



Ilula Lutheran Hospital Rotation

Sponsored by Shoulder to Shoulder*

*Shoulder to Shoulder works both in Minnesota and in Tanzania to support and upgrade Lutheran medical facilities in the Iringa Diocese of the Evangelical Lutheran Church in Tanzania.

Summer 2018 Global Health Learning

A Clinical Experience in a
Developing Country

ABSTRACT

The course emphasizes social and cultural aspects, as well as medical knowledge and interdisciplinary development of a teamwork model, in the context of a resource poor medical setting in Ilula, Tanzania, through an Affiliation Agreement with the Center for Global Health and Social Responsibility of the University of Minnesota.

Ilula Faculty
Global Health Team Ilula

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Global Health Team Ilula (DRAFT Note: Dates may be adjusted)

Summer 2018

Wednesday, July 18, Depart MSP – Friday, August 17, Depart DAR



Credits:	4 (or negotiated by the learner with their department)
Course Dates:	Four Weeks, July 18 – August 17 (To allow on-time start of next academic term)
Meeting Time:	Generally 8 AM – 5 PM and on
Location:	Ilula Lutheran Hospital, Ilula, Tanzania; other sites during field observations
Primary Faculty:	Kenneth Olson, MD; Gary Moody, MD; Mary Renquist, RN;
Other Faculty:	TBD

Course Description

The course emphasizes social and cultural aspects, as well as medical knowledge and interdisciplinary development of a teamwork model, in the context of a resource poor medical setting.

The Ilula Global Health Team Experience fosters team-based education and cross-professional collaboration in global health using a combination of traditional didactic discussions, guided reflection, supervised clinical participation, and case studies. It is an immersion experience with the expectation that participants will attend all aspects of the program.

The program begins in the months prior to travel with a series of at least four meetings which include group-building, pertinent didactic topics and practical travel information. Learners continue at Ilula Lutheran Hospital, the designated Kilolo District hospital in South Central Tanzania¹.

This program will provide the opportunity to cultivate Global Health Competencies including:

- Social determinants of health
- Healthcare disparities between countries;
- Primary care within diverse cultural settings;
- Team development drawing from the skills and strengths of their respective disciplines.
- Cultural Humility
- Understanding of the global burden of disease;
- Understanding common infectious, non-infectious and emerging diseases relevant to Sub-Saharan Africa
- Travel medicine

¹ Although we are present at Ilula at the invitation of the Iringa Diocese of the Evangelical Lutheran Church in Tanzania, this is not a religious oriented experience. NB: Religion, regardless of faith structure, is integral to the lives of Tanzanians.

Course Prerequisites

The Ilula, Tanzania, onsite course is designed and intended as a multi-professional course for all levels of healthcare learners:

- Professional school students in any healthcare discipline, e.g. medical students, nursing students, pharmacy students, dental students, public health students, physical therapy/occupational therapy, et al., who have completed their first year in their professional school.
- Post-graduate healthcare students, e.g. family medicine, internal medicine, pediatrics or other residents, physician assistant or nurse practitioner students.
- Based on experience, MHA and MPH students are best served in their last year of training.
- No distance learning is allowed. It is not practical to complete course work via the internet.

This experience is not intended for undergraduate students. Pre-professional school students, e.g. pre-med, pre-dent, pre-pharmacy, nursing, etc. by invitation only and as space is available. Participation is not confined to UMN students.

Commitment is due Thursday, March 1, 2018 or before to secure one of the ten positions available. Applications after March 1, will be accepted only after review and as space is available.

For learners who wish to participate in this Global Health Experience, there is a specific application and fee structure.

This is a Pass/Fail program.

Students will be evaluated on completion of the following:

- a. Participation in daily activities
- b. Team development
- c. Weekly reflection on the core competencies for global health
- d. Development of a case-based peer presentation
- e. Any specialty based requirements
- f. Debriefing session with faculty, including a written self-assessment by the learner and review of the learner's learning agreement.

Course Goals and Objectives

Goal: To increase understanding of our role in the developing world in the context of their needs and our resources and to do no harm in the process of helping.

Objectives:

1. Each learner is expected to complete a learning plan before departure. This may be significantly revised during the rotation, depending on needs and circumstances.
2. Increase understanding of culture as it relates to health and disease.
3. To understand social determinants of health.
4. To gain practical interdisciplinary experience with the challenges of healthcare in the developing world
5. To develop and function as a team

Student Learning Outcomes (SLO):

- A. Team practice
 - a. Participate as a member of a global health learning team
 - b. Demonstrate the value of team-based and cross-professional practice bringing a variety of perspectives to improve the healthcare we deliver.
 - c. Understand the unique roles of specific health professionals within the context of a team approach.
- B. Social and cultural determinants of health and systems thinking
 - a. Identify social and cultural determinants of health from a historical, socio-economic, environmental, and cultural perspective.
 - b. Increase cross-cultural understanding of global health needs and illness patterns.
 - c. Increase awareness of our social responsibility as global citizens.
 - d. Recognize and describe the role of culture and traditional medical practices in the provision of health care.
- C. Medical knowledge
 - a. Be familiar and knowledgeable about health and disease of a resource poor setting.
 - b. Prepare a case-based didactic on a disease appropriate for the general Tanzanian medical staff and one's own peers.

Methods of Instruction and Work Expectations

This global health team experience will be delivered through lectures, clinical experience at ILH and mobile clinics to several villages, case studies, and group discussion. Students are expected to work in teams and complete an individual weekly reflection on the activities and learning conducted during the week vis-a-vis the global health competencies.

