**2019 Medical Mission Report, Kelsey Young, PharmD**

**1. Assignment:**What was your primary role in the 2019 medical mission to Ada Ghana? Pharmacist
What things did you find easy in performing your tasks? I am happy there were experienced members as group leaders to explain the initial projected processes, workflow and guidance up front. I was impressed with how well the pharmacy was prepared with items that were essential for dispensing prescriptions.
What were your challenges? Explained below

**2. Preparation:**Do you think adequate preparation was made for medical mission 2019? By the time of the trip, did you feel you were well prepared? If no, what other plans would you have liked to see? I felt prepared despite it being my first trip. The packing list provided by Evon was a good basis for the items needed. I personally searched other generic mission trip “packing lists” online which were similar and brought a few extra items.

The Team Africa Mission group was very prepared for this mission. The team always had ample snacks, water provided, and resources for servicing the patients. From a pharmacy perspective, we were pretty well set up. Hard copy resources and supplies were invaluable. Closer to the end of the mission we did run out plastic baggies, so the quantity on those could be increased. The generic pre-printed labels were a good idea, however I feel they would have been more beneficial if the directions were labeled with blanks for the frequency. This would help in dispensing as pharmacists make decisions on frequency in addition to increased communication with the public (they did not understand “once” or “daily”). The pre-printed labels with numbers (blanks indicating: 1 tablet 1 time per day) could have better facilitated and eased the communication barrier when counseling. Given that we knew the country being traveled to beforehand, also a suggestion for pre-printed cards in their dialect that are most commonly used (i.e. daily, twice daily etc), anything to help communication and clear understanding.

As far as preparation, I believe more clear and direct information from Evon before the trip would could have been warranted. Specifically, the rooming situation; while I had no problem inhabiting so close to an individual, it would have been good to inform new group members that you have to share a bed with a stranger. Again, I understand for finances and resources it must be done, however that piece of information was left out. We were also not aware that the initial drive from the airport to Ada would be 3 hours. Most of up slept and were exhausted, however knowing that information up front would have mentally prepared most.

**3. Location:**What was your impression of the mission location for 2019? What did you like and dislike the most? (The hospital, the people, the hotel we stayed…)

I was not sure what to expect, however I was SOOOO RELEIVED to stay at a resort that could accommodate a comfortable experience once we completed our work days. I have no complaints about the hotel, accommodations, food at Peace Holiday Resort or staff. The timeliness of meals was a slight problem initially, but was resolved over time. I was most disappointed once we switched to dining and eating with the alternative hotel. The bar and music the first night there was appealing, as we all felt it was a great “happy hour” relief from a long day. Over the course of the week, the meals were repeated and not fresh. It was as if they cooked 5x more fish than they should have the first night, and continued to serve it to us until it ran out. Fried yams were consistently overcooked. Plantains consistently too greasy. I was disappointed in their selections and offerings every night following.

The mission location was as to be expected. The size, quality, equipment and services of the hospital were to be expected. I felt that we maximized the space and opportunities we had successfully.

**4. Outing:**

On this trip, we allowed ourselves extra day and a half for sightseeing. More expenses In the fare also incurred the longer we stay. For you, did the extra stay add to your fulfillment in the journey or would you prefer completing the mission and leaving the next day?

The extra tourism time definitely added to the enjoyment and fulfillment of the trip. I would advise LEAVING that small portion in future trips. While this is a medical mission trip with a purpose, this is also a lifetime opportunity in another country, therefore group members definitely want a tourist/pleasure experience in addition to have been working all week. While the “work” portion of the trip was a great experience, I feel the free time and tourism makes the trip an EXCELLENT experience. The slave castle was a monumental and moving experience that I relay enjoyed. Maybe consider a different tourism/ event that is not so far away from our residence, as the distance to and from was quite tiresome.

**5. The Team:**

One of the keys to successful medical missions is seeing oneself as a team member (versus individual). How well do you think we achieved this goal?

I felt we worked excellent as a team. Some magical kind of way, I did not feel too much separation between disciplines and everyone chipped in to accomplish the common goals overall. For pharmacy team, every individual I felt attempted to maximize their strengths despite all coming from different career backgrounds. While some excelled at filling, others counseled, pre-packed or ran/ helped out with errands or clarifications from physicians. I was happy that the students (almost RPhs ☺) and technician got opportunities to use their clinical judgement and counsel on their own, while still having experienced and seasoned pharmacists to confer with and guide them. I thought we all worked very well together throughout the days, and functioned as a well-oiled machine after day 3. Each team member worked well in times where some were stronger, when others withered (and vice versa).

