Ethiopia – Addis Ababa
Addis Ababa University

Website: http://www.aau.edu.et/

The College of Health Sciences (CHS), Addis Ababa University (AAU), is a professional health sciences college, established in 2009/10 by the reorganization of previously separate institutions of health under one umbrella. The CHS is comprised of four schools and one teaching hospital. The four schools are the School of Medicine (SoM), the School of Pharmacy (SoP), the School of Public Health (SPH) and the School of Allied Health Sciences (SAHS). The SAHS offers professional training in nursing, midwifery and medical laboratory technology. The rationale behind the establishment of the CHS is to encourage cross-breeding across various disciplinary paradigms; standardize curricula across disciplines; set standards and quality checks for the teaching-learning process; maximize human resources utilization through joint planning in teaching common courses and in conducting research; create opportunities in collaborative research and publication; maximize shared use of facilities for effectiveness and efficiency in teaching-learning, research and services; and create opportunities to address the health needs of the community in an integrated manner as a health team.

All Schools of the CHS offer professional degrees at both undergraduate and postgraduate levels except for the School of Public Health which offers only postgraduate degrees at MSc and PhD levels. However, the SPH is heavily engaged in offering public health courses to undergraduate students of the other Schools in the CHS. The CHS currently has over 5000 students, and employs over 600 full-time faculty members. The College currently offers eight undergraduate and over 70 postgraduate programs. The Tikur Anbessa Specialized Hospital (TASH) is the teaching hospital of the College. TASH is the largest specialized hospital in Ethiopia, with over 700 beds, and serves as a training center for undergraduate and postgraduate medical students, dentists, nurses, midwives, pharmacists, medical laboratory technologists, radiology technologists, and others who shoulder the responsibilities to solve the health problems of the community and the country at large.
In line with the mission and vision of AAU, the CHS exercises unique roles in training highly skilled health professionals at MSc, PhD, specialty and subspecialty levels. This allows it to contribute to the expansion of quality health care, education and research in the country. The CHS is the only institution where some specialized tertiary health care is rendered. Moreover, under the new reorganization of AAU, the CHS is expected to enjoy a high level of academic and administrative autonomy.

**Information about Clinical Rotations:** To do a clinical rotation at Tikur Anbessa Hospital you must submit an application to the associate dean at associatedean.som@aau.edu.et. This includes a letter of good standing from your school, a current grade report/transcript, a copy of your passport, and an application letter stating your goals, interest in the experience, and desired clinical rotations. However, the rotations that you put in this letter will not actually be arranged until you arrive in person and request them again at the associate deans office on your first day. The associate deans office will then contact the department heads of the rotations you wish to do and you will be given a stamped document that states the rotation you have been approved for and its duration. This is important to carry with you because it proves that you are allowed to be doing the particular rotation if anyone asks. The associate dean changed in the fall of 2016, so it is possible that this procedure has changed. I encourage you to inquire about this.

In both emerge and obstetrics there is really no formal role for you like you are used to in clerkship. In some ways it is like an observership. Given that you can’t communicate with patients it is generally not safe or appropriate for you to have your own patients. Therefore, you often end up watching, asking questions to residents for learning, and doing physical examinations. But at times it can be very hands on as well. For example, in resus they will get you involved in bag mask ventilating and CRP and in obstetrics they may encourage you to deliver babies and be 1st assist on Cesarean Sections. So there is this mix of both extremes of very hands on and very hands off.

In emerge you can either float around and look for interesting cases; follow around the point of care ultrasound (it is constantly in use and they like to teach you how to use it); hang out in the resuscitation room; or hang out in the intake room. Intake has opportunity for physical exams and resus is more hands on with CPR, Bag masking, etc. In obstetrics you can follow a patient or two in partnership with an intern and then when they deliver you can do the delivery
(but ethically speaking only do them if they’re low risk and if you’ve done your obstetrics clerkship rotation back home). You can also float around for interesting cases and assist in Cesarean Sections.

You will see tons of pathology, especially in emerge. Public hospitals are quite overrun and only see sick patients. There is not a functional primary care system, so emerge will often get late presentations of diseases that are usually caught much earlier back home. Mortalities happen daily in emerge. These things are important to be aware of going in, because it can be overwhelming.

Important Tips:

1. **YOUR STATED LEVEL OF TRAINING:** When asked what level of training you are this is how I recommend you answer— If you are an M1 or M2 say you are a MEDICAL STUDENT. If you are an M3 or M4 say you are an INTERN. In Ethiopia their medical trainee system is different: Medical school is straight out of high school and very focused on theoretical learning NOT clinical learning. After medical school they do a rotating internship, then they do residency. SO if they ask your level of training and you say medical student they will assume you have no clinical experience. For a 1st or 2nd year medical student from Western this a more appropriate, but if you are a clerk you should point out that you are at the level of an INTERN, not a medical student.