The following are required of students participating in the Ilula team experience program:

- Attend all pre-travel orientation sessions and one post-travel.
 - Tuesday, March 20 (Bega Kwa Bega Traveler Fee \$200 due); Didactic: Cultural Considerations
 - Tuesday, April 24; Didactic: Ethics in Global Volunteering
 - Tuesday, May 22; (Full payment due); Didactic: Safety at Ilula
 - Tuesday, June 26; Last before departure; Didactic: TBD
 - September, a Saturday or Sunday evening
- Participate in rotating clinical experiences, mobile clinics and other designated activities.
- Attend all didactics and participate in discussion and interactive exercises with the group, regardless of specialty.
- Complete weekly reflections based on the events and activities conducted during the week and publish them on the blog.
 - We recommend inviting family, friends and colleagues to read the blog.
 - This weekly reflection will be guided by the global health competencies; elements of the reflection might include:
 - Identification of the event,
 - description of observations,
 - personal significance to learning, i.e. insights gained, what changed for you?
 - identified actions as a result of the experience,
 - implications of identified actions; specifically, what would you do differently
 - and personal commitment to actually act.

Course Text and Readings

Specific required readings will be provided prior to experience.

Suggested readings in preparation include:

1. Mbele J. ***Africans and Americans: Embracing cultural differences***: Lulu. com; 2005
2. Shah S. ***The Fever: how malaria has ruled humankind for 500,000 years***: Macmillan; 2010.
3. Thurow, R., & Kilman, S. (2009). ***Enough: why the world's poorest starve in an age of plenty*** (1st ed.). New York: PublicAffairs.

Required references and readings include:

1. Acker T. Nutritional Priorities in Iringa, Tanzania: Using Health Professional's Perceptions and Opinions to Deliver Nutrition Education Radio Messages. 2013.
2. Assorted. Medical Swahili Phrases.
3. Assorted. Essential Swahili Word List.
4. Assorted. Common Swahili Phrases. 2014.
5. Cummins RO, Schubach JA. Frequency and types of medical emergencies among commercial air travelers. *JAMA*. 1989;261(9):1295-1299.
6. D'Acromont V, Kilowoko M, Kyungu E, et al. Beyond malaria--causes of fever in outpatient Tanzanian children. *N Engl J Med*. 2014;370(9):809-817.
7. Davidson R, Brent A, Seale A. *Oxford handbook of tropical medicine*. Fourth edition / ed. Oxford, United Kingdom; New York, NY, United States of America: Oxford University Press; 2014.
8. Learners. Tanzania Packing List 2015.
9. Mbele J. *Africans and Americans: Embracing cultural differences*. Lulu. com; 2005.
10. Osborn RR. The Mask. *JAMA*. 2014;311(Number 3):245-246.
11. Rosen L. Understanding corruption. *The American Interest*. 2010;5.
12. Sight Uf. Ethics and Photography in Developing Countries. 2015; Guidelines for photography in the developing world. Available at: <http://www.uniteforsight.org/global-health-university/photography-ethics>. Accessed May 26, 2015.
13. Silverman D, Gendreau M. Medical issues associated with commercial flights. *Lancet*. 2009;373(9680):2067-2077.
14. Tanzania TURo, Welfare MoHaS. Standard treatment guidelines & national essential medicines list. 2013.
15. WHO Guidelines for Safe Surgery 2009

Suggested readings include:

1. AHA. Ebola Facts 2014. 2014.
2. Boulware DR, Meya DB, Muzoora C, et al. Timing of antiretroviral therapy after diagnosis of cryptococcal meningitis. *N Engl J Med*. 2014;370(26):2487-2498.
3. Bray M. Epidemiology, pathogenesis, and clinical manifestations of Ebola and Marburg virus disease. UpToDate2014.
4. Cagney H. Intimate partner violence and HIV: unwelcome accomplices. *The Lancet*. 2014;383(9915):395.
5. Castiglia PT. Protein-energy malnutrition (Kwashiorkor and Marasmus). *Journal of Pediatric Health Care*. 1996;10(1):28-30.
- 6.
7. Grover Z, Ee LC. Protein energy malnutrition. *Pediatr Clin North Am*. 2009;56(5):1055-1068.
8. Heikens GT, Manary M. 75 years of Kwashiorkor in Africa. *Malawi Med J*. 2009;21(3):96-98.
9. Hurley R. HIV PEP Guidelines for Ilula Hospital Rotations.
10. Kaur SHR. Kwashiorkor. *British Medical Journal*. 1963.

11. Kovarik J, Waack CL. The WHO Clinical Staging System for HIV/AIDS. *American Medical Association Journal of Ethics*. 12(March 2010, Number 3):202-206.
12. Mohan S, Sarfaty S, Hamer DH. Human immunodeficiency virus postexposure prophylaxis for medical trainees on international rotations. *J Travel Med*. 2010;17(4):264-268.
13. Nestle. Mini Nutrition Assessment.
14. Ramogola-Masire D, Russell AH, Dryden-Peterson S, Efstathiou JA, Kayembe MK, Wilbur DC. Case records of the Massachusetts General Hospital. Case 16-2014. A 46-year-old woman in Botswana with postcoital bleeding. *N Engl J Med*. 2014;370(21):2032-2041.
15. Shaulnie Mohan MSS, MD; Davidson H. Hamer, MD. Human Immunodeficiency Virus Postexposure Prophylaxis for Medical Trainees on International Rotations. *Journal of Travel Medicine*. 2010;17(4):264-268.
16. System TFAncNI. Key nutrition indicators of Tanzania.
17. The L. Global mental health: policy, progress, and prospects. *The Lancet*. 2014;384(9959):1999.
18. Thurow R, Kilman S. *Enough : why the world's poorest starve in an age of plenty*. 1st ed. New York: PublicAffairs; 2009.
19. UNICEF. Nutrition factsheet.
20. UNICEF and USAID. Micronutrients: Results of the 2010 Tanzania Demographic and Health Survey. 2010.

