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## The Importance of Pharmacists: A Reflection of Kenya

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# PURDUE JOURNAL OF SERVICE-LEARNING AND INTERNATIONAL ENGAGEMENT

## **The Importance of Pharmacists: A Reflection of Kenya**

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Many Americans may view Kenya as a poor country, with a high burden of HIV/AIDS, tropical diseases, and corruption. However, Kenya has many similarities to America. They have newspapers, Western clothing, vehicles, hamburgers, fries, and smart phones. The busy streets, the stalls where they sell fried bread and bananas, the aloe plants as tall as trees, the vendors selling their wares, the smell of pollution, the bold colors, and the blazing sun provide Kenya with its distinctive culture.

I am a student pharmacist completing my final year of experiential training in the Doctor of Pharmacy program at Purdue University. This year, I spent eight weeks alongside five other Purdue University College of Pharmacy students participating in a global health experience with the Purdue Kenya Partnership (PKP), which is based in Eldoret, Kenya. Eldoret, once a small farming community, is the fifth largest urban area in Kenya, with a population of approximately 300,000 people. The PKP works in collaboration with other medical professionals to provide pharmaceutical care in a holistic approach to patients with HIV/AIDS and other primary health care needs throughout western Kenya.

While working at the site, my primary responsibility was to round daily with an internal medicine ward team at Moi Teaching and Referral Hospital (MTRH). MTRH is the second largest national referral hospital in Kenya with an 800-bed capacity. Patients on the wards suffer from HIV/AIDS and its corresponding opportunistic infections, diabetes, intoxications, and cardiac conditions, among others. The majority of patients are in critical condition and will likely be bedridden for weeks. The entire medical team rounds to see each patient twice a day.

On average, each pharmacy student would care for about twenty-five patients a day—a large patient load. My specific role was to detect drug-drug interactions, medication contraindications in certain disease states, follow-up with patients, refer them to a social worker as needed, counsel patients about their medications, and attend to the patients' emotional well-being. Additionally, I was solely responsible for managing the “treatment sheet”—the patients' drug list and medication information.

Each morning when I arrived at the hospital, it was common to witness chaos. Few records were kept or documentation completed overnight. It also was common for us to contend with critical drug shortages or misplaced lab results, files, and other vital paper work. Each health care worker cares for a large number of patients and lacks access to critical resources. These challenges made it extremely easy to make mistakes that could affect patient health outcomes.

These daily challenges drove each of us to fulfill needs as they arose and be proactive in doing things ourselves. The working environment demonstrated the importance of double checking everything, following up on tasks, and asking questions from multiple sources. My time within the PKP not only provided me with an understanding of the hard reality of treating the very ill, but it also provided me with an opportunity to help patients make their lives better. My awareness of these issues was broadened through this experience and the stereotypes I had were broken. I loved working with those of another culture, and given the chance, I would not hesitate to go back.

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