**From ST5 to Consultant in a day…a Kenyan experience**

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**Introduction** – 3.8 million children under five died in Africa in 2011, yet many of these deaths were attributable to failures in hospital care. The Royal College of Paediatrics and Child Health (RCPCH) Global Links Program works in hospitals across five partner countries: Kenya, Uganda, Ghana, Nigeria and Sierra Leone. My placement has been in a district hospital in Nairobi.

**The Program**

Through the RCPCH’s Global Links Programme I am spending a year in the paediatric department in Mama Lucy Kibaki Hospital in Nairobi. The project aims to improve the quality of care to sick infants and children. The emphasis is not on service delivery, but working with local staff to create longterm and sustainable improvements in the quality of paediatric care. I applied to the Global Links program as I wanted to help improve the delivery of health care to children in resource limited settings at a local level, and to provide education and training to staff to ensure the development was sustainable.

**Mama Lucy Kibaki Hospital**

Mama Lucy Kibaki Hospital is a large district government hospital in the Eastlands district of Nairobi. There are more than 400 paediatric inpatient admissions a month and the burden of disease here is high. The hospital serves a large low-income area, with significant paediatric morbidity and mortality particularly from neonatal causes, communicable diseases and malnutrition.

A local clinical-officer intern training his colleagues, with supervision, following his attendance at a previous session.

**My experience**

There have been many clinical firsts – neurogenic pulmonary oedema, managing a child with a sodium of 103mmol, severe acute malnutrition; and an unending stream of opportunities to develop my clinical acumen.

My leadership skills have been greatly enhanced here, leading daily ward-rounds with the junior medical staff, dieticians, and medical students. Needing to see 60+ patients on a ward round, many of whom are acutely unwell has improved my triage skills and have taught me to embrace delegation (with supervision).

I have identified the difficulty which presents itself when mortalities occur and the cause of death is unclear. It is not uncommon when reviewing notes in mortality meetings to find a comment raising no clinical concerns followed a few hours later with “found gasping, CPR done, unsuccessful”. Poor documentation, limited investigations prior to death and no pathologist available to undertake post-mortems, often make it difficult to understand why the child has died, and to learn the relevant lessons.

**Complications from intravenous cannula insertion.**

**A day at work…**

A typical day commences with the ward round. This involves seeing 40-90 children, and up to 12 neonates in the newborn unit. The round starts in the Acute room, seeing the sickest children first. I teach on the ward round as much as possible, focusing on common conditions and their treatments. Children are often identified as being critically unwell during the ward round, and I will initiate emergency care, and then will need to delegate ongoing care to another staff member, to allow the ward round to continue.

Following the end of the ward round, I will support the medical staff to undertake practical procedures, such as cannulation and lumbar puncture. We focus on the importance of using as clean a method as possible for procedures due to the high rate of infection and complications which occur in the department as a result of intravenous access.

Every week I lead a scenario teaching session for the junior medical staff, and nursing staff will also join in. These sessions are small group teaching sessions focusing on basic life support, newborn resuscitation and the emergency management of the conditions which commonly present to the ward, including seizures, pneumonia and dehydration. I encourage students from previous sessions to teach in later ones, to develop a sustainable culture of education and training.

Once I have completed the ward round, assisting with procedures and teaching, I use the rest of the day to work on the other aspects of the placement – guideline writing, quality improvement and service development.

Once my day is complete, I remain contactable by phone for advice at anytime.

**Finally...**

The health challenges in a country like Kenya are beyond the scope of an individual. Education plus public health measures such as sanitation, clean water, appropriate housing and the amelioration of poverty will be the main drivers of improving the lives of poor children in Kenya. But while large scale changes are difficult, I believe programs such as this, working with the local paediatricians, can improve the quality of care to the population where they are delivered.

**References**