

Angela Patel

**Graduation Year:** Sophomore

**College:** Science

**Major(s):** Neuroscience and Behavior

**Minors(s):** Poverty Studies (intended)

**Scholar Group Membership:** n/a

**Did you received other funding for this project?:** n/a

**Could you have completed this project without CUSE funding?** No

**More details on CUSE funding assistance?**

**Project Title:** Global Health Immersion in Ethiopia

**Project Location:** Addis Ababa and Bahir Dar, Ethiopia

**ND Faculty Mentor:** Dr. Cecilia Lucero

**Project Type:** Conference - Attendance, Service-Learning, Scholarly Immersion

**Why did you undertake this project/experience?** Deepen your knowledge of a topic or issue, Career discernment and/or preparation, Internationalize your Notre Dame experience

**Did your funded experience help you:**

**[Deepen your understanding of your coursework or field of study]:** Very Much

**[Discern your interests and post-bac goals]:** Very Much

**[Become confident in your ability to set and achieve your goals]:** Yes

**[Gain a more nuanced view of local, national, or global communities]:** Very Much

**[Improve your written and verbal communications skills]:**Yes

**Tell us about your experience.**

My experience in Ethiopia was incredible because it presented many unanticipated challenges that provided invaluable learning opportunities. I traveled with my dad and eight other professionals affiliated with Mayo Clinic Continuing Medical Education (CME). The main purpose of travel for them was to host a CME Conference attended by visiting and returning physicians of Ethiopian heritage from Mayo Clinic and practicing health care providers in Ethiopia. As an ambassador for St. Luke's Foundation for Haiti, I wished to explore global healthcare collaborations and successful strategies in creating a sustainable medical education system within austere environments.

Personally, I found the first few days to be especially overwhelming. We met with Mother Teresa's missionaries of charity the first day after landing in Addis and the sisters showed us their healthcare center. I was eager to learn and I was eager to help. However, the need I saw was overwhelming. Seventy sick and dying showed up each morning and afternoon, seeking help from the sisters. As we walked through the cancer, wound, HIV/AIDs, and TB wards, I felt more and more helpless. Could I muster even half the strength or selflessness that these amazing women had when tending to the sick and dying everyday? I had been confident that I wanted to participate in the International Summer Service Learning Program in a healthcare setting the next summer. However, I was crushed by the terrifying realization that to provide

such service is risky, not pretty, and completely out of my comfort zone. It requires great work, love, stamina, and faith. I now believe that to be challenged in such a humbling way is necessary to understand how care providers remain strong in the face of despair. I had also met another university student there, named Megan, who had been working with the Missionaries of Charity. She had been helping the sisters for three months and was headed back to Ohio to attend medical school. For me, Megan confirmed that the lessons learned would be invaluable if I chose to pursue such volunteer work in the future. She said the work was, indeed, tough but that her experience was one that would shape the rest of her life. Sister Adelaide was also very encouraging that I come back because they are always looking for volunteers. She said one doesn't need training or medical expertise, just a kind and willing heart.

As the trip progressed, I soon came to realize the many complexities of organizing and executing a helpful learning experience for Ethiopian medical professionals and students. The conference was held in two locations. The first was in Addis Ababa, Ethiopia's capital, and after three days we flew to Bahir Dar, a more rural location. In Addis Ababa, the conference was located at the Sheraton Hotel where doctors and nurses were invited from different hospitals around the area such as Black Lion (a teaching hospital) and St. Paul (a public hospital). In Bahir Dar, we went to the medical school and presented there. In between lectures and other conference events, I was able to experience the Ethiopian culture. For example, we visited the Ethiopian National Museum, toured the monasteries on Lake Tana, and celebrated the Ethiopian Orthodox Church's Christmas with the director of the Bahir Dar medical school and his family. I learned that their culture was really centered on serving others. All of the people I met were overwhelmingly welcoming and eager to help each other learn.

The last day was the day that excited me the most. We were in Bahir Dar and each Mayo Clinic physician was assigned a group of medical students to teach for the morning. I went with my dad, a pulmonologist, and his group of around 20 medical students. First, was a small teaching session in which each student introduced himself or herself and told him what they wanted to learn more about. The prominent issue seemed to be asthma and COPD. I listened, just as the students did. Everybody seemed engaged and happy to be learning more about how to diagnose patients. We then went on clinical rounds, visiting patients in the ER and airway disease ward. It was interesting watching the students presenting the patients and assessing them. After consulting with the other visiting physicians, it was clear that there were several misdiagnoses. The students were grateful for the advice and did not want the doctors to leave. It is amazing that we were able to work with the students and help them properly work through cases and make correct diagnoses.

Overall, I concluded that the hands-on teaching method was much more constructive than the passive didactic lectures. Many of the adults from Mayo Clinic and CME agreed that they would try to schedule more clinical practice time with students and physicians. Both are required to learn, but a more integrated approach would help the learning experience of both parties. Building global relationships takes time and several small steps. It also takes people willing to sacrifice their time and energy in order to work towards larger collaborations. However, I now understand that we cannot just come and expect all the working health care providers to drop work and attend a conference. It was also inspiring to see faith in action within all of the healthcare facilities. The sisters at the Missionaries of Charity taught me that there is no such thing as a small act of compassion. I believe that Mayo Clinic CME will continue to help

Ethiopian medicine advance. In Ethiopia, I was able to observe that the exchange of knowledge is, indeed, a sustainable commodity.