All of the above references (except the books) can be found in Drop Box. If you do not use Drop Box, please request access from the faculty (olsonkp48@msn.com).

Schedule Detail

Departure	
18-Jul-18 Wednesday	
15:10	Depart US
19-Jul-18 Thursday	
22:00	Arrive Dar es Salaam
0:00	Over Night at Wista's
20-Jul-18 Friday	
7:00	Breakfast
7:30	Tour Dar es Salaam
17:00	Over Night at Wista's
21-Jul-18 Saturday	
6:30	Breakfast
7:30	Depart Dar es Salaam
18:00	Arrive Ilula Lutheran Hospital (ILH)
22-Jul-18 Sunday	
Attend Ilula Lutheran Church, Orientation at ILH and Free Time	

Week 1 - 3	
23 Jul - 10 Aug Monday - Friday	
7:00	Breakfast
8:00	ILH Morning Report
9:00 - 12:00	Rotating Clinical Experiences (in-patient or out-patient)*
12:00	Lunch
13:00 - 15:00	Complete Morning Tasks
15:00 - 16:00	Resource and study time
16:00 - 18:00	Daily Didactic and Discussion
19:00	Supper

Saturday	
7:00	Breakfast
8:00 - 12:00	Free Time
9:00	Mobile CTC*
12:00	Lunch
13:00 - 19:00	Free Time
19:00	Dinner
Sunday	
Free Time	

Week 4	
16-Aug-18 Thursday	
7:00	Breakfast
8:00	Goodbyes to ILH Staff
8:30	Depart Ilula by Coaster Bus
12:00 - 1:00	Lunch
17:00	Arrive Dar; Check in at Wista's
19:00	Dinner

17-Aug-18	
Friday	
7:00	Breakfast
8:00	Depart Wista's
9:00	Muhimbili Hospital and HIV Clinic
12:00	Lunch at The Slipway
13:00 - 17:00	Shopping and Beach time (Oyster Bay)
18:00	Dinner at Sea Cliff Restaurant
20:00	Check-in at DAR
23:55	Depart DAR

18-Aug-18	
Saturday	
6:00	Arrive Amsterdam
15:00	Arrive US

*See next page

Rotating Clinical Experiences

*Rotating Clinical Experiences based on the learner's current level of academic training and Professional Specialty (activities appropriate to discipline)	Frequency	Learning Objectives
Ward Rounds (alt. with Out-patient depts.)	Daily	Clinical application of knowledge gained from didactics, e.g. malaria, HIV, malnutrition, etc. Recognize factors and forces faced by patients and clinicians influencing hospitalization, e.g. economic and social determinants of disease.
Medicine and Surgery		
Pediatrics		
Pharmacy		
OB & PP		
Out-Patient Depts. (alt. with In-patient depts.)	Daily	Evaluate the presentation of disease states in this resource poor setting.
Walk-in OPD		
CTC Monday, Wednesday and Friday and Monthly Saturday Children & Teens CTC Clinic at Ilula	at least once	Understand the chronic management of HIV at Ilula.
Reproductive and Child Health	at least once	Recognize the system of maternity care and well-child care.
Palliative Care Rounds, Thursday afternoon	at least once	Experience team-based palliative home care (clinician, nurse and pastor)
Mobile CTC, Rotates monthly on Saturday to Kipaduka, Ikuka and Ifuwa villages	at least once	Experience community-based delivery of HIV medications and services.
Mobile RCH, Rotates monthly on Tuesday to Masukanzi, Kipaduka, Iyayi and Mlafu villages	at least once	Experience community-based delivery of maternity and well-child care and services.
Surgery (C-sections or other General Surgery cases)	by interest	Observe and assist (based on level of training).
Circumcision Clinic Tuesday and Thursday	by interest	Observe and assist (based on level of training).
Laboratory	one day	Understand capabilities and limitations of services
Pharmacy	Daily	Develop system understanding and Assist Pharmacy Tech as practical.
Administration	Daily	Develop system understanding and Assist Hospital Administration as practical.

Safari at Ruaha National Park

Suggested, Not Required

Saturday, 11 Aug	
9:00	Depart Ilula for Tungamalenga
12:00	Arrive Tungamalenga Camp
12:00 - 17:00	Rest, relax
17:00	Dinner, Tungamalenga Camp
18:30	Tour Tungamalenga village
21:00	Bed

Sunday, 12 Aug	
7:00	Breakfast
9:00 - 12:00	Attend Local Worship Service
12:00	Lunch
1:00	Depart Tungamalenga for Ruaha
14:00	Arrive Ruaha National Park
16:00	Game Drive, Ruaha
20:00	Dinner

Monday, 13 Aug	
7:00	Breakfast
9:00 - 12:00	Game Drive
13:00 - 15:00	Lunch and Siesta
15:00 - 19:00	Game Drive
20:00	Dinner

Tuesday, 14 Aug	
10:00	Depart Ruaha for Ilula
14:00	Arrive Ilula

Contact Information:

Supervising Faculty:

Randy Hurley, MD; Randy.W.Hurley@HealthPartners.Com

Gary Moody, MD; gsmoody@hotmail.com

Kenneth Olson, MD, Course Coordinator; olsonkp48@msn.com

Jill Strykowski, RPh; Jill.Strykowski@allina.com

Mary Renquist, RN; Mary.Renquist@Normandale.edu

UMN Global Registry 24-Hour Contacts

UMN International Emergency Phone Number is 612-301 CALL (2255). The first number that should be called.

