Paediatrics Training and Practice in Sudan: The Making of a Paediatrician

Prof. Zein A. Karrar, FRCP, FRCPCH. President – Sudan Medical Council
Email: zeinkarrar@gmail.com

Professionalism is considered to be the zenith of professional training in Medicine encompassing the basic principles that underpins the professional practice of any medical graduate. It encompasses certain professional traits that are essential for clinical practice including: ethics and ethical practice, communication skills, teamwork and interaction, accountability and continuing professional development, it is the basis of the medical profession contract with society (14-). It was central to all major review documents and position papers that influenced change in medical education in the nineties (58-).

Responding to those concerns medical education stressed the need for good training and defined graduate profiles emphasizing desirable professional traits and identified objectives and method of teaching, training and assessment tools for them; Both at undergraduate & graduate training (9). Regulatory bodies & health systems defined the job disciplines and attitudes of the practicing doctor with special emphasis on good medical practice (1012-)

The concept of licensing & revalidation was adopted to assure professional self- promotion (13).

Standards of Medical Education and Medical care were front line issues resulting in standard parameters and systems for evaluation and accreditation by designated independent bodies for quality assurance and accreditation at national and regional levels (14-15). The regulatory bodies in the health sector are one of those institutions.

Headed by a partnership between the World Federation of Medical Education (WFME) and the World Health Organization (WHO) initiatives towards Regional and Global accreditation systems are likely to prevail in the near future (16).

In Sudan: Sudan Medical Council is spear heading an effort to introduce training in professionalism and good medical practice in undergraduate curriculum in medical schools, graduate training programs in SMSB and CPD activities (17).

Our training program for residents in paediatrics and child health must be based on a profile model based on what qualities do we require from a paediatrician practicing in Sudan.

Certainly we need all generic qualities stated in documents defining good medical practice by governing medical bodies worldwide. These are based on the principles of primacy of the patient care, patient autonomy and social justice. It involves the following responsibilities: competence, honesty, patient confidentiality, appropriate relations with patients, improving quality of care, improving access to care, just distribution of finite resources, commitment to scientific knowledge, maintaining trust by management of conflict of interest and commitment to professional responsibilities (9,11) include

However certain factors related to community and society, the health system and the priority child health problems are important determinants of other competencies that the paediatrician needs to acquire and the training program needs to address, these were delineated in excellent documents profiling future doctors (5,6,8,12)

A practicing paediatrician in Sudan needs to understand the fact that it is a multi-ethnic community with diversity of social and cultural backgrounds and different religious affiliations. He should accept the other and respect his beliefs and never try to be judgmental.

The paediatrician needs to do some effort to learn about the community where he is practicing and be familiar with local and tradition factors that influence

their practice at home and community level and determine their health seeking behavior. These factors are extremely diverse in different geographical areas and states in Sudan and even at micro levels within a homogeneous community

In a low resource country like Sudan where expenditure on health is low and where there are large social discrepancies between states and community sectors issues of social justice, prioritization, accessibility and equity of health services are real issues. The paediatrician must be committed to and should advocate and fight for them and not abdicate his responsibility pretending that they are issues for politicians and health planners. Within that larger framework advocacy for the child rights should be his core issue.

Sudan diverse ecological, geographical and social background coupled with conflicts and natural disasters shape its health nutrition and population development profile, This has reflected in the high childhood and maternal mortalities(18).

The latest household survey documented that the under-five, infant and neonatal mortalities were112, 81 and 41 per 1000 live birth (19) reflecting a worsening trend compared to the results of the Safe Motherhood Survey 1999 where the mortalities were 104, 68 and 31 per 1000 live birth in the same age groups(20).

Main causes of under five mortality include respiratory infections, diarrhoeal diseases; malaria and vaccine preventable diseases. Malnutrition was a background factor in over 50% of the deaths C(21)

Main morbidity causes leading families to seek consultation at PHC level include: ARI, diarrhoea, febrile illnesses, nutritional problems and anemia.(22)

Both sets of causes are easily treatable and preventable even at low cost health care setting like Sudan if children have access to simple, affordable interventions provided by competent and well oriented health workers at PHC level through a holistic approach that includes efficient cost-effective treatment, preventive interventions, as well as counselling and health promotion.

This child health profile within a low resource health system makes it mandatory that any paediatrician must be aware about it and gets involved in the Ministry of Health main strategies for reduction of childhood mortalities namely the Primary Health Care (PHC)policies and the Integrated Management of Childhood Illness (IMCI) (2 1)

In Sudan more than 60% of under-5 children are seen by medical assistants and a similar proportion of newborns are seen by midwives(19,21) this necessitates the involvement of paediatricians in training and building capacity of other health cadres and their supervisory and supportive roles as team leader

Over 50% of the population in Sudan is poor while about 10% are extremely poor; the numbers are higher in conflict zones and urban poor population. A paediatrician needs to understand how to practice within that framework where social care is part of his duty and he needs to see that his management plans are rational and affordable in addition he needs to see that helping the poor patient directly or indirectly is one of his duties.

Practicing within a limited resource work environment and health system is a characteristic of practice in most health facilities in Sudan especially in rural hospitals and in low income states; the paediatrician is often compelled to make difficult ethical, moral and clinical decisions and settle for rational and feasible management plans that might not be the best in different circumstances. Meanwhile he should fight for improving the situation through official and community efforts.

Child health is about keeping children healthy and protecting their rights for health and development in a safe environment; a paediatrician must get involved in advocacy for health and support of preventive and promotive health programs at workplace and community level including EPI, Nutrition, TB, Malaria and HIV to mention a few.

How can we impart these attributes and skills on our younger colleagues and paediatricians to be in the training fellowship program?

It is my strong belief that leadership and role modelling will remain the basis for training in professionalism. Other training activities are needed to set the conceptual basis and consolidates the experiences but will never replace the impact of positive leadership and dedicated role models.

This entails that senior paediatricians entrusted with leadership of clinical units understand that training of medical students, house-officers, registrars and members of the health team is one of their important roles. Dedication and excellence in fulfilling their tasks as mandated by their job description in addition to exemplary personal and professional attitudes are key fulfil that role at the workplace and in community. The regular clinical unit activities including: emergency care, referral clinics, discharge and mortality audits and case conferences/ journal clubs are mandatory.

Hospital administrators need to provide a work place environment supportive of good clinical practice including: clear job descriptions, written and available policies and procedures, case management protocols and guidelines and facilities and activities for continuing professional development

Our existing fellowship program needs to be revised to include training in professionalism in the first year. Linkage with PHC childhood programs and child health policy must be prominent and sustainable through the leadership of paediatricians of PHC teams at states level.

Continuing professional development courses and activities arranged by SMC, SMSB, Sudan Association of Paediatricians and CPD centres in FMOH, universities and private sector need to address this important aspect.

In conclusion paediatricians working in Sudan need to have training in all aspects of medical professionalism, in addition they need to acquire certain skills and attitudes to deal with societal and community related factors unique to Sudan. It is our duty to see that paediatricians in the making receive that training and acquire those attitudes and skills.

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