

Medical students get rural exposure

South Africa is a very polarised nation, despite our robust aspirations to Egalitarianism. One need only look at our skewed health system and those opposing the new National Health Insurance (NHI) model to see that we are still far apart in how we view and respond to the inequalities that still exist. With the NHI now a reality, medical students are being prepared for the impending change of our health system from a curative to a preventive approach, which lies at the heart of the NHI system.

As final year medical students are whisked off to spend six weeks in rural health facilities as part of their compulsory grounding into community health, many – including parents, are apprehensive and fearful of the unknown and unfamiliar environment - given the reported challenges of working in a rural district. Of course, these challenges, including constraints and limited access to many modern day comforts cannot be ignored.

But whilst acknowledging the challenges, we also cannot turn our backs or remain complacent in addressing the needs of communities who desperately need health care. Even if government was to provide a well-resourced rural environment conducive for doctors to work in, it's unlikely that medics – including doctors – would be clamouring to be sent there. Our society has not yet embraced social integration to that degree, which is why there had to be intervention at government level to ensure medical students are complying with compulsory rural exposure – through a joint partnership between the Department of Health in KZN and the UKZN – supported by the Medical Education Partnership Initiative (MEPI).



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Dr Mosa Moshabela, Head of Rural Health at UKZN.

What the experts say

Head of UKZN's Department of Rural Health and Chief Medical Specialist, Dr Mosa Moshabela, says the programme recognises the need to contribute towards reforming the country's health system.

"The KZN Department of Health has sought commitment from UKZN to pay particular attention to rural and remote hospitals through both outreach and training services to support current efforts to reform the health system across the whole province. The placement of students

in these hospitals also means that UKZN jointly with the DOH will, in a rural district hospitals will ensure the required standard of training, pay particular attention to the infrastructure for continuing education, resources for clinical skills training, and the quality of patient care.

The core principle of the NHI is to improve the quality of health care services, and for this to happen, the placement of students in a district hospital, if embraced well by the hospital in meeting the required standards of education, can serve to tremendously improve services provided to patients," says Moshabela.

Embrace the power to change lives

The objective of sending students to rural health facilities, says Dr Moshabela, is to enable them to experience first-hand the responsibility of care placed on the medical professional, and to assist them in overcoming their anxieties of practicing medicine with limited support and resources.

"Students become members of intimate medical and health care teams, realise first-hand the interdependence on each other as they endeavour to make a difference for patients. Aspects of clinical and health care constitute an important experience for these final year medical students, the first group of which is already positioned in district hospitals across the province. However, for many of these students the biggest challenge they face relate to removal from their

comfort zones back home, the city and the halls of the medical schools which they have become accustomed to during their studies.

Prior to their departure to district hospitals, students experience major anxieties about such things as at which hospitals they will be placed, how far and remote will they be going, and what accommodation arrangements and recreational facilities are available, as well as separation from their loved ones and risk to dietary commitments.

For some students who have always lived in the city, they may have never left home before. Parents show a lot of anxiety as well, and academics work hard to allay their fears and answer all their questions and concerns. Just as with graduates allocated to internship and community service posts, it is not possible to satisfy all students and parents on their preferred choice of health facility, and students have to be randomly allocated to the ten district hospitals in order to minimise bias. We do however try to accommodate them in their choice of clinical partner with whom they will work closely at the facility to reduce feelings of loneliness and isolation, and share their concerns, fears and draw on for peer support.

We request all students to make their preferences known to the academic staff for consideration, but they are made aware these may not necessarily be fulfilled. Half the students may request a particular hospital because it is closest to the city, or offers the best accommodation. We are also committed to ensuring basic standards in terms of access to internet, training equipment, accommodation facilities, student safety, and mentorship. However, interruptions and challenges do arise, as one might expect in such remote settings, and expectations of what a minimum standard is tend to vary greatly between students and parents," explains Moshabela.

No Turning Back

If you can't change your fate, change your attitude - so they say. That being said, despite many tears of frustration at the lack of amenities, no university could ever provide the skills, training and experience gained from working as a doctor at rural level. The reward is priceless, life changing and character defining. Just what the health profession in this country needs. ■

ZOHRA MOHAMED TEKE

"We cannot turn our backs in addressing the needs of communities who desperately need health care."



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