

## **Mission, role and work of doctors going to Kenya**

### **Introduction**

Rotary Doctors Sweden (RDS) is working with health programs in West Pokot county. The work is done at community level with health education/health motivation and water projects as well as with mobile mother- and child health clinics with preventive care. These RDS projects are organized and run by RDS cooperation partner in Kenya, Community Nursing Services (CNS). The RDS is also supporting a health center and a sub-county hospital by sending medical staff to work at these institutions. RDS is not supporting the hospitals with items or equipment.

The RDS doctors going on mission to Kenya will either work at a sub-county hospital or will work at health centers. Currently RDS is cooperating with Kacheliba hospital in North Pokot, and one health center, Konyao, in North Pokot. We are also looking at expanding to Alale where a health center is being upgraded to a sub-county hospital.

### **Role of RDS doctor**

The role of the RDS doctors is to focus on:

- “On-job-training”, that means working together with medical staff at the hospital or health center and transfer knowledge to that staff.
- Give Continuous Medical Education sessions (CME), usually weekly. These are sessions held for medical staff for approximately an hour on various topics. See more information below.
- Be a member of the Quality Improvement Team at the hospital and support the ongoing improvement projects, if there is such a team.

### **Work**

The RDS doctors will work together with either medical doctors, clinical officers or nurses at the hospital and health centers. Working hours are normally from 8.00 AM to 5 PM, a little bit depending on your colleagues. You will work at the Out Patient Department (OPD) where the doctors/clinical officers usually are during mornings, and then also participate in the rounds at the wards and different follow-ups.

### **Continuous Medical Education (CME)**

To train staff at the hospital’s weekly sessions of CMEs is part of the role of the doctors. The topics of the sessions can be based on specific knowledge or specialization of the doctor, as well as on the requests from the hospital staff. You will receive information possible topics from RDC/CNS and from doctors that have been at the hospital the period before you. It can also be linked to the area of improvement that the Quality Improvement Team will be working on.

There are projectors at the hospital so it is possible to use power-point presentations. Some doctors prepare CMEs already at home, but most doctors do that in Kenya when seeing and

discussing with staff at the hospital. It is no problem to repeat a subject that an earlier doctor has used, the staff-turn-over is high and repetition is always needed.

There is a specific page on the Rotary Doctors website where we will try to gather information and presentation of CMEs: [CMEs - Rotary Doctors Sweden](#)

### **Quality Improvement Teams/Projects of improvements**

Each hospital in Kenya should have a Quality Improvement Teams (QIT) composed of different staff categories. Staff at Kacheliba hospital has received training about how a QIT should function. The team is supposed to work with continuous improvement at the hospital. However, the team has not always been as active as it should, due to lack of time and clear leadership.

The QIT shall work with a few specific areas for which improvement goals are set. The chosen targets should be reached through activities and training which the QIT perform together with the staff and leadership of the hospital. This can then be supported by the RDS doctor.

It might take some time before this works well, however the RDS doctor can ask questions and push these issues if possible. If you identify any area of improvements that can be addressed without big investments, do discuss that with hospital and CNS representatives.

### **Support in Kenya**

The Community Nursing Services (CNS) are present in Kenya to support the Swedish doctors. CNS staff will accompany the RDS doctors to the hospital and health center to ensure a good introduction. CNS is also having a continuous dialogue with the hospital/health center regarding the cooperation between the RDS doctors and the hospital/health center, among other issues the question of the QIT and what improvement projects they have identified. You can always raise issues with CNS if you meet challenges at the hospital or health center.

### **To have patience!**

The role of the RDS doctors to work with on-the-job training and to support improvements puts specific demands on the RDS doctors. A lot of work will depend on the relations that the RDS doctors will build with the Kenyan staff. The RDS doctors will need to be listening, curious, responsive, and diplomatic as well as being able to suggest changes in a positive manner. Even if the RDS doctor have succeeded in transferring knowledge, change might not take place as expected or might not be sustained and durable. There are probably many reasons for that are hard for an outsider to understand; financial and personal reasons, traditions, power relationships, politics, etc. Change takes time – so have patience.

### **Concerns for individuals, responsibility for health care**

As a RDS doctors you will meet a lot of needy and sick people, adults and children with little or no prospect of getting the right help due to lack of resources at the hospitals, lack of medicine or due to lack of money to pay treatment. It might feel terrible and heart-breaking to see this. You or Rotary Doctors Sweden as an organization is though not in Kenya to support specific individuals. If you would do this for a specific case it will soon be known by a lot of people and you, as well as coming doctors, will have a lot of requests for support. So do abstain from supporting individuals with medicine or money as much as possible.

It is essential to remember that the government in Kenya, through the health authorities, has the responsibility for providing health services to its people. There are of course a lot of shortcomings in the health sector, and the health authorities is directing requests to RDS

about additional support. Our role is though clear, RDS/CNS is supporting the health authorities to increase the quality of the services, through you as doctors, and the availability of the services, through the RDS outreaches of mother- and child preventive care, as well as many community health projects.

### **Experience from a RDS doctor that has been to Kacheliba**

A former Swedish doctor that has been on mission to Kacheliba, North Pokot, wrote down some thoughts about her work. She identified many areas where it was possible to bring experience from Sweden and make contribution at the hospital, such as:

Antibiotic use, physical examinations, clinical assessments, investigation of symptoms, a “lagom” level of lab tests, treatment of chronic diseases (diabetes, hypertension, eplilepsy, cancer, KOL, heart defects, etc.), infection control, smart drug choices, patient-centered consulting technics, ethics, professional pride, patient safety, scientific methods/development work.

She also quoted Sören Kierkegaard to underline the basic attitude needed:

*”Om jag vill lyckas med att föra en människa mot ett bestämt mål måste jag först finna henne där hon är och börja just där. Den som inte kan det lurar sig själv när hon tror att hon kan hjälpa andra. För att hjälpa någon måste jag visserligen förstå mer än hon gör, men först och främst förstå det hon förstår. Om jag inte kan det hjälper det inte om jag kan och vet mera. Vill jag ändå visa hur mycket jag kan, så beror det på att jag är fåfäng och högmodig och vill egentligen bli beundrad av den andra istället för att hjälpa henne. All äkta hjälpsamhet börjar med ödmjukhet inför den jag vill hjälpa och därmed måste jag förstå att detta med att hjälpa inte är att härska utan att tjäna. Kan jag inte detta kan jag heller inte hjälpa någon.”*

English translation:

“If I want to succeed in leading a person towards a certain goal, I must first find him where he is and start right there. If I cannot do this, I deceive myself when I think I can help others. To help someone, I must understand more than he does, but first and foremost understand what he understands. If I cannot, it does not help if I can and know more. If I still want to show how much I can, it’s because I’m vain and arrogant and really want to be admired by the others instead of helping him. All genuine helpfulness begins with humility before the one I want to help and thus I must understand that this with helping is not to rule but to serve. If I do not know this, I cannot help anyone.