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## ORIGINAL RESEARCH ARTICLES

### Professional needs of young Emergency Medicine specialists in Africa: Results of a South Africa, Ethiopia, Tanzania, and Ghana survey



#### *Les besoins professionnels des jeunes spécialistes en médecine d'urgence en Afrique : résultats d'une enquête menée en Afrique du Sud, en Éthiopie, en Tanzanie et au Ghana*

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**Introduction:** Emergency Medicine (EM) residency programmes are new to Africa and exist in only a handful of countries. There has been no follow up on faculty development needs nor training of these graduates since they completed their programmes. The African Federation for Emergency Medicine (AFEM) aims to explore the needs of recent EM graduates with respect to the need for resources, mentorship, and teaching in order to develop a focused African faculty development intervention.

**Methods:** As part of the AFEM annual survey, all those who have graduated since 2012 from a Sub-Saharan African EM residency programme were approached. These included Muhimbili University of Health and Allied Sciences (MUHAS) in Tanzania, Addis Ababa University (AAU) in Ethiopia, Komfo Anokye Teaching Hospital (KATH) in Ghana, the University of Cape Town (UCT) in South Africa, the University of Pretoria (UP) in South Africa, the University of Witswatersrand (Wits) in South Africa, and the University of KwaZulu-Natal (UKZN) in South Africa.

**Results:** The 47 respondents rated themselves as most confident medical experts in knowledge, procedural skills, and communication. Overall graduates felt least equipped as scholars and managers, and requested more educational materials. They reported that the best way for AFEM to support them is through emergency care advocacy and support for their advocacy activities and that their most critical development need is for leadership development, including providing training materials.

**Conclusion:** Recent graduates report that the best ways for AFEM to help new EM graduates is to continue advocacy programmes and the development of leadership and mentorship programmes. However, there is also a demand from these graduates for educational materials, especially online.

**Introduction:** Les programmes d'internat en médecine d'urgence (MU) sont nouveaux en Afrique et n'existent que dans quelques pays. Aucun suivi n'a été constaté sur les besoins en formation des enseignants ni sur la formation de ces diplômés depuis le moment où ils ont achevé leur cursus. La Fédération africaine de médecine d'urgence (AFEM) s'est donné pour objectif d'étudier les besoins des diplômés récents en MU en termes de besoins en ressources, en mentorat et en enseignement dans le but d'élaborer une intervention en matière de formation ciblée des enseignants en Afrique.

**Méthodes:** Dans le cadre de l'enquête annuelle de l'AFEM, tous les étudiants issu d'un programme d'internat de MU en Afrique subsaharienne qui ont obtenu un diplôme depuis 2012 ont été contactés. Les établissements incluaient l'Université Muhimbili de la santé et des sciences connexes (MUHAS) en Tanzanie, l'Université d'Addis-Abeba (AAU) en Éthiopie, l'Hôpital universitaire Komfo Anokye (KATH) au Ghana, l'Université du Cap (UCT) en Afrique du Sud, l'Université de Pretoria (UP) en Afrique du Sud, l'Université du Witwatersrand (Wits) en Afrique du Sud et l'Université du KwaZulu-Natal (UKZN) en Afrique du Sud.

**Résultats:** Les 47 personnes interrogées se sont évaluées comme étant totalement confiantes en tant qu'experts médicaux dans les domaines des connaissances, des compétences procédurales et de la communication. Dans l'ensemble, les diplômés s'estimaient moins bien équipés que les universitaires et les gestionnaires, et ont demandé plus de matériel éducatif. Ils ont signalé que, pour l'AFEM, les meilleures façons de les soutenir étaient par le plaidoyer en matière de soins d'urgence et le soutien à leurs activités de plaidoyer, et que leur besoin en développement le plus essentiel est un développement du leadership, notamment en fournissant du matériel de formation.

**Conclusion:** Les diplômés récents signalent que, pour l'AFEM, la meilleure façon d'aider les nouveaux diplômés en MU est la poursuite des programmes de plaidoyer ainsi que du développement des programmes de leadership et de mentorat. Cependant, il existe également une demande de la part de ces diplômés en matière de matériel éducatif, en particulier en ligne.

### African relevance

- There are only seven universities in Sub-Saharan Africa that have successfully graduated emergency medicine specialists, four of which are in South Africa.

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- These new graduates by default are considered the experts and leaders in their field, and are often called upon for consultation by their government, universities, and other stakeholders.
- Supporting these young leaders is essential in the development of emergency care systems in Sub-Saharan Africa.