2. **SUPERVISION:** You have to be very personally diligent about what is appropriate for you to be involved with and what is not. In Ethiopia there is a two tiered public and private health care system, and Tikur Anbessa is in the public system. The public system is completely deprived of money to the extent that staff physicians cannot support themselves and a family unless they work in the private system. So most staff at Tikur Anbessa come in the morning for rounds and then leave to their private clinics/hospitals. As a result, you’re almost always working with residents and rarely have staff supervision. This type of system does not have many checks and balances to keep you out of a dangerous situation where you’re in over your head or doing something that is ethically inappropriate, so you have to have a lot of personal accountability. Make sure you state your level of experience clearly and be comfortable turning down requests to do something you’re not comfortable with or asking for help/supervision.
3. **EVALUATIONS:** Given that there is rarely staff supervision, it is almost impossible to find a staff that can realistically comment on your clinical experience and fill out Schulich’s evaluations. They require staff signatures though, so I got the residents that I worked with the most to fill out the evaluation part, then found the department heads during rounds to sign off on it. It feels shady but it’s really the best you can do.

**Work Hours:** The average day was 8am-5pm in both emergency medicine and in obstetrics. You start with morning rounds, which is usually 30 minutes to an hour long. You then have a variable amount of time for pre-rounding, followed by rounding. This will take you until late morning. You can leave for a lunch break whenever you want, and they take 1-1.5hr lunch breaks! There is a little cafeteria place that has good injera on the campus. After that you can really choose how/where you want to spend the rest of your day. There is really no strict timing, its very self-directed. You can also do call if you wish (they call it ‘duty’), but you wont be scheduled for a shift or anything. You can come and go as you please.

**Accommodations:** I stayed at the Ghion hotel, which is a government run hotel about 15-20 minute walk from the hospital right near meskel square which is the heart of the city. The Ghion has a huge property with an amazing restaurant attached to it. This would be my top recommendation for sure. It is also very safe as it is within a walled compound and the entrance is guarded by guys with AK47s. Its normally $75 US per night, but Addis Ababa University has a special rate of $60US per night that they give to visiting physicians. If you’re lucky you can ask the head of the department of the rotation you are on to sign and stamp a letter saying you are with AAU and can have the discount hotel rate. The Ras hotel is another option that is cheaper and closer.

**Local Transportation:** The cheapest local transportation are the mini buses. They cost next to nothing to ride. I never really figured out how they work, there is usually a guy leaning out the window looking for passengers and yelling “bus bus bus!” (in Amharic) and you just kind of flag them down and they stop. I don’t think there are bus stops. And then you just say you want out when you want out.

In terms of taxis there are two types: the nice yellow ones and the not as nice blue ones. The yellow ones are government sponsored so they are nicer vehicles, they’ll have seat belts, they can give you receipts, but they are more expensive.
The blue ones are unregulated so they’re not as nice vehicles, they may not have seatbelts, but they’re a bit cheaper. The prices are all bartered, so as a foreigner you should first ask a local or the hotel what the price of your trip should be. You'll eventually get a feel for what a good price is.

The best way to handle your driving situation though is to get to know a good driver. FOR SURE you should use Ermius. His number is +251-911-697-158 (hopefully he hasn’t changed his number). He is genuine, fair, safe, and is the go-to driver for the UofT Doctors who visit 4 times per year.

Addis Ababa: Addis Ababa is a pretty bustling city. Lots of traffic, lots of people. I only really needed one weekend to explore the city. There are lots of museums, I recommend the “red terror museum” and the national museum. There are also lots of cool markets to check out, and lots of churches and monuments. The other weekends I was there I flew to other nearby cities like Harar and Lalibela. It’s worth it to get a guidebook. I went with Lonely Planet, but they tend to not be as strong with African countries so perhaps trying another guidebook would be better.

Safety & Security: The biggest issue here I think is road traffic stuff. The streets are very busy and drivers are pretty aggressive. Lots of motor vehicle accident related traumas in emerge. Taxis often don’t have seatbelts, people run reds, and often there aren’t crosswalks so you kind of have to just get out there and claim the road to cross the street, which is obviously a bit dangerous. Realistically these are your biggest safety risks.

Other than that Addis is pretty safe. There aren’t many abductions or muggings or anything. Probably best not to walk at night though still and don’t travel to the borders of Somalia, Sudan, Eritrea, or Kenya. Check the Canadian travel advisories before you go.

There is a lot of petty theft like pick-pocketing, particularly in busy markets or on the light rail (which you probably won’t need to use). I had pick-pocket attempts about once per week on my walks to and from work. I just kept my pockets empty at all times so I didn’t have to worry about it. They just reach into your empty pockets and you push them away. They are not violent or anything, and in fact they might smile and laugh when you catch them doing it almost as if it’s a game. If locals see them doing it they might shame them or push them away as well. The locals like to be welcoming and frown upon the pick pocketing. The pick-poketers are usually a group of young adolescent boys who will approach
you from two sides—one of them grabs your arm and talks to you while the other comes up to you from the other side with an open magazine to conceal their hand while they reach in your pocket. They are surprisingly good at it, but again if you just keep your pockets empty you will be fine. I recommend going to Mountain Equipment Coop or somewhere like that and purchasing a money belt to keep your money, credit/debit cards, phone and passport and tuck it into your pants in the front.

**Other Comments:**

Get a local phone number. Some people jail break their phones and buy a local sim card. I just bought a local phone and SIM cared. It cost me 250 birr which is about $15 CAD. I recommend going to an Ethio Telecom which you can find all over the city. Then you just buy calling cards which are also all over the place.

Feel free to contact me if you have any questions: brianhummel01@gmail.com
Hotel

Guard in front of the hotel
Restaurant in the hotel

Courtyard at hotel
Bedroom in hotel

A town I visited, Harar
A busy food market
Injera! This is the staple meal
This is the hospital

ObsGyn Delivery floor