academic and non-academic elective objectives working here.

There was also time for play after work. I got to do the following:

- Niagara falls
- Ontario on the Lake
- St. Catherines
- Waterloo
- Toronto Islands
- Rode a street car, a Greyhound and a subway train
- CN tower
- Many dinners with families in Toronto
- Made friends with random Canadians
- China town
- Eaton Mall, Canadian Tire, Future shop, Best Buy
- Visited 4 Kenyan families
- Spent time with medical students and residents
- Youthful entertainments spots
- Tried Thai-food, Somali cuisine, Indian, and accepted uncooked veggies finally

- Fell out with pizza, pickles and hotdogs
- Put money in a viewing machine at Niagara and got ripped off
- Stopped converting every expense into Kenya shillings
- Took photos of a 1/4 of the journey and engraved the whole thing in my heart

# **STUDENT REFLECTION BY DAMARIS NDAMBUKI**

## **OVERVIEW OF ELECTIVE IN OBSTETRICS – GYNECOLOGY WITH UNIVERSITY OF TORONTO’S SCHOOL OF MEDICINE**

The elective period is part of the curriculum in 5th year for medical students at the Moi University School of Medicine. It lasts for 6 weeks and a student can do their electives within the country or overseas. I was selected to do mine at the University of Toronto. The 21st day of April was the onset of the cascade of the events that followed during my elective period in Toronto, Canada.

### **Arrival**

We arrived at Toronto airport at 3pm on Monday the 20th April. Rachael Spitzer picked us up from the airport, dropped us in the place that was going to be home for the next 6 weeks (the nurses residence-93 Gerrard), we went for shopping for some final household goods and then went for dinner. Our first dinner in Canada was at College Park. I had chicken and French fries after which we went back to our home. This marked the end of the long first day.

### **Orientation**

Toronto is a town full of roads streets, avenues and the like and for a stranger it's a big deal to master directions. It was good that the first day was left for introductions to the many places and infrastructure. It began on Tuesday at 9am with Aaron Yormoshuk picking us up from our 'home'. First we went to the Department of Obstetrics. Next we proceeded to the public health building where we met David Zakus. Then to Aaron's office. There we did some internet browsing, got our Toronto phones and then the day really began.

Erin Mcfadden a second year medical student who had been in Kenya during the summer of 2007 came to pick us up for hospital orientations. We went to Mt. Sinai then to Women's College and met the relevant clinicians.

### **Women's College Hospital**

I did the first half of my elective at Women's College. My supervisor was Dr. Janet Bodley. She was a great teacher to me and organized that I was able to attend other clinics with other staff who deal with different things in obstetrics and gynecology.

The clinical work included:

- Labour and delivery suite
- Clinic
- Operating room
- Fertility clinics
- Sonohysterograms



My experience in labour and delivery was fantastic. One of my elective objectives was to learn monitoring of labour and compare it with the practice in Moi teaching and Referral hospital back in Kenya. Labour monitoring is electronic in Toronto unlike at home. An ultra sound for monitoring the fetal heart rate is attached to the mother's abdomen and together with this a tocometer for monitoring the contractions is attached. This machine system is accompanied by regular Vaginal Digital exams to make a comprehensive report of the labour progress.

I also had a good time in the fertility clinic up in York Mills. It was incredible the way infertile couples can be made happy once again by proving that their problem is not beyond control.

### **Mt. Sinai Hospital**

Mt. Sinai was my location for the last 3 weeks of my stay in Toronto. I got to work with Dr. Elyse Levinky as my mentor. I worked in the following subsections:

- Obstetrics clinic
- Gynecology clinic
- Operating room
- Ultrasound
- Labor and delivery

The operating room was a new experience for me. I got to observe a laparoscopic oophorectomy, myomectomy and loop electrocauterization of endometriotic tissue. This was a very new experience for me – having not had a chance to see one laparoscopic procedure back in MTRH.

### **Sightseeing in Toronto**

This was done in a little proportion of the time in Toronto but nonetheless formed a very important part of the elective period. In the whole elective period we managed to tour the following places:

- Toronto island
- Lake Ontario beach
- Chinatown
- Niagara falls
- CN Tower

### **Dinners**

Our busy and tight schedule was punctuated by many dinners in our supervisors' houses. We had several dinners and it was great fun.

### **Conclusion**

It was very important that this elective period came in my clinical training. It has been a great experience and was very necessary. I have a lot to take home and hope that Moi University and Kenya as a whole will benefit from what I gained here.

# STUDENT REFLECTION BY ANNAH ANDAVUKI

## REFLECTIONS ON MY OBGYN ELECTIVE AT THE UNIVERSITY OF TORONTO'S SCHOOL OF MEDICINE IN APRIL/MAY 2008

As the plane touched Canadian soil, I felt a surge of different emotions. I was so excited to be here but so nervous and apprehensive. I did not know what to expect and what was in store for us.

As I look back, I realize that I should not have been nervous at all. My stay here has been memorable and has acted as an eye opener to my future academic endeavors I had the pleasure of working at Mount Sinai hospital and St. Michael's hospital. During that time I worked under different staff. Everyone I worked with was so enthusiastic and willing to teach me and help me out. Within a short time I was able to feel at home and perform my duties as a clerk with ease.

Labor and delivery was my best place to be. The current technology was overwhelming. I had not had a chance before to see the big screens located in the nursing station. The ones in front of the nursing station had the patients' information and current status of the patient, the obstetrician, whether high risk or not. All this information is seen just at a glance. The ones at the back showed fetal tracing and if something was wrong it would show alerts. This I found to be very efficient and quick in identifying both fetal and maternal compromise.

Management of labor here is just remarkable. A CTG machine is used to assess the fetal heart and maternal contractility. This is then displayed on the monitor and can be seen by anyone that has access to the OBTV programme. If the fetal heart tracing is not reassuring, a fetal scalp electrode is used to get a clear picture of the baby's heart rate. A fetal scalp pH can be done at MSH.

Each patient in labor and delivery has the luxury of having her own nurse. This I found to be so good as it allows for continuity of care and it is easier for the patient to get to see a familiar face throughout her labor and child birth. The patients are also allowed to go through the process with their partners. Patients are given epidurals and that is easier for the patient and also clerks to learn how to do vaginal exams.

The staff and residents allowed us to have a 'hands on' experience. This was the most exciting part as it allowed us to participate more and made the whole experience very interesting.

Because learning is a dynamic process, both hospitals have a CME programme. There are weekly rounds with different teaching sessions each day. I was so honored when I was given a chance to speak on FGM on one of these forums. Grand rounds are also done and this allows staff, residents and students to share their views and learn more about disease processes.

Every department is involved in research. I was privileged to attend the Annual Research Day. UofT has great minds at work and all the research topics discussed were very interesting. It was good to know that most of them are also well funded by different bodies.

My experience in the OR was memorable. For the very first time I was able to see procedures like hysteroscopy and laparoscopy. It was interesting to know that the rate of laparotomy is low. Hysteroscopy is a one-day procedure and it's efficient and good as it reduces the duration of hospital stay.

To sum it all up: it's all possible because of team work. Everyone works as part of a team. The relationship between everyone is warm yet very professional. This creates the best experience both for the patients and students.