## Introduction

In recent years, an increasing number of countries in sub-Saharan Africa have recognised the need for improved emergency care systems and, as part of this, several have developed emergency medicine (EM) specialist training programmes.<sup>1-5</sup>

The first EM specialist training programme in Sub-Saharan Africa was established jointly at the University of Cape Town (UCT) and Stellenbosch University (SU) in 2004.<sup>1,2</sup> The first specialists graduated in late 2007. In common with other South African programmes, it consists of a four-year Masters of Medicine degree, a dissertation, and two sets of examinations.<sup>1</sup> Tanzania and Ethiopia have since introduced 3-year Masters of Medicine programmes in Emergency Medicine at Muhimbili University of Health and Allied Sciences (MUHAS) and Addis Ababa University (AAU),<sup>3,4</sup> respectively, and produced their first specialists in 2013. Ghana established a formal specialist training programme in 2015, but has had an advanced training programme in emergency care since 2009 at the Komfo Anokye Teaching Hospital (KATH) in Kumasi.<sup>4</sup>

Previous studies show that most graduates are retained in the public sector and go straight into a post of Emergency Centre head, where patient load and acuity, combined with administrative duties, can lead to significant strain.<sup>1,2</sup> In Ghana and Tanzania, in addition to taking over leadership of their own training programmes, graduates of advanced training and specialist programmes have been deployed into smaller hospitals to help address service delivery and to establish new training programmes.<sup>4-6</sup> The first 27 graduates from UCT and SU's programme described a "lack of career options after graduation" (74%) and a "lack of preparation for academic careers" (70%) as major weaknesses of their training.<sup>2</sup>

The newly-graduated specialists are also often required to serve as mentors to new trainees in the programme, including supervising their clinical practice and guiding their academic development. Failure by the programme to provide such mentorship has been associated with trainees leaving the speciality.<sup>1</sup> At MUHAS, all schools, including medicine, dentistry, nursing, pharmacy, and public health and social sciences include "teaching skills" as a core "competency domain" in their curriculum, where there is emphasis on the importance of teaching students and the community.<sup>7</sup> However, on analysis of these core competencies, recent graduates reported that they "wanted better relationships with faculty" as a key area of improvement.<sup>7</sup> Existing faculty at MUHAS reported that they "wanted to be able to use instructional strategies to increase active learning, use more technology in their teaching, develop and communicate expected student outcomes, teach and assess professionalism, and work interprofessionally".<sup>7</sup>

These young specialists have a key role in the continuance and development of emergency care in the region. They are often placed as role-models and leaders, and have a tremendous amount of expectation placed upon their shoulders.

There is an "urgent need to determine key strategies that help emergency medicine maturation", but this is dependent on the newly graduated specialists,<sup>3</sup> who will become the teachers and advocates of the field.<sup>8</sup>

Despite robust post-graduate training programmes with support from local and international academic partners, there are currently limited systems in place to support these new graduates as they develop into their roles as specialists in Emergency Centres in the region. To support the development of these training programmes, to facilitate the integration of emergency care into healthcare systems, and to maximise the impact of emergency care on patient outcomes in the region, it is essential to support them in their new roles. While time and experience are likely to develop strong local leaders, in the interim, external support and development training are required. Understanding their needs and desires is a critical step towards achieving these aims.

The "idea of the 'competent physician' is a dynamic one" and the learning and development of an emergency medicine physician is lifelong.<sup>9</sup> It is recognised that not only is there a need for increased medical school and graduate medical education, but also for support for practicing health professionals.<sup>10</sup>

The African Federation for Emergency Medicine (AFEM) is an international association aimed at networking and supporting national societies, organisations, and individuals dedicated to the development of emergency care across Africa, including nursing, EMS and mid-level providers. A clearly voiced need to support a well-defined and easily accessible cadre of newly graduated EM specialists led AFEM to undertake an assessment of the self-reported competencies and development needs of recent graduates of African EM training programmes.

## Methods

This study was a prospective questionnaire-based survey with closed-ended and open-ended questions allowing free text responses. It was a web-based survey, accessible via Survey Monkey®.

Potential participants were identified through the heads of each of the existing sub-Saharan EM training programmes. These graduates were sent an email explaining the details and purpose of the study, and those completing the consent process were offered a link to complete the survey via the web. Ethics approval was obtained from the Human Research Ethics Committee, UCT.

A total of 71 eligible subjects were identified and offered the survey, including 27 from UCT & SU, 6 from the University of Pretoria (UP), 5 from the University of the Witwatersrand (Wits), 4 from the University of KwaZulu-Natal (UKZN), 15 from MUHAS, 10 from AAU, and 4 from KATH.

Survey questions included demographics, background information about the health facility, self-competency ratings, resource use, and specific questions on development needs as an EM specialist. Questions regarding self-competency ratings, resource use, and development needs were evaluated using a 5-point Likert scale to determine levels of confidence or importance. Questions regarding areas feeling least equipped and ways for AFEM to best support participants used free responses.

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