**Describe the impact this project had, both on you as a student-scholar and on the people you worked with.**

As a student-scholar, this immersion revealed the struggle that is involved in establishing effective and sustainable cross-sectoral collaboration in Ethiopia. Even the most prestigious of medical education centers, Mayo Clinic, can struggle with global relationship building and education. As the trip progressed, I soon came to realize the many complexities of organizing and executing a helpful learning experience for Ethiopian medical professionals and students. There are a number of barriers preventing fluid teamwork and communication. For example, there were several technical, social, and informational inconsistencies that prevented the conference from being of maximum help to the Ethiopian physicians and students. I learned that technological differences play a huge role in effectiveness of communication. Most buildings did not have Wi-Fi and the majority of conference participants did not own smartphones or laptops. The hopes were to lecture and then send the slides to medical students or physicians or reformat the lectures into documents published in the Ethiopian online journal. However, with fickle Internet access and limited computer resources, such distribution of the learning materials would be fruitless. Poor communications also lead to a lack of advertisement and, therefore, attendance. The majority of the medical students and professionals who were at the conference seemed unengaged, asking few questions after the lectures. Through observation I now know that there are some important factors to be considered: 1) the wavering confidence in speaking English, 2) the relaxed Ethiopian culture, and 3) the lack of applicableness regarding certain lectures.

Throughout my trip I noticed the dichotomy of access to healthcare between the wealthy and the average Ethiopian (poor socioeconomic status). Wealthier patients can have general checkups by American trained physicians, and can be assured no detail will be ignored. While the public hospitals are unorganized, unstandardized, less thorough, and less invested in the patients. I was saddened by the quality of healthcare offered to the majority of the country by the public hospitals. Although it has greatly improved over the past years, there is still quite a ways to go before the patients are receiving proper health services. This motivates me to continue to stay connected with the physicians I met. I want to make good use of the excellent training I am receiving at Notre Dame, and become a better ambassador.

**Describe how this experience is connected to your plans as a student or future professional.**

I used this trip to Ethiopia as an educational tool to learn what it means to be a good medical diplomat and ambassador. It was really an immersive experience with regards to global collaborations and I gained an international perspective of medicine through an academic, cultural, and service learning-based lens. What really helped me gain confidence in my ability to make a difference is the praise and encouragement I received from the professionals on the trip regarding my small art entrepreneurship. I was struggling with finding ways for me to help as an untrained, aspiring medical student and I was met with a large amount of support for me to use

my talents as an artist. I told them about the card business I had started, selling my Haiti inspired series "Light in Darkness" on greeting cards to raise funds and awareness for St. Luke's Foundation for Haiti, and showed them the pieces I had been working on. All were very enthusiastic and wanted me to send them the link to my Etsy shop so they could purchase their own. It was an unexpected wave of admiration and I was inspired to do more. I could pursue my both my passions as an artist and global humanitarian. I now have an idea for my next series. I felt a need for education in Ethiopia. The children on the streets selling trinkets often asked for pens and pencils instead of money, saying they wanted it for school. I think that I could draw images that reflect the spirit of service and hope. The black and white artwork could then be put on greeting cards and marketed as for every set of cards sold, a pack of pens will be given away. This is much in the idea phase as of now, but I am hoping to continue to partner with St. Luke Foundation and the other global leaders I met in Ethiopia to help make this idea a reality. I recently returned from New York where I auctioned off four of my original pieces from the series "Light in Darkness." One piece sold for \$500 and all the money went towards building a new hospital for St. Luke Foundation in Port-au-Prince, Haiti. I could not believe it. I am so grateful and excited for the opportunities art has provided. The contacts I have made in Ethiopia seem encouraging as well. The immersion in Ethiopia has given me hope and confidence in my capacity to help vulnerable populations even as a sophomore undergraduate. I have solidified my intent to minor in Poverty Studies, participate in Notre Dame's International Summer Service Learning Program, and continue to pursue art as a hobby. Also, I have a more concrete understanding of how medicine can unite diverse populations in an effort to promote the common good.

**What advice would you give other students who are planning to pursue similar projects?**

If planning to travel to a third world country to learn more about global health I would definitely recommend reviewing the specific resources the medical facilities you are visiting have, which ailments are most common, and have a general knowledge of government infrastructure. By this awareness it will be easier to more accurately engage with the facilities and faculty you collaborate with. Also, be open and ready to sacrifice comfort. Field work learning is not always pretty. Bringing proper equipment and medications is essential to have an overall positive experience. However, I think that it is by sacrificing comfort that we are able to grow and learn more about ourselves. I definitely learned more about my where my interests lie as a servant-leader than I was expecting. The experience is incomparably humbling as I found gratitude for what I have and for being able to share gifts and, in turn, serve another.