Director of International Health, Safety and Compliance (IHSC), Kevin Dostal Dauer, at dauer001@umn.edu or 612-625-5107

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+1 612-626-1163

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Ilula Lutheran Hospital:

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Alamu Kikoti (Hospital Administrator)

Email: kiswaalphone@yahoo.com

Cell: +255 784 769 238

Bega Kwa Bega:

Box 511

Apt 3A, NSSF Apartments

Gangilonga

Iringa, Tanzania

April Trout, BKB Program Coordinator

Email: begakwabega@yahoo.com

Cell: +255 787 616 118

Other:

Wista's Inn Bed and Breakfast:

Phone: +255 767 277 566

+255 715 277 563

Email: info@wistasinn.co.tz

Website: <http://wistasinn.co.tz>

Appendices

A: Learning Agreement

**Learning Agreement
Ilula Tanzania Experience 2017**

Learner: _____ Faculty: _____ Date: _____

OBJECTIVE	RESOURCES/STRATEGIES	TARGET DATE	EVIDENCE	VERIFICATION

1. Use SMART Objectives
 - a. S – specific and measurable
 - b. M – motivating
 - c. A – aggressive yet achievable
 - d. R – related
 - e. T – time bound
2. In developing your learning plan, also consider BEARS
 - a. B - barriers to Success
 - b. E - evidence of Success
 - c. A - actions toward Success
 - d. R - rewards for Success
 - e. S - strengths you can draw upon
3. Your faculty wants you to succeed! Please use us to develop and refine your plan. Developing your learning objectives in this way can give you some organization to your thinking. Remember, you are the recipient of the learning that will happen!
 - a. You may have several learning objectives; just duplicate the second sheet if needed.
 - b. Huge learning objectives may be better served by breaking them down into manageable pieces, e.g. “Learn Swahili” might be broken down into “learn body parts, learn to tell time, learn to count in Swahili.”
4. You may wish to add supplementary information as an , for your own benefit, elaborating on any of the grid boxes you choose.
5. Note I put in Dr. Hurley’s suggestion of a Power Point presentation for Tanzania and the case-based presentation for home post experience.
6. I added a couple suggestions too.
7. Please help us refine this document as you see fit.

Ken
V1.5 3Dec2013

B: Ward Location Assignments

Who's Where This Week?					
Location	Monday	Tuesday	Wednesday	Thursday	Friday
In Patient Wards					
OPD,DM, HTN					
L&D/Post Partum					
RCH					
CTC		Circumcision		Circumcision	
Admin					
Pharmacy					
Laboratory					
Rotating Clinics		Mobile RCH		Palliative Care	
Saturday Clinics	Child/Teen CTC				Mobile CTC
Nursing School					
Lecture Topic					
Commun. Outreach					
Presenter					
Didactic Topic					

C: Randy's Essential Tanzania Packing List

What to Bring: Check the airline regulations for overseas baggage weight limits. Check 2 bags (one containing your personal items and one containing gifts/medical supplies) and bring a carry-on backpack with your most important belongings (travel documents, medications, a change of clothes in case your bags are delayed). Pack light— 1 is a sample packing list for a 3-4 week trip. Bring your stethoscope; consider bringing a blood pressure cuff and penlight/oto-ophthalmoscope. Examples of medical supplies to bring can be found on the GHM web site (www.ghm.org) indeed, if you are in the Minneapolis/St Paul area, GHM will pack a suitcase of medical supplies for you to bring such as disposable gloves, syringes, disinfectants, etc. Pocket handbooks such as Pharmacopeias, The Sanford Guide to Antimicrobial Therapy, The Oxford Handbook of Tropical Medicine, etc., are wonderful things to leave at Ilula if you wish.

Travel Documents

Passport, yellow card (photo copy of passport x 2—leave 1 copy at home)
airline ticket
money holder for under clothing
travel insurance/medical insurance info
money (approx \$500/person)

Luggage/Airplane Stuff

2 suitcases (including one duffel bag) pack one with personal stuff, one with gifts
backpack/carry-on bag
ear plugs
inflatable travel pillow
change of clothes/toiletries

First Aid /Medical Supplies

malarone or doxycycline
cipro
Imodium
supply of Pepto-Bismol tablets
pseudoephedrine or cold tablets
ibuprofen
insect repellent (small bottle DEET 30%)
small tube antibiotic ointment
small tube hydrocortisone cream
small tube antifungal cream
Hand sanitizer, e.g. Purell
moleskin, Band-Aids
disinfectant wipes
Tums

Personal Items

Toilet paper in Ziploc bag
Toothbrush/small toothpaste/floss
Travel size soap/shampoo
Deodorant
Razor/shave cream
Comb
Small bath towel
Swiss army knife or multi-tool
Small flashlight
Watch
Sunglasses/sun screen/chap stick

Clothing

(laundry can be done at Ruaha; hand-wash clothes at Ilula or in Iringa)
3-4 underwear
3-4 pr socks
2 pair long pants (wear 1 pr on plane) or skirts
2-3 short sleeve button-down shirts or blouses
1 long sleeve shirt (wear on plane)
1 long sleeve t shirt
light fleece jacket (optional?)
1 short sleeve soccer jersey-type t shirt (sleepwear/loungewear)
1 pr soccer shorts (sleep wear/loungewear)
walking shoes (wear on plane)
tennis shoes
flip flops for shower
nylon rain/wind jacket
cap/hat
small amt laundry detergent
cotton bandana
sleep sack: cotton or silk sheet sewn into a personal “bag”

