

## **Introduction and Placement**

My name is Phyllis Nsiah-Kumi, and I did my medical elective at the United Mission Hospital in Tansen, Nepal from January 25 to March 23, 2001. I served under InterServe USA and the United Mission to Nepal

## **OVERALL**

Overall, I had a fabulous experience. I learned a lot about clinical medicine as well as about missionary life. I enjoyed my experience in clinical pediatrics. The clinical research project I did during my time there was very challenging to get off the ground, but the last several weeks were much better than the rough start. Overall, it was a growing, stretching time for me. I had lots of good experiences, but adapting to a new culture, different living conditions, and the difficulty of communication were all quite challenging.

I believe that I have a more realistic view of cross cultural service than when I left for Nepal. I have been exposed to a number of the challenges that missionaries face regarding interacting with the nationals as well as institutional politics and family issues. I am still interested in long-term service overseas and would love to go to Tansen again. However, I feel that my expectations will be more realistic in the future.

## **PREPARATION**

Before I left for Nepal, I did my best to prepare, and I feel that I was as prepared as I could have been before leaving for Nepal. I was glad to have the chance to contact others who had been to Nepal previously before I left. Communicating with them and with missionaries was helpful. Reading about Nepal was also very helpful. I do wish that I had known there was an InterServe On Track contact person in Nepal that I could have connected with early in my time there.

## **ORIENTATION**

As far as orientation and briefing before I left the States, goes, I felt that it was helpful, but it was very hard from me to absorb all that information at the last minute. (I received the briefing for an hour or so a couple days before I left for Nepal). In retrospect, I would have preferred to have had the orientation earlier. I feel that some basic language information would have been helpful, as well. UMN has some basic language sheets that I received once I arrived in Nepal. Having the chance to review them before going to Nepal would have been helpful. Also, having the option to listen to language tapes prior to departure might have been helpful as well.

## **HEADING TO TANSEN**

I left on Tuesday January 23, 2001 for Nepal, flying BWI to DFW to LAX. LAX to Bangkok, overnight in Bangkok, and then Bangkok to Kathmandu. I arrived on Thursday early afternoon and was met at the airport by Allan Barker, the UMN medical student coordinator. He took me to the UMN Guest House, Pucho Niwas, where I lodged during my time in Kathmandu.

That afternoon, I headed to the UMN Headquarters to meet some people, tour the facility and begin arrangements for the trip to Tansen. The next morning, I returned again for a continuation of the experience. That day, Dr. Peter Voges, a retired surgeon from New York, who was also to be serving in Tansen, arrived.

On Sunday, Peter and I traveled together by local bus to Tansen. The bus park was absolute chaos, and we were grateful to have been taken there and shown the right bus by UMN's driver. The eight hour journey wasn't so bad with company. There were multiple stops for food and then a long stop for a road accident. Eventually, we arrived in Tansen, where we were met by Jeena John, her two children, Stephen and Anna and Jane Gilmore, the wife of another Tansen physician.

We were picked up in the hospital jeep and our heavy luggage was deposited in the guest house where we stayed during our tenure at Tansen Hospital.

### **LANGUAGE**

While I was there, language was quite a challenge. Although I did manage, I would have preferred having someone to translate more often in clinical settings. I usually had to grab someone who was free, and often the people who were free did not always understand my English. So I was often VERY limited in my work because I was unable to talk to the patients. I got to the point where I gave up on obtaining subjective information and focused on objective information--looking at charts and examining the patients, leaving most of the subjective data collection to the nurses, residents and attending physicians I worked with.

I did take Nepali classes for 3-4 hours a week. The language teachers Khim and Khila were both outstanding, and I loved my language class time. Unfortunately, I was unable to devote as much time to Nepali study as I had hoped, secondary to the time-consuming nature of my research project. I also had some excellent resources. *Basic Course in Spoken Nepali* and the accompanying tapes along with the *Lonely Planet Nepali Phrasebook* were my mainstays. Simple conversations with people in the hospital and on the road and in the bazaar all helped to improve my conversational Nepali.

### **ADAPTING**

I was surprised at how well I adapted. It was certainly very different than my home. Different living conditions, culture, etc. I believe that the 6 months I spent in Ghana several years ago prepared me to some degree. I was familiar with a little of what to expect. And after speaking with many people who had been to Nepal and corresponding with multiple missionaries there, I felt fairly prepared. It did take me quite a while to get used to the slower pace of life. However, I believe that by the end of my time in Tansen, I was more comfortable with the new pace. Language was by far the most difficult part of the adaptation process.

### **FOOD**

The Nepali food was great. Lots of daal bhaat (rice with lentil soup). I also enjoyed chipati (flatbread) with different types of curry and momos (meat dumplings). I ate in the

hospital guest house, missionaries homes, Nanglos (the local restaurant serving some Western food), and a "hotel" just outside the hospital where the residents took their meals. When I ate in the guesthouse, the food was half Nepali and half Western.

