Report: AFP Pulmonology site visit April 2012

Jane Booth
Marco Zampoli

Itinerary and program

Sun 15 April: Arrived at Entebbe and collected by Dr Helen Aanyu and her husband. Accommodation and breakfast was provided in the hospital guest accommodation.

Mon 16 April: Meeting with Associate professor Sarah Kiguli, Head of Paediatrics and Child Health at Mulago Hospital, Makerere University. After brief introductions, we discussed our agenda and purpose of the visit. The rest of the morning was spent visiting the emergency room, acute Care ward and “PICU”, where we did a ward round. After lunch, Dr Zampoli met with Phillipa Musoke and Mary Glen Fowler of MU-JHU (Makerere University-John Hopkins University) who expressed an interest in collaborating with RCWMCH and UCT in capacity training in paediatric respiratory care. MU-JHU are submitting an application for a Fogarty grant to support this.

Jane Booth met with Elizabeth Ayebare a graduate from the Child Nurse Practice Development Initiative. The time was spent visiting the nursing department and paediatric wards. Elizabeth Ayebare is currently completing a clinical master’s degree in midwifery at Makerere University and teaching paediatrics to post graduate nurses. Later that afternoon we met a family who travelled from Mbali to meet us. They had a child with a tracheostomy who we were contacted about a few months prior to our departure. The patient underwent cardiac surgery in Israel in 2010 and it was discovered that she had congenital tracheal stenosis. With the local ENT department, Jane Booth counselled and advised the family of tracheostomy care at home.

Tues 16 April: Dr Zampoli gave a presentation on childhood TB at the weekly departmental meeting. The meeting was well attended and well received. The rest of the morning was spent visiting the paediatric chest clinic and consulting on a few interesting cases. Dr Aanyu has made significant strides in developing her asthma and allergy clinic. Many of her colleagues commented on this during our visit. We departed for Kenya at lunch time.

Comments and observations

1. Health Care facilities like Mulago Hospital operate under severe resource-constraints. Supervisors and training units at RCWMCH must be sensitive to the working conditions APFP graduates will return to.
2. Piped oxygen is fortunately available throughout most paediatric wards. Mechanisms of oxygen delivery are however sub-optimal. We were able to advice on this aspect and Dr Aanyu will take a lead in this.
3. The “PICU” attached to the acute care ward managed by Dr Aanyu has potential to change practise and make a real difference. This small 6 bedded unit is capable of providing oxygen and even CPAP (1 very basic unit). Pulse oximeters are available. Dr Aanyu has started a chest clinic which primarily deals with paediatric asthma. This initiative has significantly improved the standard of asthma care in Uganda. Furthermore, Dr Aanyu does limited private practice and colleagues are increasingly referring respiratory patients to her in both public and private capacity.
4. Paediatric respiratory medicine in Uganda mostly concerns ARTIs, TB and asthma. Chronic lung diseases are uncommon or not easily recognised. There is a separate dedicated paediatric TB clinic which is another area Dr Aanyu could potential get more involved with.
5. Opportunities to build respiratory care capacity through further training may arise if the MU-JHU grant application is successful. Improved collaborations with UCT and RCWMCH could potentially arise through this initiative.

Kenyan Paediatric Association (KPA) meeting, Mombasa, 18-21 April

Wed 18\textsuperscript{th}: Paediatric Respiratory Symposium: a full day symposium organised and chaired by Prof Obimbo in which Dr Zampoli and Jane Booth delivered presentations. Dr Zampoli gave 2 presentations: upper airway obstruction and radiology quiz cases. Jane Booth presented her experience and philosophy with home-based tracheostomy care. The presentations were well attended, very well received and they generated useful and instructive discussions. Also presenting at the symposium were Francis Ogaro, Adil Waris and Helen Aanyu, all past pulmonology fellows.

Thurs 19\textsuperscript{th} – Fr- 20\textsuperscript{th} April: KPA congress meetings and discussions with past pulmonology fellows.