Snacks

1 box granola bars
crystal light powder drink mix

Reflection Items

Bible
Devotions book
Journal book with pens
Picture of home/loved ones
Email addresses

Recording Equipment

Cameras (group should have at least 1 digital and

1 "instamatic" camera)
12-15 X 24 rolls of film, film for instamatic camera
video camera with extra discs
extra batteries for cameras
recharger
220V adapter (2 for the whole group?)
Ziploc bags for cameras

Miscellaneous and Group Items

Binoculars
Rope/ clothes pins/duct tape
1-2 plastic garbage bag

D: What I Wish I'd Known or Brought (Student Alumni)

Purchases ahead of time:

1. **Flight:** Watch for emails from group leaders. There is typically one flight that will be recommended and then everyone will separately purchase this flight.
2. **Trip Insurance-Optional** (This can be purchased when you purchase your airline ticket. This is in case there is an emergency, your travel costs will be reimbursed. When we booked with Delta in 2014, my trip insurance was through Allianz. If you need to change your flight for an emergency, just carefully read what is covered by the trip insurance company in the terms and agreement and if you feel your situation qualifies, change the flight through the airline, pay with a credit card and then submit all the paperwork to the insurance company to reimburse you afterwards.)
3. **Travel Medical Insurance-Required** (purchased through school - CISI travel insurance)—Forms from GMER. Charged to your student account)

Packing List

Clothing/Footwear

- Scrubs (1-2 pairs)
- Both long and short sleeved shirts (sweatshirt or zip-ups for mornings and nights)
- Rain Jacket
- Skirts (at least knee length)
- Pants (quick dry, yoga)
- Shorts (1-2 pairs for Safari and Dar es Salaam)
- Workout clothing (shorts and tank-tops not culturally appropriate in Ilula)
- Pajamas
- Socks and undergarments
- Chacos/Keens (optional) Closed toe please!
- Shower sandals
- Tennis shoes &/or closed-toe shoe for clinic
- Outfit for conference/church (i.e. skirts for women, polo or button-up for men)
- Swim suit (potential to go to island in Dar es Salaam)

Toiletries

- Camp Shower if you want warm water
- Large camp towel, small camp towel optional
- Clothes pins
- Laundry Detergent
- Bug Repellent, permethrin for clothing or mosquito net
- Sunscreen
- Safety Pins optional
- Hand Sanitizer (both travel and pump size)
- Pump size hand soap
- Face wipes and wet wipes
- Nail clipper
- Packets of tissues/toilet paper for bathroom stops in other towns
- Extra Ziploc bags, plastic grocery bags, garbage bags

- Lysol wipes for clinic and rooms
- Shower supplies
- Toothbrush, toothpaste, floss
- Deodorant
- Feminine hygiene products
- Contact solution, eye glasses
- Lotion and aloe vera
- Makeup and hair stylers optional
- Hair bands, bobby pins

Medications

- Pepto-Bismol Tabs/Tums
- Imodium
- Cipro
- Antimalarial Medications
- Ibuprofen or Tylenol
- Meclizine or anti-nausea product
- Cold & cold products
- Hydrocortisone or anti-itch products
- Bacitracin, Band-Aids

Electronics

- Adapter (3 pronged) for most electronics with a brick/transformer (i.e. phone, tablets, laptops, kindle, camera)
- Outlet converters – European/UK converter (device dependent, usually only needed for hair stylers)
- Flashlight &/or headlamp
- iPad/tablet – very helpful for drug resources and the Tanzanian Guidelines
- Camera
- Portable speaker for music/movies (optional)

School

- Oxford Handbook of Tropical Medicine
- Download PDF, apps, or print (DO BEFORE YOU LEAVE!)
 - July 2013 Tanzania Guidelines
 - Reference material
 - Dropbox material
- Swahili translation book
- Sanford Antibiotic Reference
- Stethoscope
- Clipboard (optional)
- Small pocket size notebook
- Pen light
- Multiple pens

Medical Students: If you have not had your pediatric and/or OB rotations, bring appropriate resources. Tropical Medicine Handbook has been very helpful in the past.

Snack Ideas (especially with protein)

- Beef jerky
- Nuts or trail mix
- Granola bars
- Jar of peanut butter
- Oatmeal packets
- Tea or Coffee packs
- Propel or crystal lite packets
- Gum, breath mints
- Candy, fruit snacks

Misc.

- Small pack or shoulder sling for day trips
- Sleep sack (You can fold and sew a flat, full size sheet to make a sleep sack)
- Pillow case
- Books for casual reading (both hard and electronic versions)
- Water bottle (You will be able to fill it with large bottles of water)
- Small plastic bags (like Target bags) for garbage in your bedrooms
- Exam Gloves, alcohol swabs
- Fly Swatter
- Duct tape
- Watch
- Optional Gifts (i.e. bubbles, t-shirts, small notebooks, crayons or markers, frisbee, socks, stickers, small flashlights, small coloring book)
- Travel mug for coffee/tea (optional)

Clothing:

- In certain towns or when visiting villages, women should wear skirts (to the knees or below) and shirts with short or long sleeves.
- When working in the clinic or hospital, scrubs or pants can be worn.
- We would advise bringing a nicer outfit for church on Sundays.
- On the safari, shorts and tank tops are acceptable.
- It can get cool at night or when it rains, so bring pants and a light jacket or zip-ups.
- Pack like you are going on a camping trip or to the Boundary Waters

Phone:

- Recommended applications: “Viber” or “WeChat” will let you make phone calls and text to individuals that also have the application. Google Hangout, iMessage, and FaceTime also work when you have Wi-Fi.
- You can buy a Tanzanian phone for about \$30 dollars.
- You can buy minutes for a Tanzania phone/SIM Card (5,000 Tanzanian Shillings/ \$3-4 American dollars for about 10-12 minutes).
- GSM phones MUST be unlocked in USA before departure. Verizon and Sprint can be unlocked but you will not be able to put a new SIM card in the phone.
- If you plan on putting a SIM card into your American phone, you may need to have a SIM card cutter if your phone has a micro-SIM card.

