**PRACTICUM REPORT**

**CHAPTER ONE**

1. **Introduction**

This is a detailed report about my practicum held at Moi Teaching and Referral Hospital (MTRH) for a duration of three months, In this report I am going to capture the specific responsibilities that I was assigned. These include, among others, identifying and assessing patients requiring counseling in terminal illness, patients undergoing social and psychological trauma and patients undergoing medical and surgical procedures both major and minor.

I will also highlight on how I handled relatives with ill patients in the wards. For those who lost their loved ones due to illness and long stay in the wards, I will show how I employed my skills in loss and grief counseling. Couple counseling is also included in the report as this came up when I had to extend my services to the Voluntary and Counseling Testing (VCT) Centre to assist in cases of HIV infection and discordant couples.

In overwhelming numbers and also depending on the conditions of cases at hand, I had to categorize patients and relatives, therefore this called for my skills in group counseling and therapy to those patients or relatives with similar conditions. I also had an opportunity to offer individual counseling to fellow staff when they presented disturbing issues which gave signals of their performance at work.

Family therapy was also conducted though not intensely, since most of them converged during group counseling for those relatives who had patients with similar conditions.

Doing all these, paper work and massive documentation was inevitable and therefore clients’ records had to be maintained professionally and without lack of confidentiality.

I could not have discharged my duties effectively without the availability of hospital equipment and supplies. Since procedures are in place, I had to maintain proper usage, storage and keeping record of all expenditure incurred.

My participation in support supervision and personal development meetings will also be stated in the report and the significance of the same in the entire department and my personal growth.

All these services offered and procedures undertaken could not run without revenue collection. Therefore I had to ensure that all charges are made for the services provided and of course keep records of the same.

When it came to delicate or acute psychological disorders, I had to make my own clinical judgments to recommend referrals, especially for psychiatric cases.

All these achievements were not without relative challenges, new discoveries and learning and support from my fellow workers, and especially my immediate supervisor. They came in handy whenever I needed them and this will also be reflected in the report.

Outcomes of the practicum are also important to state because this will help me move to the next level. This is achieved by discovering and acknowledging my strengths and weaknesses.

1. **HISTORICAL BACKGROUND**

The Moi Teaching and Referral Hospital (MTRH) is the second national referral hospital in Kenya after Kenyatta National Hospital (KNH). The hospital is located along Nandi road in Eldoret town, Uasin Gishu District in the Rift Valley province, Kenya.

The Moi Teaching and Referral Hospital (MTRH) had humble beginnings and have grown tremendously over the last ninety years from a native cottage hospital to a national hospital. It was started in the 1920s as a cottage hospital that had a bed capacity of 60 to cater for the African health needs. It has since evolved into a fully fledged referral facility with a bed capacity of 800. It incorporates the Riley Mother and Baby Hospital (RMBH), the Academic Model Providing Access to Healthcare (AMPATH), the Regional Blood Transfusion Centre (RBTC) and the Moi University’s College of Health Sciences.

The hospital is headed by a Director who is assisted by two Deputy Directors; Deputy Director Administration and Finance and Deputy Director Clinical Services, who have various administrative units and departments under them. The hospital has a wide range of Consultants, Doctors, Nurses and other support staff who offer total quality healthcare services to the diverse clientele.

As the hospital mission encompasses provision of accessible quality healthcare services and teaching facilities, there is need to maintain high standards, quality assurance, research and maintenance of professional ethics, thus there is a well-designed organizational structure showing the link between the various administrative units. Committees have also been formed to enhance efficient and corporate management of hospital affairs and patient care and medical professionalism.

The Hospital Board in 1999 prepared a three year-business plan. This was the first document upon which the board based its actions. The plan articulated the Vision and Mission of the Hospital and set out the Organizational Structure. It remains to-date the only authentic document upon which major policies on financial management and control, recruitment and Hospital capitalization have hinged upon.

The first five year strategic plan for MTRH was developed for the period 2005 – 2010. The current Strategic Plan is therefore the second since the inception of the hospital and covers the period 2008 –2012. It has two components. Part one contains the hospital background information, activities and budget. The second part comprises detailed annual operational activities to facilitate effective monitoring and evaluation of the Strategic Plan.

There are four critical features in the current Plan (2008-2012), which broadly, shall steer the Hospital towards its Vision and Mission, namely:

Core Business:

The Legal Notice defines the functions of the Hospital. During the Plan period the Hospital shall progressively focus on its core business and outsource those activities that are not core to its business.

