



Rijksuniversiteit Groningen & Mongolian National University of Medical Sciences

Internship public health Mongolia

Report for interested students of MNUMS and future exchange students

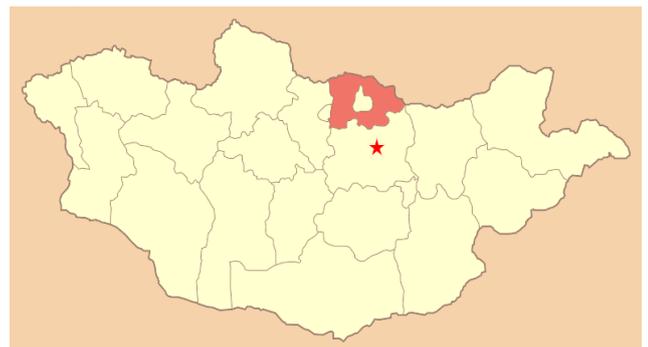
1. Introduction

In the 2nd year of the master of medicine, an internship within the field of 'social medicine' is obliged. One of the possibilities is to do an internship abroad, this could be social medicine or public health. Being interested in other cultures and learning about them by emerging and meeting people, I immediately knew I wanted to take this opportunity.

At that moment, the university was starting a new collaboration with MNUMS, the national medical university in Mongolia. The one wish I had, starting preparations, was going to a (mainly) Buddhist country, preferably not too populated. Mongolia fit these criteria perfectly and is a country and people which already had my interest. It's a huge country, especially compared to the Netherlands, with few people. A lot of them still have a nomadic lifestyle. This brings unique challenges to public health, how to reach these people to improve their health? On the other side, the cities are growing and western influences are showing, coming with obesity, diabetes, vascular diseases and other first-world health risks. This provides an interesting combination of countryside and cities reflected in the national public health campaigns.

My internship at the MNUMS was divided in two parts. The first part, at the School of Public Health of the MNUMS, was mainly to get to know the Mongolian healthcare system and their challenges, especially in public health policy making. The second half, I joined 5th graders in their countryside practical, to learn more about Mongolian health care in practice, combined with my own research towards my learning goals.

I was the first internship student from the Netherlands doing this kind of internship. This gave me the opportunity to make a programme which would suit me and my learning goals best. This also meant that a lot of things weren't clearly fixed, which asked for a lot of flexibility and assertiveness. In the end, everything worked out and I had an internship which taught me a lot, both in the field of public health and on a personal level. I really enjoyed my time in Mongolia!



Map of Mongolia.
Star: Ulaanbaatar, colored province: Selenge

2. Internship:

2.1 Internship description

First part

The first part of my internship was at the School of Public Health, one of the faculties of the Mongolian National University of Medical Sciences. This university is a public university, with faculties in medicine & traditional medicine, dentistry, biomedicine & pharmacy, public health and nursing. Since this institute is a university, teaching is its core business. Of course, also research is done. My overall supervisor was Dr. Munkh-Erdene Luvsan, the head of the health administration policy and management department. My daily supervisor was Dr. Munkh-Saihan, a lecturer at the school of public health. He taught me a lot and provided me with feedback about what I thought of the Mongolian health care and public health. Most of

the time, it was just the two of us, walking towards the different meetings and visits, so I got really personal feedback and education. He is also the one who read my assignments and provided feedback on these. My internship consisted of visiting all different kind of places and meeting a lot of people working in different fields of public health. So the people who taught me what I learned, are working at all hospitals and different governmental and non-governmental organizations. Dr. Munkh-Saihan joined me to translate and to oversee I would get a complete overview. If people spoke English, I would join them for one or two days, in which I could see their work in practice. For example a primary-health clinic with also the function of post-natal care, like the consultation offices in the Netherlands.

Second part

After a month of travelling through Mongolia, the second part of my internship started. I joined the 5th year medical students of the MNUMS in their countryside practical. The practical took place in the Sükhbaatar general hospital, a 2nd level provincial hospital in the north of Mongolia. This public hospital serves the whole province in secondary care, for tertiary care and some disciplines like oncology, patients are referred to specialised hospitals in Ulaanbaatar.

We spent three weeks in the hospital, rotating paediatrics, internal medicine, surgery and obstetrics. It was planned to be four weeks, but due to different factors it was changed to three weeks so we also worked on Saturdays and had to do nightshifts (without compensation during the day). Our practical took place at the department wards, but if preferred it was also possible to visit the outpatient department or acute care. We got our tasks at the ward and it was possible to ask for what we needed to meet our learning goals.

Most nurses and doctors didn't master English, but the students I was with, could translate for me in educational conversations, same with patient contact. The department doctors did ask me questions to provide me feedback and to prove this they had to sign a daily report. The teacher from the university present during the practical (Ms dr Undram Mandakh) did speak English and she filled out my assessments. Beforehand there was said there wouldn't be a teacher present, so that's why a supervisor back at the university was stated in my internship plan, in the end this wasn't needed, because of Dr Undram being present. All other students had to write five essays on depicted subjects during the practical, of 200-250 words each (in Mongolian this is much longer than in English). We had to read and grade each other's essays.