Internet:

Do not plan on having Internet. Internet was not available at Ilula Hospital during the 2014 trip, but weak Wi-Fi connection on the 2015 trip. Options to get online include:

- In Iringa (about 1 hour from Ilula):
 - IringaNet internet café (1 hour for 1000 shillings),
 - The Lutheran Centre,
 - Neema Crafts Café,
 - Sai Villa restaurant (relatively fast, but trips to Iringa are infrequent)

Movie Night:

- Download movies to your laptop or flash drive for movie night! Staff will likely have a projector that can be used. If you have a Mac you may need to bring a HDMI converter cord. DVDs may work the best.

An Average Day at Ilula Hospital:

- We gather for breakfast around 7:30-8:00. (If you're motivated, a number of people choose to go running in the valley every day before breakfast)
- Monday-Friday there is a devotional service at 8:00 followed by Morning Report at 8:30.
- Inpatient rounds start around 9:00 (General Ward and Maternal Ward round separately). Other options for your morning include outpatient department (OPD), HIV/AIDS Clinic (CTC clinic), Maternal/Child Health Clinic, Mobile Clinics, Laboratory observation, Labor & Delivery, and/or assisting on C-Sections or other minor operations.
- The group decides on a day-to-day basis what each person wants to do that day and split into various groups.
- After breaking for lunch ~1:00-2:00, afternoons include a combination of didactic sessions with faculty, patient care on the wards, and free time.
- Evenings are usually spent on campus at Ilula. Periodically the group takes a short walk into town for "happy hour" to get a beer or soda at the local "pub" before returning for dinner (~7:30PM).

E: Information for New Blog Authors

Please set up your blogging before departure. You are expected to write in the blog and if you do not do this beforehand, you will have endless problems.

PLEASE accept the invitation as an author immediately upon receiving it!

Here are two web pages that will help:

<http://mishkatestrun.blogspot.com/2012/02/faq-do-i-have-to-use-gmail.html>

<https://accounts.google.com/SignUpWithoutGmail>

F: Electrical Service in Tanzania

Tanzania uses a two-wire (ungrounded) service at 240 volts.

Some appliances and most electronics can either switch between 110 and 240 or use 240 directly. Computers, tablets and smart phones, which have a transformer between the device and the electrical outlet can be directly plugged into the wall with an adapter. Carefully examine your device and its block and you will notice the voltage range as 110 – 240 volts.

Other devices that do not have a voltage choice on them must use a converter (which converts 240 to 110 voltage). Plugging this type of device directly into the wall via adapter will quickly destroy the device.

Below are two outlet types for the 240 volt current used in Tanzania:



Most common outlet found in Tanzania, and in Ilula.



Two-pronged outlet found in Zanzibar and elsewhere in Tanzania.

G: Predeparture Orientation for International Experiences Online Resources

https://globalhealthcenter.umn.edu/sites/globalhealthcenter.umn.edu/files/online_predeparture_orientation_for_students_9.29.2016_1.pdf



Predeparture Orientation for International Experiences Online Resources

Required and Highly Suggested Tools	
<p>Academic Health Center's Health and Safety Pre-Departure Orientation</p> <ul style="list-style-type: none"> • Online Module; Less than 1 hour • Authors: Many at the UMN • Outline: <ul style="list-style-type: none"> ○ Section 1 - Preparation and Planning ○ Section 2 - Best Practices ○ Section 3 - Disaster or Have a Plan ○ Section 4 - Culture Shock ○ Takeaway 	<p>Completion of this module is required by the UMN</p> <ul style="list-style-type: none"> • To get credit for completion, access it through your school's travel management system if you have one (e.g., SPH Field Experience Contract, GMER elective module, etc.) • If you don't have a travel management system, access the module as part of your checklist from the UMN International Travel Registry • Otherwise you may access via the link and code below, but completion will NOT be logged in the above systems. <ul style="list-style-type: none"> ○ AHC Health & Safety Pre-Departure Orientation ○ Enrollment key: Orientation
<p>How NOT to save the world: Why U.S. students who go to poor countries to 'do good' often do the opposite</p> <ul style="list-style-type: none"> • Article in Washington Post 	<ul style="list-style-type: none"> • Short article that introduces some ethical consideration of global health student experiences
<p>Ethical Challenges in Short-Term Global Health Training</p> <ul style="list-style-type: none"> • Online Module • Outline: Developing Cultural Understanding, Ensuring Personal Safety, Selecting a Research Project, and Understanding Informed Consent • From Stanford University & Johns Hopkins University 	<ul style="list-style-type: none"> • Series of ten cases to introduce ethical issues that may arise during short-term training experiences abroad. • Easy to skip ahead if that particular case doesn't feel applicable to you.
<p>Global Ambassadors for Patient Safety (GAPS)</p> <ul style="list-style-type: none"> • Online Module; 20 min • Created by the U of M Health Career Center • Outline: Benefits of a Global Learning Experience; Finding an Appropriate GH Experience; Choosing the Program that Fits your Needs; Preparing to Learn; Learning Ethically While Abroad; Applying what you Learn; Global Ambassadors Patient Safety Oath 	<ul style="list-style-type: none"> • Pick the sections most applicable to your stage of planning or traveling.
<p>Culture: The Original Vital sign</p> <ul style="list-style-type: none"> • Online Module; 50 minutes • From the Global Child Health Educational • Topics: Culture, culture shock, cultural humility, respectful use of social media 	<ul style="list-style-type: none"> • This is an engaging module that is an online version of the in-person presentation given by Mike Pitt at the face-to-face AHC Orientation. • Although the stated audience seems very narrow, don't let that turn you away! The points made are universal, not clinical. Can easily skip ahead if you don't relate to an example.