Infrastructure:

The hospital shall harness Information, Communication and Technology (ICT) as a strategic resource and implement management decisions that ensure ICT facilitates the business of the Hospital.

Resource Mobilization:

The Management shall aggressively market the Plan to development partners and open up new frontiers for institutional collaborations and linkages. It is emphasized that the Strategic Plan is a statement of intent. The responsibility of making the Plan work falls squarely on all staff members.

### Governance:

The hospital is governed by Hospital Board that comprises of a Chairman; Permanent Secretaries in the Ministries of Medical Services; Education, Science and Technology; Finance and Planning; Director of Medical Services; Chairman, Moi University Council; Vice Chancellor Moi University and the Director Moi Referral Teaching Hospital and five other members named by the Minister of Medical Services.

The Board Members serves for a period of five years with a possibility of renewal. Specific terms of reference for the Board are outlined in the Legal Notice No. 78 of 12 June 1998 of the State Corporations Act Cap.446 while those of each committee are enumerated in the Business Plan, 1999.

Besides the full Board meetings, which are quarterly, it has Committees that meet in between for purposes of strengthening efficiency and effectiveness and these are:

* Establishment Committee
* Finance and General Purposes Committee
* Standards, Quality Assurance and Research Committee
* Plant and Equipment (Technical) Committee
* Audit Committee

Specific terms of reference for each committee are spelt out in the developed Business Plan (1999). These committees report to the Full Board.

Although the Hospital Board meets regularly, some of the members, especially the Permanent Secretaries, are represented as outlined in the Legal Notice no.78. In the same vein, the Legal Notice has roles and responsibilities spelt out for the Hospital Board, which include policy formulation and oversight. It is the duty of the Board to appoint the two Deputy Directors and appoint its members to serve on different committees.

The key duty and responsibility of the Board is to implement the vision and mission of the hospital but unfortunately resources continue to present a real obstacle. Awareness and induction on the roles of the Board is regularly done for new Board Members. The introduction of State Corporations Performance contracts will go a long way in facilitating the performance of the Hospital Board. This Strategic Plan will be implemented through annual performance contracts that Board enters with the Ministry of Medical Services.

In terms of the tenure of service, Terms of Service of the Board are aptly captured in the Legal Notice where they are to serve for five years with a possibility of renewal. In addition, continuity is in-built in the manner in which the Board is appointed and especially the Chairman whose appointment does not coincide with other members.

The Senior Management Committee is composed of the Director as the Chairman, the Deputy Director Clinical Services, Deputy Director Administration and Finance, Assistant Deputy Director Clinical Services, Assistant Deputy Director Allied Clinical Services, Assistant Deputy Director Administration, Assistant Deputy Director Finance, Chief Nurse, Finance Manager, Supplies and Procurement Manager, Human Resource and Training Manager and Hospital Engineer. This Committee is in charge of the day to day running of the affairs of the Hospital. It operates under the general policy guidance of the Hospital Board and in performing its duties, is assisted through delegation of duties to Divisional Chairmen, Heads of Departments and Hospital Committees.

**Identity, Goals, Objectives and Values:**

The 2030 vision based strategic plan’s Goals, Objectives, Values are to facilitate changes, make the hospital responsive to environmental changes, sustain motivation and commitment of human resources, and to map and manage stakeholders.

The development of the Vision 2030 based Strategic plan has been undertaken by the hospital for internal values of institutional capacity building, strengthening governance and to fostering ownership. The external values for the plan include strengthening partnerships, clarifying the hospital’s purpose to stakeholders thereby enhancing credibility of the hospital.

All the key stakeholders, notably the Hospital Board, Heads of Departments and Moi University - School of Medicine actively participated in the formulation of this Plan. This Plan will therefore set the road map upon which the Hospital shall utilize its resources and think through its activities. The Plan redefines the Hospital’s Vision, Mission and strategic priorities for the stated period.

The activities done during the planning process included developing and building consensus on the strategic intent; conducting a situational analysis; identifying strategic issues and direction; developing goals, objectives, action program; budgeting.

The plan will be implemented and thereafter evaluated. It stipulates priority areas in the hospital that need improvement and strategies to facilitate the process of development in to a fully functional referral and Teaching hospital. This is consistent with government’s development policies and will contribute to the long-range needs in the health sector.