My suggestions for next mission trip would be:

1) The group leader should encourage (and almost mandate) all team members to switch roles throughout the week. There were only a few times where rotation occurred voluntarily. It was quite apparent that some individuals fell into specific roles after day 3 (whether they enjoyed it or not). Rotating positions daily or regularly throughout the day would have given some opportunities to decompress and possibly be more productive.

2) The physical space (which is not in our control obviously) and the workflow set up did not align nor facilitate ease of traffic or congestion. I noticed this on day 3 (first busy day) and offered suggestion that incoming Rx’s should be taken on one side and counseling on the other, as similar in some outpatient pharmacies. The group disagreed. I felt for us, this would have been more beneficial as congestion built up on both entry sides of the pharmacy for this very reason. The addition of the “Physically impaired section” added to the confusion and congestion because some of the pharmacists took it upon themselves to fill those scripts faster and expedited the script filling and ignoring the previous scripts that were waiting, delaying and overall backed up pharmacy workflow. I’m not sure that we were all on the same page that “physically impaired section” does not constitute special filling, it means limited mobility and only refrain from have walking to the other side of pharmacy.

3) I realized too late that we needed a better system for keeping family members scripts together (specifically mother and child etc). Day 2 we as a group decided to use our clinical strengths and separate adult and pediatric scripts. Positively, using pharmacists that were well versed in peds provided excellent care selections and dosing for this community. Negatively, scripts were completed at different times (i.e parent might be competed and counseled, however they were still waiting on the child’s Rx and vice versa). It wasn’t until day 6 that I started folding the corners of all scripts that needed to stay together. Maybe next time, bringing something simple as a stapler to keep all family attached could help eliminate this issue.

4) Pharmacy team needs to be allowed an extra hour to open and set up prior to the nursing and provider teams seeing patients. As to be expected, pharmacy was always the last to complete their tasks. However we could have been better prepared for each day had we had the opportunity to pre-pack (which was so crucial to our workflow) and set up without patients already waiting at the door for service. It was also irritating for nursing staff and providers to come wandering through the pharmacy at the end of the day because they had completed seeing patients. Some offered help, some did not. Without being rude, we declined help most days as it is difficult for an outside team member to help as pharmacy generally has a specific workflow. However, other team members should be advised to limit hanging out and lingering in pharmacy area as it again prevented us from maximizing space and efficiency.

**7. Expectations & Experience:**

What expectations did you have joining Team Africa medical mission and were those expectations met.

I had no expectations. This trip exceeded any that I could have had. I am so proud and blessed to have had the opportunity to serve a nation with a great group of providers.

How did this medical outreach change you as a person and as a healthcare provider?

Working with other pharmacists in particular, I was challenged educationally to approach therapy (medication selection) from a different view. Quite often we come into contact with other providers with our guard up, confident in our knowledge, however I opened my mind and allowed others to enlighten me on their perspective of practicing medicine and decisions. I found that invaluable.

What is your most memorable experience?

My most memorable moment was a few moments outside of the pharmacy. I was pretty frustrated and tired took a walk for a mental break during day 3 or 4 (first of the busiest days). I ventured up toward the front of the hospital and simply observed our nurses and providers helping patients. I saw our team directing traffic, holding hands, giving hugs. I interacted with a baby that Evon held. I then went outside to the front of the hospital near registration to find a young teenaged girl leading the crowd in a worship song. That moment for me was a hard stop and a paused moment in time. I am a youth director at my church and to witness a young soul bearing her soul through song uncandidly made my heart smile. I looked out upon the crowd to see then waving their hands, lifting up their voices to the heavens in worship and it instantly brought me to tears. I reflected on how the people worshipped God despite the smoldering heat, despite walking miles to come for medical help, despite any diseases or ailments they were dealing with, despite hundreds of registered people waiting for hours to possibly not even to be seen. I was moved spiritually and it reignited my passion for why I wanted to work on a mission trip. I originally thought the main purpose of this mission was to help and provide resources to a people in need. Reflecting at that particular moment, though, I realized that the purpose of this mission trip was to renew (me) spiritually. That particular moment helped to remind me to model my faith after theirs, worshipping a higher power during any circumstance.

I tell this story as another point that group leaders should encourage their team members to take a step outside of their department at least once during the trip or perform a task not in your discipline. Being in pharmacy we pretty much were consumed in the work (which I understand is a requirement) however I did not have nearly the patient interactions, conversations, or relationship building that nurses and providers did. I felt that without the brief moment mentioned above, I would have missed out on an insightful moment had I not left the pharmacy department.

