

PAEDIATRIC ENDOCRINOLOGY TRAINING IN AFRICA - MY EXPERIENCE

Six (6) months have passed and the first phase ends. At the beginning, it seemed like it was going to be forever. Though there was fire and enthusiasm in all fellows, being thrust into a new and strange environment made way for some scepticism. I was one of the most eager ones, which may have been due to youth, the excitement of newness and the fact that I had never been outside my home country. I wanted to learn, know and understand what these foreigners had to offer and the culture that I was to meet. I was certainly not ready for the cold (environmental and human) that greeted my arrival.

The place was cold. Temperature ranged from 8°C to 24°C and for one coming from the tropical West Africa, this was strange and unwelcome. I was used to sleeping almost naked back home and here, I needed to have socks and all sorts of other paraphernalia on before getting into the cold bed. Getting up from bed most mornings was an ordeal and doing daily exercise almost non-existent. The people were just like their weather. Maybe years of having to live in this climate changed them I thought, but I was told by the natives that they were all suspicious. It was even worse for the black man who did not understand Kswahili. Then, you were branded a criminal before proven otherwise. "What does this man want from me? Surely, he wants to get something out of me. Why else will he pretend not to understand Kswahili?"

That was at the beginning when I had not made enough friends and still had to understand that some people just wanted to be left alone. Then work started, and it was rigorous all the way. The three collaborating hospitals were wonderful and very accommodating. At Gertrude's Children Hospital, Muthaiga greeted us with warmth. We ran clinics on Thursdays and had seminars on Mondays and Fridays. Our administrative office with its assistant was situated in the hospital. All fellows had a computer with internet access to themselves to get materials for studies. We were also given access to major journals in Paediatrics and Endocrinology. If we did not get the full articles, either PDF or HTML, we got the abstracts and access to authors who helped with reprints.

Kenyatta National Hospital, University of Nairobi was the second collaborating Hospital. Though we met with some administrative bottlenecks initially, we overcame this and had the largest patient turn over in this hospital. We ran clinics on Tuesdays and over 70% of our patients were from here. Most of these children had Type I diabetes Mellitus and managing them was very challenging. If we did not have access to this hospital, the aim of the training may have been defeated.

Aga Khan University Hospital, the place every fellow wanted to be. We consulted every Wednesday and had seminars the same day. We loved this hospital mostly because everything was available, and if not it was made so within one to two weeks. It was the only hospital we got two coffee breaks with snacks, and very delicious ones at that. It's a wonder we did not develop metabolic syndrome. We were also given free access to the library and internet. In all hospitals, we were consulted whenever there were endocrine or presumed endocrine problems in the wards.

The tutors

We had seven tutors during the six month period, all with different characteristics and idiosyncrasies, but all in the same faculty of Endocrinology. They all had a passion for Paediatric Endocrinology and wanted to see this bud and grow in Africa. They were Europeans and Americans and totally wonderful.

Ze'ev Hochberg, (the erious one) the course coordinator and brain behind the training was our first tutor. He is Israeli and very committed to the growth of his pet project. He has written many papers and edited many books. He is the Chair of the Paediatric Endocrinology unit in Ramban Children Hospital Haifa, Israel. The most fascinating trait about Ze'ev was his in depth knowledge of Endocrinology and this was manifested in the quick response to all our emails to him about our projects and patient reports. If you sent a proposal to him in the morning, before the day was out you would get the edited copy in your mail box. That was commitment and I wish we could all learn this trick. It definitely did not mean he had less work at hand, just the love for the training.

Lorenzo Iughetti (the examiner and quiet one), was the first tutor that stayed with us for one month. He is an expert in and lover of Paediatric Diabetes and his knowledge in this field was vast. He had the most difficult time as his month was the month of experimenting, tossing and turning. He bombarded us with news that was difficult to swallow and understand and it was made even more so because he had to search his memory for the translations of some Italian words. It was towards the end of his tenure that we had our first test and nobody scored above 50%. This made me very despondent and when I sent Ze'ev a mail reporting my failure, he said not to worry, it just shows that we are babies learning to take our first steps and though the road is very long and tortuous, they will see us through. During Lorenzo's last week, we started hearing some hums and singing and this became the norm for our tutors. It really wasn't that they were happy to leave us, but that they were going back to their families.

Dana (the changer and happy one), was our next tutor and an American. She brought positive changes (Obama) to the programme and if it were not for her, I would have been unhappy for a greater part of the training. She specialises in Paediatrics Diabetes and growth problems and she happens to be my supervisor for my project. She made the training more interesting by introducing one free afternoon per week for personal studies and internet searches, advocated for an increase in our stipends and transportation and tea breaks in Gertrude's. She also made us visit her abode to share different delicacies from Nigeria, Kenya and America. She gave us directions on where to go for visits in the wild and let us know the cheapest options. I missed her most when she had to leave earlier than scheduled as she lost her sister-in-law to cancer.