#### Vision Statement:

‘To be an excellent teaching and referral center in health care

#### Mission Statement:

‘To provide accessible specialized quality health care services and teaching facilities through research, training, capacity building, innovation and participation in national health planning.’

#### Professional Values:

We exercise our professions to the best of our knowledge and ability for the safety and welfare of all persons entrusted to our care.

We shall not knowingly or intentionally do anything or administer anything to the persons under our care to hurt or prejudice.

We shall not divulge anything that we have learnt in our professional capacities.

We shall not employ any secret method of treatment or keep secret any method, which may be beneficial to patients.

The Hospital shall not be advertised for undue commercial gains.

We shall conduct ourselves honorably.

#### Organizational Values:

* To advance and protect the public image of the hospital at all times.
* To be sensitive, discerning and attentive in serving our clients.
* To observe and maintain high standards at all times.
* To uphold teamwork at all times.
* To respect and uphold the rights and dignity of our clients.
* To uphold integrity, accountability and transparency in our dealings.

#### Core Mandate:

The functions of the Hospital as enumerated in the Legal Notice No. 78 of 12th June 1998 of the State Corporations Act (Cap 446) are:

* To receive patients on referral from other hospitals or institutions within or outside Kenya for specialised health care
* To provide facilities for medical education for Moi University and for Research either directly or through other co-operating health institutions
* To provide facilities for education and training in nursing and other health and allied professions
* To participate as a national referral hospital in national health planning.

The Psychological Counseling department falls under the Office of the Deputy Director Administration and Finance. The department is headed by a Head of Department, who is in charge of the day to day running of all the aspects of the department. The Head of Department is assisted by the Departmental Ward-in-charges, who are in charge of the various wards at the Moi Teaching and Referral Hospital. As a trainee counselor, during my weekly rotation in the wards, I was answerable to the Ward-in-charges in the duration in which I was in a particular ward.

# HOSPITAL h

DIRECTOR/ CEO

Ass. Deputy Director, Finance

Ass. Deputy Director, Administration

Academic Deans

Deputy Director, Clinical Services

Deputy Director, Administration & Finance

* IREC
* Internal Audit
* RSPO
* QA

Surgery

Medicine

Reproductive Health

Child Health & Paediatrics

Mental Health & Rehabilitative Services

* MCH
* FP
* Obstetrics
* Gynaecology
* General Surgery
* Ophthalmology
* Ear Nose &Throat
* Anaesthesiology & Critical Care

- Dental

- Accident & Emergency

- -Cardiovascular Surgery

-Plastic Surgery

-Paediatric Surgery

-Neurosurgery

* Internal Medicine
* Pharmacy
* Medical Outpatient Clinic
* Clinical Medicine
* Renal

- Oncology

* Mental Health
* Psychiatry
* Occupational Therapy
* Physiotherapy
* Orthopaedic Technology
* Social Work
* Psychological Counselling
* General Administration - Human Resource - Supplies & Procurement
  + Secretarial Services - Housekeeping - Planning & Development
  + Registry - Transport - Board Secretariat
  + Telephone Services - Maintenance - Catering
* Security **- Public Relations** - Project Administration
* Archiving - Liaisons Office

- ICT

Private Wings

Ass. Deputy Director, Clinical Services

Ass. Deputy Director, Allied Clinical Services

Training & Research

* AMPATH

- Outreach Services

Clinical Support services

* Public Health
* Health Education & Promotion
* Nutrition
* Biomedical Engineering

Monitoring & Evaluation

Legal Office

Chief Nurse Office

* Laboratory
* Pathology
* Radiology & Imaging

- Sick Child Clinic

- New Born Unit

- Paediatric Wards

-Infection Prevention and Control

-Divisional Nurse Managers

-OHS

* Diagnostics

Medical Board

HRIS

Finance Manager

Chief Accountant

1. **PRACTICAL AND THEORETICAL VALUE**

Practical and theoretical value of the practicum experiences are an integral part of Counseling Psychology program at Mount Kenya University. These experiences allow me as a student the opportunity to integrate theoretical and technical knowledge in a practical and realistic manner while working in a limited capacity as a health institution counselor.