### **COMMUNICATION WITH USA**

Reliable communication was extremely challenging. Email and telephone were both unreliable, with email being more difficult and phone more expensive. I ended up spending quite a bit of money phoning my family as the email messages I sent didn't always arrive and they were often unable to contact me via phone and were quite concerned. Mail was delivered each week on Wednesday, via the "buck," UMN's bus service between Kathmandu and Tansen.

### **EASING THE TRANSITION**

Spending time with American missionaries and other medical students as well as getting to know some Nepali people made Tansen seem more like home, and helped to ease the transition process.

Also, journaling and reading helped as well as watching movies or basketball games or doing other things that were familiar. Having family photos was great too.

Despite a chronic illness, I was fairly healthy during my time in Tansen. I had no problems with my pre-existing condition. However, I did get *Giardia* the first week I was in Nepal despite being careful to only drink water that had supposedly been boiled. I had intermittent stomach problems during my time in Tansen and took several one day courses of tinadazole as well as a five day course of metronidazole.

### **ACCOMMODATIONS**

I stayed in the hospital's main guesthouse, with dormitory-style accommodations with community toilet facilities. There was also a community library, dining area and video room. I did not have any cooking facilities in my room.

### **TRANSPORTATION**

I walked most places locally. For longer distances, the hospital had a land-rover that could be hired. Also, the United Mission to Nepal owns a bus and runs "buck" service between Kathmandu and Tansen weekly.

### **FINANCES**

As far as finances go, I received all the funding that I needed for the trip. The majority of my funding came from gifts from friends and family members as well as a scholarship from MAP International (specifically designated for my travel expenses), the Christian Medical Association, and the Office of Student Affairs at CWRU SOM. The InterServe budget was seemed fairly accurate, although the estimates for living expenses seemed higher than they actually were in country. Otherwise, I had no difficulty with money.

## **GETTING TO KNOW PEOPLE IN NEPAL**

I met some Nepali people. However, the language barrier and short time made it difficult to develop deep friendships. I did not have much time to go sightseeing in country. I spent a few days in Pokhara and nearly a week in Kathmandu because of travel arrangements but didn't have time to do any trekking or other travel. I understand that usually students go to Nepal for 2 months and spend 6 weeks at the hospital and 2 weeks travelling.

I think that I developed good rapport with my national and expatriate colleagues. I had the opportunity to spend quite a bit of time with the expatriate missionary families and get to know them and their children. Of course, in many instances, relationships with national colleagues were limited by the language barrier.

I was surprised that everyone on the Tansen team was so welcoming. Despite the fact that they have many students and visiting doctors coming and going frequently, the team was very warm and welcoming. I had multiple invitations to meals each week and was immediately included in the team's regular events.

## **MY CLINICAL EXPERIENCE**

During my time in Tansen, I had a rich clinical experience. I focused my clinical work in inpatient and outpatient pediatrics. I also conducted some clinical research on intestinal parasites in the pediatric population.

The breadth of disease processes that I saw was incredible. Most of the conditions were things that I had never seen. In the event that they were things I had seen, the causes, and point of presentation were very different. The most common diagnoses were: TB, malnutrition, pneumonia, meningitis, osteomyelitis, and anemia. I also saw some typhoid and lots of intestinal parasites.

## **MY RESEARCH**

My research study was a point prevalence study on intestinal parasites in the pediatric population there in Tansen. Stool samples were collected from pediatric patients with and without abdominal complaints, and the samples were examined in Tansen for parasites. Stool samples were also shipped to the US for examination. Most patients had no parasites seen. However, just over 1/3 of the patients had a parasite detected with the asymptomatic patients having a greater prevalence of parasites than patients with abdominal complaints. These results are based on the hospital's lab. It will be interesting to see how these results correlate with the US lab analysis. The goal is to see these results impact the current screening and treatment procedures regarding intestinal parasites in the pediatric patient population in Tansen. The study was supervised by Dr. Sunil John, a pediatrician at Tansen. Additionally, Gary Procop, MD and Jimmy Chua, MD of the Cleveland Clinic Foundation are co-investigators.

## **HOW THIS TRIP HAS IMPACTED MY FUTURE GOALS**

I am starting my residency in Internal Medicine and Pediatrics in July of this year at MetroHealth Medical Center in Cleveland, Ohio. I look forward to being involved in the

International Health Track there. After completing residency (and possibly fellowship), I hope to spend some time in academic medicine here in the States while preparing to go overseas to practice medicine, teach, and do research. My time in Nepal has definitely helped me to re-evaluate my career and ministry objectives.