Version: Sept 29, 2016

Online Version at: <http://globalhealthcenter.umn.edu/orientation>

H: UMN Learning Abroad Center:
<https://umabroad.umn.edu/students/>
<https://umabroad.umn.edu/nonuofm/>

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<https://umabroad.umn.edu> [7/3/2017 10:39:31 AM]

I: Readings, Required and Suggested

Required references and readings include:

1. Acker T. Nutritional Priorities in Iringa, Tanzania: Using Health Professional's Perceptions and Opinions to Deliver Nutrition Education Radio Messages. 2013.
2. Assorted. Medical Swahili Phrases.
3. Assorted. Essential Swahili Word List.
4. Assorted. Common Swahili Phrases. 2014.
5. Cummins RO, Schubach JA. Frequency and types of medical emergencies among commercial air travelers. *JAMA*. 1989;261(9):1295-1299.
6. D'Acromont V, Kilowoko M, Kyungu E, et al. Beyond malaria--causes of fever in outpatient Tanzanian children. *N Engl J Med*. 2014;370(9):809-817.
7. Davidson R, Brent A, Seale A. *Oxford handbook of tropical medicine*. Fourth edition / ed. Oxford, United Kingdom; New York, NY, United States of America: Oxford University Press; 2014.
8. Learners. Tanzania Packing List 2015.
9. Mbele J. *Africans and Americans: Embracing cultural differences*. Lulu. com; 2005.
10. Osborn RR. The Mask. *JAMA*. 2014;311(Number 3):245-246.
11. Rosen L. Understanding corruption. *The American Interest*. 2010;5.
12. Sight Uf. Ethics and Photography in Developing Countries. 2015; Guidelines for photography in the developing world. Available at: <http://www.uniteforsight.org/global-health-university/photography-ethics>. Accessed May 26, 2015.
13. Silverman D, Gendreau M. Medical issues associated with commercial flights. *Lancet*. 2009;373(9680):2067-2077.
14. Tanzania TURO, Welfare MoHaS. Standard treatment guidelines & national essential medicines list. 2013.
15. WHO Guidelines for Safe Surgery 2009

Suggested readings include:

1. AHA. Ebola Facts 2014. 2014.
2. Boulware DR, Meya DB, Muzoora C, et al. Timing of antiretroviral therapy after diagnosis of cryptococcal meningitis. *N Engl J Med*. 2014;370(26):2487-2498.
3. Bray M. Epidemiology, pathogenesis, and clinical manifestations of Ebola and Marburg virus disease. UpToDate2014.
4. Cagney H. Intimate partner violence and HIV: unwelcome accomplices. *The Lancet*. 2014;383(9915):395.
5. Castiglia PT. Protein-energy malnutrition (Kwashiorkor and Marasmus). *Journal of Pediatric Health Care*. 1996;10(1):28-30.
7. Grover Z, Ee LC. Protein energy malnutrition. *Pediatr Clin North Am*. 2009;56(5):1055-1068.
8. Heikens GT, Manary M. 75 years of Kwashiorkor in Africa. *Malawi Med J*. 2009;21(3):96-98.
9. Hurley R. HIV PEP Guidelines for Ilula Hospital Rotations.
10. Kaur SHR. Kwashiorkor. *British Medical Journal*. 1963.
11. Kovarik JLWACL. The WHO Clinical Staging System for HIV/AIDS. *American Medical Association Journal of Ethics*. 12(March 2010, Number 3):202-206.
12. Mohan S, Sarfaty S, Hamer DH. Human immunodeficiency virus postexposure prophylaxis for medical trainees on international rotations. *J Travel Med*. 2010;17(4):264-268.
13. Nestle. Mini Nutrition Assessment.

14. Ramogola-Masire D, Russell AH, Dryden-Peterson S, Efstathiou JA, Kayembe MK, Wilbur DC. Case records of the Massachusetts General Hospital. Case 16-2014. A 46-year-old woman in Botswana with postcoital bleeding. *N Engl J Med.* 2014;370(21):2032-2041.
15. Shaulnie Mohan MSS, MD; Davidson H. Hamer, MD. Human Immunodeficiency Virus Postexposure Prophylaxis for Medical Trainees on International Rotations. *Journal of Travel Medicine.* 2010;17(4):264-268.
16. System TFaNCNI. Key nutrition indicators of Tanzania.
17. The L. Global mental health: policy, progress, and prospects. *The Lancet.* 2014;384(9959):1999.
18. Thurow R, Kilman S. *Enough : why the world's poorest starve in an age of plenty.* 1st ed. New York: PublicAffairs; 2009.
19. UNICEF. Nutrition factsheet.
20. UNICEF and USAID. Micronutrients: Results of the 2010 Tanzania Demographic and Health Survey. 2010.

