

Teaching

adaptability in
resource-poor settings

DR DAVID STEAD

Rural Institutional Award

To support the district clinician's specialist hospital visits, their attachment to Cecilia Makiwane Hospital as well as curriculum and materials development in the central Eastern Cape.

Junior doctors who are eager to learn give Dr David Stead, Head of the Division of Infectious Diseases at Cecilia Makiwane Hospital in Mdantsane, the greatest joy in his pressured daily work.

Other things that delight and keep him going in the growing HIV and TB infection burden, are solving difficult medical cases and the gratitude that patients show. "I enjoy my patients, especially those I get to know in the outpatient setting and those who have responded well to treatment – that's always very gratifying. Unfortunately, there's also a lot of death and poor outcomes. But mentoring keen young doctors really energises me," he admits.

Dr Stead and three fellow consultants will embark on an ambitious but hopefully highly effective structured three-year programme to support inexperienced district clinicians. They're strung out among 12 district hospitals, five community health clinics and 150 clinics serving the estimated 900 000 people in the Amathole Region (former Ciskei). Cecilia Makiwane and East London's Frere Hospital are the only regional and tertiary hospitals. The population suffers from a high burden of HIV, TB and opportunistic infections that often overlap with lifestyle-related hypertension and diabetes.

The planned intervention was conceptualised by Dr Andy Parrish, a 25-year veteran at Cecilia Makiwane Hospital, Dr Jenny Nash, the Amathole District Family Physician and Dr Stead.

Ideal mentoring skillset and experience

Dr Stead not only has a deep academic knowledge of infectious diseases and HIV medicine, but worked as the Principal Medical Officer in HIV Services at the former GF Jooste Hospital, which once handled most of the Cape Flats HIV and trauma burden. He cut his teeth further on HIV medicine by joining the groundbreaking Medicines Sans Frontiers team in Khayelitsha to roll out antiretroviral treatment well before 2004.

His experience is what the Eastern Cape desperately needs. The HIV prevalence in the 15 to 49-year old population reached an alarming 25.2% in 2017, according to the SA National Household HIV Survey. The same local survey five years earlier showed HIV prevalence in the Eastern Cape to be 19.9%. The World Health Organization's TB incidence figures for the province in 2015, were the highest in the country at 692 cases for each 100 000. "So, we're keeping more people alive on ARVs, but have made little progress in preventing new HIV infections," Dr Stead observes.

Making a plan

Before this initiative, Dr Stead says there were ad-hoc district clinical support teams that made about three outward visits a year. "The consultants tended to get a heavy work load when they arrived, instead of teaching. We want to create the opposite of dependency through building skills and hopefully taking some pressure off the regional hospitals," he emphasises.

Dr Stead was born and grew up in Cape Town, the son of a biochemist father who did related computer-based training and set up rural computer skills training in the Eastern Cape. Dr Stead's wife is an ordained minister who runs a counselling practice. His grandfather, Dr Halley Stott, was the founder of the pioneering Valley Trust in Kwa-Zulu Natal providing nutrition, agricultural support, primary healthcare and sanitation across the deeply rural Valley of a Thousand Hills beyond Durban.

About his biggest influence in rural medicine, he says, "As interns, a friend and I chose East London, knowing we probably wouldn't get a post in Cape Town. I remember the paediatric and medical outreach trips over bumpy roads to sites like Cofimvaba with some legendary tutors. It got under my skin. That's why I came back," he confesses.



Mentoring keen young doctors really energises me.

Creatively supporting district clinicians

"Ideally, complex cases require specialist care. Because it's so rural and with limited access to ambulances, many patients are managed at primary healthcare level and at district hospitals. These young doctors shouldn't be handling these patients without senior support, but they simply have to," he says.

Dr Stead plans to implement a structured rural training and support programme over three years. The three colleagues will make monthly visits to district hospitals and bi-monthly visits to smaller hospitals assessing their clinical needs and challenges, improving communication, building relationships and helping them manage and learn from difficult cases. An average of four district clinicians will also spend a week every month at Cecilia Makiwane Hospital to receive training according to the skills they most need. "We must understand their limitations in resources and what they have to work with. We have to adapt the training to the resource gaps," stresses Dr Stead. District clinicians will also receive a handbook of internal medicine tailored to the Eastern Cape and connectivity for weekly Skype-based discussions.