Violeta (the mother-in-law) was the lucky one as it was during her tenure we saw most of our patients. She also had her husband around for two weeks, so she did not miss much. Her husband taught us epidemiology from the medical point of view and that was enlightening. They both participated in the diabetes walk organized by Safaricom and Kenyan Diabetes Association. She helped us diagnose Prader-Willi syndrome, which we would have otherwise missed and is helping with the genetic diagnosis of the disease. She was very interested in making us understand the problems of Small for Gestational Age (SGA) babies and possible treatment for those who do not catch up or who did so too fast. Two ends of a spectrum. She

also gave us this memory verse “the rarest of the commonest is still more common than the commonest of the rarest”. She ‘promised’ to give me her daughter’s hand in marriage if I were interested. LOL. Her tenure witnessed the smoothest transition between tutors.

Marc (the man) came with a bang. He changed personalities like Jekyll and Hyde. One moment he was the very serious Professor who wanted everything properly done and the next, he was the man who picked on and enjoyed joking with Iroro. It was Marc who made us realise that we were making progress in the course as he gave us three tests and we all scored above 50%. I presented two papers in the Kenyan Paediatrics Association conference and Paul presented one at Mombasa. Marc came a day after me and asked that I role out the red carpet as he arrived. I did not make his teasing me at all difficult and was always willing to be the one that was picked on in class. He taught me how to prepare my lunch box also and my colleagues always joked that he taught that well. He made us understand that we still had much to learn, though. Other colleagues went to Durban South Africa, for the International society for Paediatric and Adolescent diabetes. The programme was well represented and advertised.

Merrick (the young adventurer) was the most energetic of our tutors. Harold Robbins missed this enigma when he wrote that novel. He got restless when activities didn’t start on schedule. He specialises in thyroid diseases and the joke was that he may have some background hyperthyroidism. He introduced a new concept of endocrinology in oncology and made us go through the rungs of various cancers and their likely endocrine associations. He radically wanted to do thyroid ultrasound scan in children, succeeded at Aga Khan, but it was tough for him in the other hospitals. He went with us to Naivasha where we waded through the crevices, caves, mountains and deeps of Hell’s gate. Trust me, it wasn’t a funny walk at the end, as we noticed some fellows regressing in milestones and crawling up the mountains, while others had transient ‘heart failure’. The animals were calm and beautiful.

Ursula (the mother) ushered in the sex month. We did not get enough of disorders of sexual development and for the first two weeks all we discussed was DSD. She specialises in DSD and has written many original articles and reviews on this subject. Not only the medical aspect, but also the cultural and traditional nitty gritty were discussed. We also had the pleasure of her husband who is a psychiatrist and he gave us some insight into steroid abuse and psychology of some endocrine patients. Through her, we got to meet Prof , the ophthalmologist in KNH who gave us some tutorials on eye problems in diabetes. We also got to participate in a symposium on diabetes in children where fellows gave talks from an overview of childhood diabetes to complications of the disease. She also got the good news that her daughter been admitted into the medical school in Munich.

The programme

This is a 15 month course in Paediatric endocrinology with 6 months in the training centre, 6 months establishing endocrinology clinics in home countries and 3 months consolidation and evaluation. It is sponsored by the World Diabetes Foundation, the European Society of Paediatric Endocrinology and the three collaborating hospitals. Fellows presented seminars, case reports, journals critiques which they had to prepare within one week. It taught me to be more critical of papers and understand the questions behind most papers and authors. It also

taught me how to sift the wheat from the chaff and which path to go down when starting a project. I learnt many new things and really am eager to go back home to implement these. I was also made to understand the need for advocacy for these children with chronic, long term conditions that may be preventable or at least, their effects, alleviated. The need for education, training and re-training cannot be over emphasized. What about need for standardised care, equipments and tools for diagnosis and treatment? We may have taken some things for granted, like Africans only have infectious diseases and should concentrate on these. That doesn't mean we should not learn the new arts and science or the other diseases that may be prevalent in Western world. We will get there someday and what would our fate be if we were not prepared? Let us try our best to get these children, our future generation, the best in health care.

I am going to do my project on anterior pituitary function during acute vaso occlusive crises in sickle cell disease patients. That is the major concern as I try to work with my Professors in establishing a proper endocrinology clinic. I will also do some other clinical audits: the prevalence of thyroid dysfunction in children being treated for mental retardation and seizure disorders in the paediatric neurology unit of the University of Port Harcourt Teaching Hospital, the pathologic review of thyroidectomies in children less than 18 years in UPTH. I will also advocate for the provision of Hb A1c machine in the hospital and organize a diabetes walk as the world celebrates World Diabetes Day. This is a start and I sincerely hope I get support for these.

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