Dr Adil Waris: Dr Waris was the first African paediatrician who joined pulmonology for a one year fellowship in 2006. Although his fellowship predated the AFP, he is today a prominent paediatric pulmonologist in Kenya and the East African region. He is attached to the private Aga Khan University Hospital and is an honorary lecturer at the University of Nairobi. He continues to play an active role developing paediatric pulmonology in the region. Dr Waris praised his training experience at RCWMCH and had many useful suggestions for future training.

Dr Francis Ogaro. Moi University Teaching Hospital, Eldoret. Dr Ogaro is a senior clinician and teacher at this relatively new teaching hospital. Since his return to Kenya, he has been instrumental in developing and implementing new guidelines and policies for the National Kenyan Paediatric TB program. He has also improved the general care of neonates and children at his hospital through simple measures such a neonatal cpap (50 bedded unit), installing multiple oxygen flow dividers in wards and starting a paediatric TB, asthma and general respiratory clinic. He has started a respiratory course for paediatric residents. Dr Ogaro is involved with several international collaborations on respiratory research in Africa. Dr Ogaro also does part-time private practice.

Prof Elizabeth Obimbo, Kenyatta referral Hospital and University of Nairobi: Prof Obimbo organised and chaired a very successful respiratory symposium. She reported that the level of respiratory medicine teaching and care has markedly improved in her department since her return. She currently runs a private respiratory clinic at Gertrude Children’s Hospital and is looking at developing one at the Kenyatta Hospital. Prof Obimbo’s prominent position at Kenya’s biggest university teaching institution is key to developing paediatric respiratory medicine in the East African region.

General comments and recommendations:

1. The trip was a resounding success and it paved the way for many future collaborations and training opportunities. We were looked after very well and our contributions very much appreciated and valued.
2. The past fellows from Kenya and us were very disappointed not to have had an opportunity to visit them at their respective hospitals and institutions before. Site visits are important and very informative and should be given greater priority in future AFP follow up visits.
3. The positive impact that AFP graduates have had in East Africa is very noticeable through our observations and discussions. The program is very highly regarded as graduates are highly respected amongst their colleagues for the positive changes they are able to implement.
4. Pneumonia, asthma and TB are the priority respiratory conditions in the region. More focus on these areas should be introduced with future fellowships. Chronic lung diseases do not feature prominently at the moment.
5. Under-resourcing and maladministration at public health facilities is a serious obstacle to improving the standards of health care in African countries. All specialists do part-time private practice to supplement their incomes. The gap between private and public healthcare is growing. Despite this, public–private partnerships are important strategies to develop health care standards and retain skills in these areas.
6. Overall, graduates have praised the training they received and believe it was relevant and of high standards. They also enjoyed the time spent at TBH and Brooklyn Chest Hospitals.
7. Criticisms included inadequate bronchoscopy exposure and lack of structure to the training program. A concern to us was that most graduates reported incidents where they were treated with disrespect by medical staff and nurses (at RCWMCH). They suspect this has to do with them being foreigners.
8. We realised after this trip that we never really appreciated nor understood where our past fellows came from, what positions they held or what conditions and circumstances they were returning to. We therefore suggest that all fellows in future prepare a presentation or submit in writing a general overview of who they are and where they came from. It would very useful to gain this insight from the start of their fellowship in order to adjust their individual training needs and objectives.
9. Dr Ogaro pointed out that the standard of general paediatric training and experience at medical officer and registrar level is significantly higher in South Africa than Kenya or other African countries. In his opinion, many fellows are overwhelmed when they first arrive and do not feel they are competent enough to be regarded as equals. A suggestion would be that all APFP fellows in future spend some time after hours in Medreg or PICU (Pulmonology fellows) in order to gain some hands-on general paediatric experience and hopefully gain confidence and familiarity with our system.

Yours sincerely

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