All of the above references (except the books) can be found in Drop Box. If you do not use Drop Box, please request access from the faculty (olsonkp48@msn.com).

J: General Notes

Timeline:

Thursday, March 1	Final Commitment in writing
Tuesday, March 20	Pre-Travel Meeting #1; Bega Kwa Bega Traveler Fee \$200 due; Didactic: Cultural Considerations
Tuesday, April 24	Pre-Travel Meeting #2; Didactic: Ethics in Global Volunteering Book Flights We will use Borton Travel, Suzanne Zapolski. All need to be on the same flight.
Tuesday, May 15	Pre-Travel Meeting #3; Full payment due; Collect Passports for visa; Didactic: Safety at Ilula
Tuesday, June 19	Pre-Travel Meeting #4; Last before departure; Didactic: TBD
Wednesday, July 18	Departure from MSP
Friday, August 18	Departure from DAR
Saturday, August 19	Arrival at MSP
September, TBD	Saturday or Sunday evening, fun, but required

Cash needs:

Most of your expenses will be covered, including tips at Ilula and for the drivers we have. You will have cash needs at the airport in Amsterdam or while in Dar es Salaam for food or incidentals.

Reserve a #100 for getting there and getting home.

You will need cash for souvenirs and personal expenses, e.g. phone cards.

There are cash machines at Dar es Salaam, Iringa and recently Ilula too. The banks charge a premium for this service, like \$7 – \$10 per transaction, so check your bank card and use one that does not charge a foreign transaction fee if possible.

H: Passport and Visa Information

1. Make a copy of your passport picture page and facing page. Write down your passport number. You may need it several times and may not have your passport when we send it for the visa.
2. Check your passport carefully for two items
 - a. Expiration date must be at least six months after you depart from Tanzania
 - b. Check the visa pages, which must say Visa at the top. No visa pages, not visa. The last few pages are for endorsements, not visas, as written along the margins.
3. Tanzanian tourist visas cost US citizens \$100 USD. Other nationals pay \$50 USD, even if living in the USA.
 - a. We can send for visas as a group. We send them Priority Express in the US mail and include a postage paid envelope for their return. Thus, total cost for an individual is \$104, postage included (or \$54). Accompanying the visas are letters of invitation from the Bishop of the Iringa Diocese and the Bishop of the St. Paul Area Synod.
 - b. Or you may send your passport for visa singly if desired or necessary.
4. We will provide a partially completed visa form with relevant contact information for travelers to complete. You will need to provide:
 - a. Completed visa form
 - b. Two passport style photos
 - c. Your flight itinerary to and from Tanzania (e.g. the first page of your flight confirmation without all the advertising pages).
 - d. Appropriate funds to cover visa and postage (see above).

J: Application, Expenses and Cash Needs

Participants may be asked to submit a written statement of purpose

Expenses Included in the trip payment (you may think of this as an “All-inclusive”):

- Interior ground travel
- Lodging and Food at Wista’s Inn in Dar
- Lodging and Food at Ilula (including water and soft drinks)
- Basic internet at Ilula for email. Not for surfing or download!
- Brief language lessons (one afternoon)
- Tanzanian visa and postage if sent with the group’s passports for visa
- CTA (Continuing Temporary Assignment, essentially a work permit, imposed by TZ)
- Safari (park fees, room and board, game drives and tips at Tungamalenga Lodge and Mwangusi in Ruaha National Park)
- Gratuities and tips (bus drivers, house maids, cooks, safari)

Approximate Cost (Not Including Airfare): \$3300 USD (Based on 27 days at Ilula. Fewer days will result in only modest cost reduction. This is an estimate and may change slightly before we leave. You will have paid approximately \$300 of the total before the balance is due **May 22, 2018.**)

Approximate Airfare: \$2300. You will be expected to fly with the group, except under certain circumstances and you will purchase your own ticket. We will supply you with specific flight information. We will use Suzanne Zapolski at Borton Travel for ticketing.

Cash Needs:

Expenses not included:

Incidental cash at Amsterdam (Schiphol International Airport) or in Dar es Salaam (Nyerere International Airport) for food pre-flight

Excursions in Dar es Salaam (Cost would be low, perhaps \$25)

Alcoholic beverages at Ilula or on safari

Souvenirs

Plan to carry approximately \$200 for these expenses.

Note: There are ATMs available at the airport, in Iringa and at Ilula. There is no need to carry very much cash. You may wish to convert \$100 USD to TZS at the airport.

You may also wish to find a credit card that will not charge international fees.

K: Relationship with ILH, Shoulder to Shoulder and Bega Kwa Bega

Ilula Lutheran Hospital (ILH) is owned by the Iringa Diocese (DIRA) of the Evangelical Lutheran Church in Tanzania (ELCT).

We are at ILH at the invitation of DIRA, consequently, we wish to do nothing that might jeopardize our relationship and cause the invitation to be revoked.

Bega Kwa Bega (BKB) has two counterparts, American and Tanzanian and serves as the conduit for missions of the St. Paul Area Synod (SPAS) of the Evangelical Lutheran Church in America (ELCA). Our medical NGO is called Shoulder to Shoulder and is a 501c3 corporation separate from Bega Kwa Bega.

Shoulder to Shoulder and our healthcare rotation uses services from Bega Kwa Bega, such as interior travel arrangements and other necessary contacts. For this reason, each of our travelers is required to pay the \$200 BKB Traveler's Fee.

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