Department of internal medicine at Selenge general hospital

2.2 Learning goals

The learning goals I made before the start of my internship, can be found in the box on the right. Below I will elude on the different topics raised in these. In general I could meet my learning goals.

Before I started my internship, the plan was to be part of a project of a Masters student. Although a lot of students were working at the School of Public Health when I arrived, none of them mastered English and most projects and meetings were in Mongolian as well. Even though this part of the internship wasn't what I expected, I managed to gain a lot from it. Mongolia doesn't have a lot of people and is not very well-known, which means that at general meetings there were heads of all different departments present and specialists in a lot of fields. They were really approachable and happy to see a foreign student interested in Mongolia. I could meet up with people from the government, from the WHO and other non-governmental organizations. This way I talked to a lot of people about the different aspects of Mongolian Public Health, and not just some communication officer specialized in talking to students, but the ones working internationally on the most important topics.

To learn most from my time in the rural area, I spent a lot of time learning Mongolian. This way I could talk to most patients and doctors and was able to meet my learning goals. The other students present had their own learning goals, which were more clinically based, so all doctors and teachers let me join them when useful and follow my own programme during the rest of the time.

- Gaining insight in the way Mongolian health care is organised.
 - o I will focus on the public health department of 'society and health care'. Compare this between the Netherlands and Mongolia.
- Learning how to deal with the specific public health challenges of a country with big cities as well as nomads, with the last group having limited access to health care.
 - o Focus on obstetrics and acute care in the countryside.
 - o Define specific health hazards for the different groups (tobacco, alcohol, safe food/drinking water, famine), how does this influence the differential diagnosis.
 - o How to make policy for both groups at the same time.
 - o Focus on family planning and specifically consanguinity in the small communities of Mongolian countryside.
- Experience how culture, specifically Buddhism and traditional healing, influences health care.
 - o At the country side: focus on how doctors deal with people believing in traditional healing, especially in communication.
 - o At the university: focus on the scientific aspect of eastern and western medicine. The university is English-taught, but at the same time a lot of people have a Buddhist background which has a different view on health and science.
- Getting to know Mongolian people and their culture.
- Personal growth by going abroad and especially by being the first Dutch intern, leading to the need for assertiveness and dedication.
 - o With all assignments and the final report, I will reflect on my work and on what I learnt.
- Finding out how social medicine in rural hospitals works, what specific problems are faced at Mongolian countryside.
 - o Find out if examination (physical, laboratory and imaging) and treatment differ between Mongolia and the Netherlands, if so, find out why.

Health care

I learned a lot about Mongolian health care. I gave a presentation about Dutch health care. By talking to different people I could compare those, as shown in chapter 4. I also learned about the challenges in health care, mainly caused by lack of resources (human, physical, financial). During my second month I could see this in practice, and learn in what way this affects health care.

Public health challenges

I expected to do a project and focus on this topic, but that didn't work out. I did learn about Mongolia's major health hazards, in which I focused on climate change and air pollution because these issues really stood out the moment I arrived. I met scholars working in this field and discussed my ideas. I also fulfilled my other specific learning goals, since there were people, mainly my supervisor dr Munkhsaihan, knowing about everything. Even though I didn't work in a project myself, by talking to people I learned how the process of policy making works in Mongolia. During the practical I visited specific departments and doctors, like the tuberculosis clinic. In the rural area it was also pretty clear that, as I was told, education and knowledge is the biggest public health challenge, since a lot of people in the country side had no idea about hygiene and other preventic measurements.

Culture and tradition

It was really interesting to see how traditional ways of healing are incorporated in general medicine. My personal interest for the future lies in rehabilitation medicine, in which in Mongolia traditional medicine plays a big role, for example energy points for movement and pain. Shamanism also has a lot of influence on general beliefs and habits. In the city I didn't see a lot of influence on health care though. On the country side more people combine the two and 'oriental medicine' had their own department in the hospital, using acupuncture and pressure points. Shamanistic rituals are followed and offerings are made, same for Buddhist rituals, but doctors (and patients) seemed to separate the two and didn't have to contradict those beliefs in the hospital.

Personal growth

I made a lot of new friends, and visited a lot of places. This way I learned about the Mongolian people and culture. By learning Mongolian I tried to understand even more. Health care is part of a culture, and vice versa: culture affects health care. By traveling and enjoying myself (friends, language) I gained a broader insight in Mongolian way of life, which completed this internship as really valuable and worthwhile.

3. Mongolia

As a final part I described some things about Mongolia's culture (especially in health care) which could be interesting for new foreign students to know before coming to Mongolia.

3.1 Cultural aspects

Before I came to Mongolia, I didn't know much about its culture. After being here for quite some time, the most striking thing is the fact that it doesn't differ that much from the Netherlands. But of course, cultural differences exist, especially on the country side.