What were your challenges or disappointments?

Challenges and difficulties mentioned previously.

**8. Finances:**

As you may be aware, the flat fee of $2000 was significantly offset to lessen the burden on the volunteers. Will you object to increasing the fee to $2250 in the future or should the fee be kept the same? I am not opposed to increasing price, if that will significantly offset any additional incurred expenses from our leaders or hosts.

**7. Performance Evaluation:**

1. How would you evaluate the team leader? (Evon Anukam)

What did she do very well? What does she need to work on? How well did she communicate all relevant information for a successful mission trip? I cannot even start to imagine the amount of work it takes to conduct such a trip as this!! Evon is a #BOSS. I would personally love to come shadow her at her facility to learn! It was a pleasure to work under her direction for a such a higher purpose! I feel that her strengths include being direct and firm in decision making and organization. I also feel that those same traits could be an area of improvement as well. She also had some nicknames for the drivers instead of using their names which to me comes off impersonal and uncaring. The communication before the trip was good. Evon is amazing for staying on top of people (I personally admit to being terrible responding to emails). Communication was so so during the trip. De-briefing meetings were good and necessary. The white board was probably unnecessary. Good idea, but likely a large group text message would have been sufficient with updates. Almost everyone’s phone received international texts/ roaming successfully.

1. How would you evaluate your clinical group leader?

*(Medical: Dr Evelyn Chiakpo (lead) & Dr Cindy Talbot; Nursing: Angel Sams (lead) & Nwanneka Mbelu; Pharmacy: Ohita Asein (lead) & Allahna Davis)*

What did they do very well, individually and collectively? What do they need to work on?

Ohita was a good choice for group leader. She is experienced and well spoken. Although not very loud or outspoken, her directions, decisions and instruction were expressed clearly, appropriately and still proved to be very effective.

I was so thankful to have worked even briefly with Dr. Chiakpo, Choima and Nwanneka. Their knowledge from previous missions medically and culturally were invaluable. Any time they spoke with words of wisdom I hung on tightly. During one de-brief session both Dr. Chiakpo and Nwanneka gave insights on how to keep an open mind, considerations for their culture and how we are disturbing their daily functions really hit home for me and allowed me to mentally reset for each day. I look forward to working with them in the future. P.S. Dr. Chiakpo is the REAL MVP for coming in pharmacy the last day to counsel all patients on the scripts to allow RPhs to continue to fill to assist with getting us out quicker!! More providers should demonstrate humility and grace as she did! FAVORITE PROVIDER EVER!

1. How would you evaluate the safety leaders?

*(Group 1: Gechi; Group 2: Peter; Group 3: Uzoamaka; Group 4: Natalie; Group 5: Ashley N; Group 6: Ashley V)* What did they do very well? What do they need to work on? I have no comments on safety leaders. Half of them did not even know they were safety leaders- which may have been either poor communication from Evon OR lack of reading the documents in entirety she sent out, not sure. I feel that safety leaders were only enforced after the incident of leaving a few group members, which was more reactive and not proactive. Not sure if their roles and expectations during the trip were communicated effectively beforehand.

1. How would you evaluate yourself? What did you do very well? What do you need to work on? How well did you contribute to the cohesiveness of the team?

I felt personally that I did very good job of keeping my internal emotions and feelings to myself. I have a tendency of wearing emotions on my sleeve and can be very outwardly negative verbally when frustrated, hungry, uncomfortable etc. I was MISERABLE in the heat everyday and very upset with the food from the second hotel. However, I feel that I rarely complained about those items. Any time I felt the above I took a walk and kept to myself, as this was for the best interest of the group as to not bring morale down. I felt that my biggest contribution was kinda of stepping up and being a dominant leader in the group under Ohita. I do naturally have a strong and decisive personality and found that pharmacy staff continued to ask me questions for decisions/ opinions when Ohita was not available. I felt that helping to give feedback on structure, workflow, identifying each pharmacist’s strengths and separating which roles needed to be down helped with organization and workflow of the pharmacy. I would like to continually work on my delivery and not to come off as bossy or overbearing.

**8. New direction:**

As an organization, Team Africa wants to change directions by looking for ways to engage in more sustainable health projects in developing countries. This will require concerted fundraising efforts and grant applications. Will you commit to assisting Team Africa in raising funds to continue to impact lives.

Yes, this was my first mission and had no idea what to expect or what was expected of me. Knowing what I do from the mission now, I would like to fundraise on my own to assist with purchasing supplies.