During my coursework, I was fairly equipped in terms of theoretical knowledge, that is, by studying as many theories as possible in counseling. This took me to another level of understanding human personality behavior and their cognitive structure. To some extent, I was prepared not to encounter a uniform personality, not to expect the same pattern of behavior, not to expect patients to respond to therapists in the same manner and also to embrace different perceptions and interpretations of events and expression of feelings.

Throughout my coursework, I only had an opportunity to read what others had experienced but did not get the direct feeling of what it can be when I put on the shoe. Therefore, I was hypothetical in my thinking, some of which turned out right while others were totally out of my subjective perception of the entire world.

As I took up the practicum at Moi Teaching and Referral Hospital as a trainee counselor, I encountered a chain of experiences, some of which I never even anticipated. However, this turned out to be a learning opportunity for me because I was able to give it a direct touch and see the outcome that could be measure, if not immediately, then later. The following are some of the values of the practicum in detail:

* 1. **Individual Therapy:**

Individual therapy is a process through which clients work one-on-one with a trained therapist in a safe, caring and confidential environment to explore their feelings, beliefs or behaviors, work through challenging or influential memories, identify aspects of their lives that they would like to change, better understand themselves and others, set personal goals and work towards desired change. People seek therapy for a wide variety of reasons, from coping with major life challenges or childhood trauma to dealing with depression or anxiety, to simply desiring personal growth and greater self-knowledge.

At Moi Teaching and Referral Hospital (MTRH) Psychological Counseling department, I was scheduled to carry out ten to twelve ongoing cases. Clients are generally seen once a week and the sessions take place at the counseling centre.

I got exposure to both long-term and short-term models of psychotherapy. The number of sessions I was supposed to handle depended upon my own needs within a time limited model. The opportunity existed for me to carry some of my caseloads for the entire practicum period.

* 1. **Supervision on Individual Therapy Cases:**

I was privileged to have two clinical supervisors for individual therapy cases. One of the clinical supervisors supervised intake and crisis intervention sessions whereas the other supervised \*\*\*. Each supervisor provided an hour a week of individual supervision.

I had the opportunity to participate in weekly group seminars and l also participated in peer supervision once a week.

* 1. **Assessment:**

I learned to assess the clients’ situations so as to help them make the most out of the counseling sessions. In order to provide training and supervised experience in this area, I conducted three intakes per week and received supervision on this work.

Content information for this assessment focus centres around applied skills in conducting effective clinical assessment throughout all phases of clinical contact including clinical observation in intake, risk assessment, clinical diagnosis, conceptualization and treatment planning and integration of cultural information in all phases of clinical work.

* 1. **Crisis and Emergency:**

The hospital operates using several walk-in emergency intakes several times per day. I served in several emergency intakes several times per week. In addition, seminar topics on crisis management were also included throughout the orientation phase and in the various seminars that I attended.

* 1. **Supervision Training:**

The initial phase of supervision incorporated didactic information regarding theories of supervision and discussion of centre policies and procedures regarding supervisory responsibilities. I also had an opportunity to hear about others’ supervision styles.

* 1. **Group Therapy:**

Group therapy is a process through which a small group of people meet face-to-face with a trained group therapist to talk about a particular issue with which all of them are struggling such as grief, bereavement, anger management, eating disorders, living with chronic depression or anxiety, recovering from childhood sexual abuse, among others. Under the direction of the group therapist, members share and explore their feelings and behaviors, hear different points of view and coping strategies and receive encouragement from others facing similar issues. Group therapy provides participants a powerful opportunity to share and learn from others in a safe and supportive environment while working towards healing and change.

I was privileged to co-lead psychotherapy groups with a staff member and lead support groups. Supervision was provided by the group co-leader. As interns, we met weekly with a staff member to address group and individual issues.

* 1. **Evaluation and Feedback:**

Feedback on my progress as well as each element of the training experience was provided on individual supervision. There was planned feedback which occurred at the end of each phase and all staff involved in training were encouraged to consider the importance of providing feedback throughout the internship period. I was evaluated on all of the objectives of the whole internship.

* 1. **Professional Development Group:**

Professional development means capitalizing on an array of learning opportunities to further your personal and professional skills and job possibilities. This type of learning is an ongoing process that will differ between people, to meet their current career situation.

A professional development group was provided to explore issues related to becoming a professional. The facilitator for this group was an outside consultant who had been invited. Professional issues were addressed through various forms of supervision.

