



THE STUDENT'S VOICE

An Interview of Thomas Toltaku

Thomas Toltaku is in the sixth and final year of his MBBS program in the College of Medical Sciences at the University of Maiduguri in Nigeria. I interviewed Thomas in September of 1999 at the Network Meeting in Linköping, Sweden and then corresponded further by e-mail.

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Associate Editor, *Education for Health*



How did you decide to go to medical school?

My mom was a nurse, so when I was a kid, I had exposure to medical things, like going to the hospital, meeting patients, and having friends who are doctors. I decided that when I grew up, I wanted to become a doctor.

Here at the Network meeting you made a presentation on the six-month rural posting for students that has been in place at your school for nine years. Can you describe that experience?

In their sixth year, students go out into health centers in different villages for six months. Usually there are six to eight students in each center. During these postings the medical students give immunizations, especially against childhood killer diseases like polio, tetanus, and meningitis. They do maternal and child health, including family planning. They treat common ailments and injuries and try to control local endemic diseases. The students also give health education talks about prevailing health problems in settings, such as the village square, the market square on market days, primary and secondary schools, and the health center during clinic days.

Who supervises the students?

The students work in these health centers under the supervision of the Principal Medical Officer (PMO) who is a general practitioner. Twice weekly the faculty members in the Department of Community Medicine visit each health center. Their physical presence encourages the students. They assess the students in terms of attendance, group commitment, and the level of research they have done. The final evaluation of the student's program is based on the information or report card provided by the PMO, the report of the visiting faculty members, and the results of the research project.

What kind of research do the students do?

Before they leave for the health centers, student groups are given a research project on a particular topic. For instance, one group was asked to research the incidence and cause of induced abortion in their locality. Another group was asked to do a research project on goiter among the villagers in the local village. At the end of the program, students submit a project based on their research.

How do students feel about the rural posting?

They love it because they usually have the opportunity to practice medicine in a typical rural set-up. They can use the theoretical knowledge that they gained in class to solve problems. They also learn more about primary health care and about endemic diseases affecting the particular locality of their posting.

What was your rural posting experience like?

I worked in a 30-bed cottage hospital set up with a labor ward. It is a small health center with one medical doctor who is the PMO in charge. There are six nursing staff, three midwives and some auxiliary hospital assistants. There was no pharmacist. A nurse is trained as a dispenser. In order to attract more people, the clinic days are usually the market days.

About 90% of the patients are peasant farmers. The rest include teachers, civil servants, traders and others. The majority of our patients are women and children. The men are reluctant to come. The health care needs of the populace ranged from malaria fever to injuries, diarrhea, cholera, typhoid fever, surgical problems, and gynecological and obstetrical problems.

I saw the enormous problems at the primary health care level, especially poor hygiene and the ignorance of rural dwellers in matters relating to health. I saw patients with diseases at their earliest stages. This is unlike the chronic and end-stage cases we usually see at the teaching hospitals. It was nice to see the needs of the community and to try to meet the people at the very point of their needs.

Where did you and the other students live?

We stayed in quarters provided by the chairman of the local council. Throughout the posting we had to feed ourselves with our meager pocket money. All students are responsible for their accommodation, feeding and transport during these postings, so this is a problem for us.

What is the current status of the rural posting?

The time for the rural posting was reduced from six months to two months because the authorities believed the time was too much. Clinical postings, such as surgery, medicine, and pediatrics needed more time, so the extra time was cut from the rural posting and given to these clinical posting.

Do students at your school have any experiences in the community during their first year in medical schools?

No, but I had a great personal experience in my second year because I belonged to the Nigerian Conference of Christian Medical and Dental Students. We set up a mobile clinic in a village of about 2000 people that had no health center. The only source of water was a well that was only partially full in the dry season. The people lived in absolute poverty. People came with a lot of infections—malaria, typhoid, tuberculosis. They didn't have anywhere to go for help. We dressed wounds and gave medications. If people had tuberculosis, we gave them a referral note back to the teaching hospital. We met a lot of women who had

never had information about antenatal care, so we told them the benefits of this care.

I felt like, “Wow, I’m consulting with patients!” I didn’t really know much. We’d stand beside the senior students. We gave some talks to patients on health education, like how to filter water in a worm-infested area and what you should do when you’re sick.

How did that experience effect you?

Formerly I wanted to become a surgeon. Now I prefer to become a community physician. Over the years the government has concentrated on and built tertiary health centers. Poor people can never reach these centers. Never. These centers are very expensive, and they are in the cities. Meanwhile, primary care has been totally neglected. So I have more interest in being a community physician so I can really meet the needs of my people. When I become a community physician, I would like to help influence the health policy makers of my country to redirect the attention more to primary health care. If the government concentrates on giving immunizations and setting up primary care, a lot of preventable diseases will be eradicated.

Would you like your school to require community experiences early in training?

Yes, it would be very, very useful because it gives you an early exposure to what really are the basic health needs and problems of villages. If you don’t have that first-hand information yourself, you can only make assumptions.

How did you happen to come to this Network meeting?

When I heard about the conference, I wrote an article and sent it to the conference organizer. When the article was accepted, I had to raise funds so that I could come here.

What has it been like for you to be with students and faculty from other schools?

It’s been a great experience because I’m getting to know about other schools and how many of them are becoming problem-based and community-oriented. I’ve been asking students about their curriculum of studies. I was assuming that what we do in our school is done elsewhere, but it’s not like that.

I’m learning a lot about problem-based learning. When I get back, I will try to bring the concept of PBL more to my school

[Several months after the Network meeting in Linköping, I asked Tomas what happened when he returned to his school.]

I was able to share the knowledge I learned from Sweden with my Provost, who is the Dean of the Medical College, and with some academic staff members and my colleagues, especially my classmates. The reaction I received was great, especially from my Provost and the Head of the Community Medicine Department. They were happy and promised to encourage more students to go for such programs. The reaction from my colleagues was very encouraging. They wanted to know about PBL. They also liked learning about how medical schools in Sweden are being operated. They are especially interested that medical students are running the orthopedic ward at Linköping.

PBL received a loud applause when I discussed it among my colleagues. The Head of the Community Medicine Department encouraged me to organize a day-long conference on the topic, "Change in Medical Education—Incorporating PBL." He suggested that I invite a specialist in PBL to come and share ideas on PBL with my colleagues. However, because of my limited financial resources, I cannot carry out the program, though I hope to launch it sometime in 2000.

On March 13, 2000 an e-mail arrived, in which Thomas reported:

I'm happy to inform you that I have finally succeeded in organizing a one-day workshop on PBL titled "Introducing Problem-Based learning in a Traditional Medical School." The head of our Department of Community Medicine, Professor M. K. Padonu, gave me the go-ahead and promised to invite an expert on PBL from the University of Ibadan. The workshop date will be April 10, 2000.