

THE STUDENT'S VOICE

Interview of Jervas Victor Dimo, a Sudanese medical student at Moi University in Eldoret, Kenya



Jervas Victor Dimo was approached for an interview at The Network Conference in Eldoret. However, it was not possible to find a mutually agreeable time for an interview, so the questions were sent by e-mail and the responses were consequently edited.

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Jan van Dalen
Associate Editor
Education for Health

Why did you choose to study medicine?

Generally a number of factors influence the choice of a medical career. In my case I have long wished to be a medical doctor because of the following reasons:

1. I feel it is the only career that will enable me to remain undetached from the most disadvantaged members of the society. A doctor can have a continuous personal contact at an individual level with all members of the society, particularly the poor, the old, the sick, the dying, the isolated, the 'rejected', the mistreated, the mistrusted, the condemned etc. and these are the members of the society who are most likely to get detached from the learned members of the society like Engineers, Lawyers, Professors etc.

2. I have also always seen doctors being people of high self-integrity both in Sudan and Uganda where I did my High School. This often motivated me so much. I also felt and continue to feel that I need a career where I will continue to be independent in mind, not influenced by factors such as losing a job or trying to please someone e.g. the employer to maintain a job etc., leading to becoming a principled person.
3. Another thing that often fascinated me about being a doctor is being busy all the time serving people who appreciate what we do for them.

The most crucial step towards my medical career took place on the night of 15 December 1992. This was when I was wounded in a battle in which I deliberately never shot a single bullet. By some complex circumstances I happened to be fighting. We were attacked and I was wounded but managed to withdraw. I never believed in the factional fighting. That night I was writhing in pain with shrapnel in my chest, ribs and foot, I had malaria without treatment or drugs and was in hiding. That is when I concluded that I didn't leave my school to come and fight a Sudanese brother. I was not prepared to kill or to be killed by one.

Other important influences were:

- (i) When I crossed from the terrible war and death zone in South Sudan to Uganda.
- (ii) When I joined school again in 1994. I joined Grade Nine (i.e. Second Year Senior Secondary School) in Uganda after having left school in Grade Twelve (i.e. Third Year Senior Secondary School) in Sudan in 1986. I joined such a lower grade because I had studied in Arabic in Sudan. So I almost knew no English and I roughly had 8 years out of school (in a completely different environment; in the Army).
- (iii) Passing the Ugandan Ordinary Certificate of Education very well and also passing the Ugandan Advanced Certificate of Education were other important steps.
- (iv) Getting admitted to Moi University was another step, although securing a scholarship was such a challenge.
- (v) Passing first year to second year in the Medical School at Moi University was another quite challenging step.

I'm still remaining with other challenges e.g. passing second year to third year.

Joining Moi University was just a very good coincidence. I should have joined Makerere University in Kampala in Uganda, but I had gone to Sudan after getting the First Certificate of Education, hence when I came to Makerere University, they had already cleared with the intake for that year. My efforts to be admitted were in vain as I was too late, so I rushed to seek admission to Moi University and I was admitted for the academic year 2000. However, I could not join in that year because of a lack of scholarship. I joined in 2001.

I chose to study Health Sciences and particularly Medicine because it would keep me in touch with the disadvantaged members of the society (my people) as I mentioned earlier. This is a section of the society that I don't wish to distance myself from and I think I will find a lot of satisfaction in serving them.

Can you, as a student, influence the educational programme of your faculty?

Definitely I can influence the education programme of my college, particularly as I'm the Director of Academics in the Students' Leadership Body of the college.

What is your opinion about innovative education formats like Problem-based Learning?

One of my important experiences is that it was only with time that I came to appreciate the PBL-system as an innovative learning method, especially the COBES component of it, where we work in collaboration with rural communities around Eldoret. Community Based Medical Education is very relevant in Africa today, particularly in places such as South Sudan where the gap between the demand for health services and the actual available services is so great as a result of war and political instability.

What part of your study was most educational to you?

The most educative aspect of my life is being out of home, i.e. studying in exile. If I'm to be the Dean of my Faculty then the most urgent thing I would put emphasis on is the somewhat inadequate resources of the college, in terms of quantity (not quality) e.g. space in the overview rooms, laboratories, accommodation etc. and the learning facilities and furniture therein. Shortage of teaching staff in some departments is also a big issue, which I would really look into.

Is there also something you would change if you were Minister of Education?

If I were the Minister of Education, either in Sudan or Kenya I would make all medical schools and medical education to be community based. This is simply because health facilities and services are in continuous shortage and community based medical education brings the health services and the health service providers closer to the people and to the community. Community based education and service can produce more efficient health care providers who understand the community better and consequently deliver efficient health care services compared to the traditional health education.

Imagine if you were to choose: a practice in a town or in a rural area. What would you choose, and why?

If I were to choose what to practice in the rural area (or even in a town) I would choose to be a community health doctor. This is where I think I can deliver

maximum service. In this case however, I would need to have practiced enough surgery and have a good experience in internal medicine so that I can handle emergency cases efficiently. In the African rural areas it would be very unlikely to have a nearby surgeon and there is always a problem of transport.

Do you ever get in touch with the community?

My experience with the local population is very good. They don't have xenophobia. The ethnic groups around Eldoret town believe that they originated from South Sudan not long ago, and they always remind me so. They are free and friendly in relation to me. They take me as one of them. In the COBES programme it was the same. I like their lifestyle and honesty. Here they practice mixed farming (growing crops and rearing livestock). As such they do not have nutritional problems, no famines etc. The number of young girls enrolled in schools is never less than that of boys. Gender taboos are minimal and are on the decrease compared to the other ethnic groups in Kenya and in Sudan. A lot of the good African values are however still vividly in place e.g. respect based on age and virtue of motherhood and parenthood generally.

Just to conclude, the Medical School is more challenging than I thought and than anyone outside the medical school would imagine. The difficulties in academics here may lead to loss of self-confidence if one does not objectively look into and assess the situation.

May the Almighty bless us all.