In Mongolia everyone even only slightly related to the medical profession wears a white coat. For example employees of small pharmacies on the street, comparable to Etos and Trekpleister in the Netherlands. Also GPs wear the white coat, while in the Netherlands they try to be as 'normal' and same-level as possible. The medical profession has quite a high status in Mongolia. Although not represented in level of salary, most families want at least one family member to be a doctor, which shows you succeeded in life. This also means I met quite some medical students who didn't really want to study medicine, but felt like they had no choice, because they got the highest grades in the family.

Doctors in Mongolia, or actually everyone in a white coat, clearly have a relatively high status, while in the Netherlands this difference becomes smaller. Doctors in Mongolia can allow themselves more, for example asking for some comfort, letting people wait etc. It doesn't mean patients won't ask questions though, as can be experienced in some other parts of the world. Doctors do give a full explanation of what disease is diagnosed, how this is caused and how treatment should be done. But the patient oriented medicine as we have in the Netherlands, with an active role for the patient, won't be seen in Mongolia. There's informed consent, but the doctor doesn't expect the patient to disagree. The 'power distance' is high.

A Mongolian doctor will almost always prescribe some medication. If treatment doesn't contain some pills, they could have gone to a traditional doctor. Shamanism still plays a big role in the countryside. In the city Buddhism was more visible. People with illnesses or other problems will go to a temple and offer some money. In the city they will still see a modern doctor though, so taking both sides of medicine: traditional and modern, co-existing. On the country side people really differentiate with which problem they go where. For psycho-social problems, or when they believe they invited (by accident) 'bad spirits', they will offer some food or money to one of the powers of nature, found in an ovoo. When they expect medication to work, they will go to a doctor asking for this. Doctors didn't really mention any problems with care-withdrawal because of traditional beliefs, but this probably is caused by the fact that most patients only go to see a doctor when there's something physical, like pain, infection signs etc. The two seem to co-exist pretty well. In Ulaanbaatar there's also an organization for traditional medicine and a place where shamans are available for whatever problem you're facing, including medical ones.



An 'ovoo', a holy place where people place stones, blue scarves, sweets and money to get the spirits present in a good mood.



Obstetrics ward at hospital of my internship, no folding screens are used

Another thing which was quite interesting to see, is the lack of privacy in health clinics. Doors aren't closed, even during physical examinations. Colleagues and even other patients just walk in now and then to check if the doctor is available. Sometimes a patient comes in for a brief question and consultation is done, while the other patient is still sitting there. I can't imagine patients just coming in, in the Netherlands even doctors will knock on the door first and they for sure will close

curtains around a patient being examined. We could even just step into a room where a scan was going on, which in theory can be dangerous. This lack of privacy was visible throughout the country, so it wasn't only in medical context. Toilets are often open, or they just use the open field. I can imagine after years living in the open plain steppes, this lack of privacy became part of the culture.

Concluding, the experienced cultural distance was smaller than I expected. At the same time there were some interesting moments which made me stand still and realize I was in a different culture after all. Another set of norms and values I can take with me to give me a broader view on life and people for the rest of my career.

3.2 Tips for new foreign exchange students

Lastly, I want to provide some tips for students thinking about coming to Mongolia.

- It's a very good idea! Mongolia is not very well known, which makes it all the more interesting. As you can read in my report there're a lot of health challenges which make it an overall experience.

- There's a lot possible. Not many students come to Mongolia, making everyone eager to help you. They enjoy talking to you and hearing about your country as much as you like hearing about their experiences. So just go to the WHO office, some ministry etc. they are probably willing to answer your questions.
- If you are pro-active and assertive, you will get most out of your internship. Compared to the Netherlands, Mongolians are less punctual and less conscientious. This means you have to be the master of your own programme. A lot is possible but it will be best and fastest if you organize it yourself. This is with exception of the international office, which was really great and helpful overall.
- Even though young Mongolians, at least at the university, are supposed to master English at an elementary level, on the streets they was almost impossible to find. Of course it's possible to get along in the supermarket using hand and feet, but a basic level of Mongolian language (or at least the Cyrillic writing system) was really useful.
- Mongolians tend to sleep on quite hard mattresses, at least in the student dormitory. If you prefer something softer, bringing your own mattress is no luxury.
- If you go to the countryside (or stay in the city but on tight budget), it's hard to find enough vegetables for a normal healthy (European) diet. Be prepared. I've been using extra vitamin pills as well. Especially if you're used to eat vegetarian: this is hard to impossible to maintain.
- Be prepared for extreme weather conditions. In winter is really cold and summer can get really really hot. Most striking for me was the day/night difference, which could easily be 20 till 30 degrees. So bring a lot of layers of clothing!
- Clothing itself was quite the same as in the Netherlands. The countryside is more traditional, but even there I've seen miniskirts.
- Hygiene levels, especially at the countryside, are not the same as in the Netherlands. Be careful!

And the last but most important tip: ENJOY!

Annually in July Naadam (literally 'festival') is celebrated, with horse racing as a big part of this. I joined this surgeon in the Russian jeep-ambulance in the back to drive behind the racing horses (60 km/h) over plain steppe, to provide first aid to fallen jockeys. Fortunately no serious accidents happened.