* 1. **Psychodynamic Theory:**

I was given specific training in four psychodynamic theories. These are ego psychology, object relations theory, self psychology and contemporary relational theory. Each of the four theories was presented in a didactic format with an opportunity for clinical material discussions as well.

* 1. **Cultural Competency Training:**

I had an opportunity to be assigned a diverse client load. I also received trainings which addressed diversity issues and cultural competencies. Seminars were organized during the internship period. Among others, I attended a seminar on “Trauma Focused Cognitive Behavioral Therapy” and I also attended a seminar where we took tests to learn our temperaments. In these forums, I learned the importance of presentations and discussions of clinical case material as an integral part of how interns engage in learning cultural competencies.

* 1. **Empirically Supported Treatments:**

Empirically supported treatments are treatments that have medical evidence or research to show they work. They are clearly specified psychological treatments shown to be efficacious in controlled research with a delineated population.

I received training in empirically supported treatments focused on issues typical for college students including depression, anxiety, self-harm behaviors and eating disorders.

**CHAPTER TWO**

**2.0 LITERATURE REVIEW**

This chapter highlights existing literature on concepts, methods and procedures that were penned down by various scholars or theorists. My findings, arguments and critiques will be based in line with the said literature review material.

I worked with patients who were terminally ill and on their “deathbeds” apart from these patients; there were friends and relatives who manifested great symptoms of intense anxiety and panic. My first approach was to work with clients through the process of acceptance. This could not be achieved without giving clients an opportunity to first express their innermost feelings and giving them an opportunity to express themselves freely without causing harm to themselves or to me.

I must admit that it was not an easy task especially when dealing directly with patients who were aware that their time to live was up. These are human beings who had given up (surrendered) their lives to fate and therefore manifested sever symptoms of depression accompanied by suicidal tendencies. I had to employ Mitchell’s steps of trauma counseling and debriefing, not only to patients but also to close relatives.

**Steps of Trauma or Stress and Debriefing:**

1. Initial phase: - introductions, a discussion about confidentiality and an explanation of the purposes of the session.
2. Fact phase: - what actually happened with standard questions such as what was your job and who arrived first. At this stage, emotions are openly acknowledged and judged as normal.
3. Thought phase: - cognitive encouragement to talk about thoughts that are surrounding the trauma.
4. Reaction phase: - discussing emotions and reactions associated with the event. This is usually the longest phase.
5. Symptoms phase: - symptoms of distress, both during and following the traumatic event.
6. Teaching phase: - general information is given regarding the stress reaction and their normal nature. Specific advice is given o diet, increased risk of accident, alcohol consumption and effects on relationships.
7. Re-entry phase: - provides an opportunity to summarize all that has occurred and to raise further issues if necessary.

Participants undergoing medical and surgical procedures had to be prepared psychologically.

**Conclusion:**

In conclusion, my practicum experience at Moi Teaching and Referral Hospital has been a valuable and enriching journey that has significantly contributed to my professional growth and development. During my time at the hospital, I had the opportunity to immerse myself in a dynamic healthcare environment, gaining practical insights and skills that are essential for my future career.

One of the key highlights of my practicum was the exposure to a diverse range of medical cases and the chance to collaborate with experienced healthcare professionals. This hands-on experience not only deepened my understanding of clinical practices but also enhanced my ability to adapt and respond to real-world challenges in the field of [specify your field or department].

I am grateful for the mentorship and guidance provided by the hospital staff, who generously shared their knowledge and expertise. The supportive and collaborative culture at Moi Teaching and Referral Hospital fostered an environment conducive to learning, where I felt encouraged to ask questions, seek clarification, and actively engage in the various facets of my assigned responsibilities.

Moreover, the practicum allowed me to witness the importance of effective communication, teamwork, and empathy in delivering quality healthcare. These soft skills are integral to building strong relationships with patients, colleagues, and other stakeholders in the healthcare system.

As I reflect on my time at Moi Teaching and Referral Hospital, I am confident that the practical experiences gained will serve as a solid foundation for my future endeavors in the healthcare profession. The challenges faced and overcome during this practicum have equipped me with resilience and a deeper appreciation for the complexities of the healthcare landscape.

In conclusion, I express my sincere gratitude to the entire team at Moi Teaching and Referral Hospital for the warm welcome, continuous support, and the invaluable learning opportunities provided. This practicum has been a transformative chapter in my academic and professional journey, and I look forward to applying the knowledge and skills acquired in my future career.