

Nairobi fellowship report nov 2008

Hints for new tutors
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1. Practicalities before arrival

- a. **Vaccinations.** Hepatitis A and B, yellow fever, typhoid were suggested by my dept. of infectious diseases. Malaria prophylaxis is not needed in Nairobi and its immediate surroundings (according to both the Stockholm and the Nairobi colleagues, but is advised if you travel into “the bush”).
- b. **Registration.** Registration at the Medical Board is required if you practice medicine in Kenya Ask the programme administrator (Jaqueline Koine) to e-mail a form well in advance. I did, 2 weeks before arrival, but the papers did not come back from the Medical Board by the end of my stay, 5 weeks later. The same was true for the fellows. The solution was that I considered myself an advisor, the fellows were students. All papers were signed by one of the Nairobi fellows in group 1, either Mary Limbe or Paul Laigong. One of them was present at all clinics.

2. When you are there.

- a. **Accommodation.** You will be accommodated in a two room (and a small but adequate kitchen) apartment within the premises of Gertrude’s Children Hospital. It is very safe and only a few minutes from the Programme office You may want to bring some personal decorations. I was told to be aware of the nice monkeys that might get into the apartment and steal things, but they never bothered me. A male servant (Elvis) or a female (for the female tutors!) will clean every week-day, as in a hotel. He/she also brings anything you would like for preparing your breakfast (bread, butter, milk, fruit, etc). After some time, I realized the Programme had paid for my lunch and dinner at the hospital cafeteria. It gives adequate calories. You may want to cook for yourself after a while. Grocery is found along Muthaiga road: Mobil Plaza 15 min. walk to the east, Muthaiga Minimarket 20 min. to the west. It is quite safe to walk along this road that is flanked by ambassador residences and their accompanying security people.
- b. **Transportation.** At arrival at Kenyatta Airport, you need 50 USD cash (no other currency) to pay for the visa. Try to get a seat at the front of the airplane, so that you get early to the very slow queue to the visa desks. You will be picked up at the airport, which is about one hr (late at night) or 2-3 hr (in rush hour) from the Gertrude. The Tuesday and Wednesday clinics are at Kenyatta and Aga Kahn hospitals, the Thursday clinic at Gertrude’s. Call the taxi company “Wonderview” (number is in the tutor mobile phone) the night before! The morning trip to Kenyatta takes about 1-1½ hour, to Aga Khan 30-40 min. The fellows travel every day, 45-90 min. each way, morning and afternoon.
- c. **Telephone.** There is a “Tutor Mobile” phone that is handed over to you by the previous tutor. It is paid for by the Programme, but so far it needs to be charged with Safaricom cash cards, that can be bought everywhere, including the patient registration desk at Gertrude’s. At the end of this document you will find a file where the contacts in the mobile phone is explained – as far as I know them! For telephone calls home to Sweden I used “Skype”, a free web software that allows you to call anyone from your computer – without cost

(except the cash card charge for the Bomba net device (see below). If you have a web camera on your laptop and one at your home contact(s) you can talk and see each other every night, if you wish!

- d. **Computers.** There are 6 modern computers in our office: One for the tutor and one for each fellow, in addition to a laptop that is carried to the clinics. Internet connection is through the hospital network, very slow. I used my own laptop, and Sid Nesbitt lent me a “Bobba Net” device for internet access, which is much faster and works well from the apartment. A separate Bomba Net should be ready for the tutor by now. Too late, I realized that a new e-mail address was set up for me. Ask the programme administrator (Jackie)!

3. Organisation

- a. **Weekly schedule.** You will find a proposed weekly schedule, that you may use. That includes the three clinics at the three hospitals, and time for seminars, journal clubs and lectures
- b. **Clinics.** Tuesday morning clinic is at Kenyatta National Hospital, a government own big hospital, crowded with people The patients pay about 300 Kenyan shillings (Ksh), equal to about 3€) for the visit, as opposed to about 2500 Ksh at the private hospitals Aga Khan and Gertrude’s. Primitive clinic facilities. Many parents do not speak English, but Paul or Levina (the Tanzanian fellow) can interpret Swahili. At Aga Khan and Gertrude’s many patients have health insurance, few at Kenyatta. Patients pay for every lab test, x-ray, ultrasound, CAT scan, MRI. Many patients cannot pay for this, and the test is not done even if you believe so. Most requested hormone assays can be done, many after shipping abroad.
- c. **Patient records.** They are handwritten, difficult to read. I tried to introduce a standardized form for new patients, to be filled out on computer. However, this would need approval from the hospital heads – which was not received after two weeks, when I left The form can be found in the tutor computer. One of the fellows keep a handwritten log book (“The Black Book”) where very short notes of every patient seen at the three clinics are handwritten
- d. **Seminars.** Each fellow was initially assigned one seminar and one journal club per week. After one month they complained – they did not find time enough to prepare – and it was reduced to two seminars and two journal clubs per week. The format was: A case seen at a clinic was presented, followed by a literature review This requires access to internet (we have few modern textbooks), which was not possible from their homes, downtown Nairobi. Many of the seminars were over-worked. For instance, one case of thyroiditis was followed by a lecture on all aspects of thyroid embryology, physiology and pathology.
- e. **Journal clubs.** Each fellow is assigned one or two journals to follow and pick out an article to discuss at journal clubs
- f. **Lectures.** It is up to each tutor to decide on the topic and the number of lectures to the fellows. You will find a list of lectures given in the tutor computer. During my month, I was also asked to give two lectures each to the residents and other staff at Kenyatta , Aga Khan and Gertrude’s. Check with Mary and/or Paul about topics.
- g. **Patients.** Some of the clinics are quite full (up to 8 patients in half a day), others have no patients at all appearing! I found it difficult to find out ahead of time how many were scheduled – and anyway, many did not show! About half of them have diabetes, but children with thyroid, adrenal and puberty disorders also turned up In order to increase inflow of referrals, I ask Paul to draft a letter

to Kenyan paediatricians, making them aware of the possibility of second opinion on their endocrine patients with more rare disorders, needed for teaching the fellows. It was not done two weeks later, when I left. I will prepare and send you a more detailed report on diagnoses, numbers etc. when I get the requested copies from the "Black Book". I asked for the copies Dec. 1, but they were not done when Stefan left Dec. 19..... I learnt that repeated reminders are necessary for everything that you want to have done!

- h. **Programme steering committee.** This consists of the heads of the paediatric depts. at the three hospitals It has not met face-to-face since the summer Sid Nesbitt tried to call one together before he left for one month in Canada on Nov. 15, but unsuccessfully. I have talked to all three one by one, and they all testify their commitment to the Programme!