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 (10 12-)

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)

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 were 112,
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 (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) (21).

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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