

A PERSONAL REFLECTION OF ELECTIVE EXPERIENCE IN CANADA

I still remember the day I arrived in Canada, Saturday, February 8th at 12.15 pm. Just after we landed the pilot announced through the planes' speakers "Welcome to Toronto Canada. This is our final destination and we hope you have a pleasurable stay." He also rather casually warned that it would be cold, -12^oC he said and that with the wind chill it would feel like -20^oC.

After all the planning, filling immigration and licensing forms, interviews and medical exams, I was finally here. I felt a sense of having being lucky, to have qualified to have my elective in Canada. A sense of fulfillment and achievement.

Toronto was like nothing I had ever imagined. It was a large city of immensely tall glass building, bustling traffic, flickering lights, all this in a chilly background coated in pure white snow. This was winter.

My first day at Mount Sinai Hospital (MSH) started bright and early. Joe, who was going to be my "orientation officer" for the day, was already waiting for me in the hotel lobby. It was 7.30 am. He promptly took me on the subway that would be my primary mode of transportation while in Toronto and like-wise, for most of the people commuting in and about downtown Toronto.

After registration, finalizing my licensure with the CPSO, CMPA and the various hospitals I was to work in, I was ready to begin my elective program.

The first rotation was with labour and delivery (L&D) at Mount Sinai Hospital. The set-up at L&D was impressive. It constituted two teams each with a staff, fellows, residents and nurses taking care of patients. What struck me most was the team work exhibited in the labour ward. Despite the different cadres of staff, patients benefitted from the expertise and experience of the whole team. Patients would be discussed by the nurses, residents, fellows and staff and a plan of management outlined. The patient would also be kept abreast with the plans and their wishes would weigh in significantly to the decision making process and the eventual plan. This helped ensure the patient benefitted maximally from the best possible level of care.

I also interacted with some of the brightest minds in fetal maternal medicine; for example, Dr Wendy Whittle who challenged me to have a practice based on evidence based Medicine.

Other interesting aspects that highlighted the differences in management between the two countries were the extensive array of early antenatal screening for genetic abnormalities and infections. A detailed third trimester ultrasound scanning of Doppler's for Umbilical

arteries, Middle Cerebral Artery (MCA) and Ductus Venosus (DV), significantly influence the decision on delivery. Being that these parameters could easily be learnt and done, I will endeavor to apply the same parameters in decision making back home.

Of the six-week elective program, I would say that Gyn-oncology rotation was the most intriguing and at the same time the challenging. It was challenging in that, it had quite a huge work load which included early morning rounds at 6.00am and late evening rounds, sometimes as late as 8.00pm. It was also accompanied by taxing duties, responsibilities, tasks and expectation all day long. This however was quickly forgotten once surgery started. Gyn-oncology surgeries were always the highlight of my days. After assisting in these surgeries I would feel an “*adrenaline high*”. It would leave me feeling an immensely satisfying feeling of having helped someone and a thirst for more knowledge and skills of operate. I always felt I wanted to learn and practice more.

One of the more interesting cases I assisted in comes to mind. This was a lady who had an ovarian malignancy and we had to do a radical hysterectomy, BSO, Omentectomy, Splenectomy and peritonectomy. Overall, I was impressed and fascinated with the skill level and knowledge of the Gyn-oncology team.

Electronic patient record (EPR) was applied in all the three hospitals that I visited. It was an amazing aspect that demonstrated the application of computers/IT to aid in medical practice. I must admit however that it did need a bit of getting used to before I became efficient using the system. EPR in my opinion is an ingenious innovation. It is a tool that organizes and makes everyone’s work easier. It has several advantages in that it allows quick access to patient records both past and present and almost from anywhere that has internet access, it protects patients’ privacy, stores and secures patients’ records and even aids in research. The fact that the system exists to simplify work but not replace the physician’s role is impressive.

In conclusion I would say that the elective period has been extremely enlightening. It has helped me see the differences between our institutions both in education and patient care. I have learnt more than I had anticipated and would definitely be taking home a lot of lessons to try and influence and, hopefully, improve patient care. Above all, this elective period has encouraged me to endeavor to improve the livelihoods of my patients through more knowledge and skill acquisition. This has definitely been a pleasurable stay and learning experience.

Kosgei Wycliffe
Post Graduate Year Three, Resident
Moi University School of Medicine
March 2014