6th RUDASA CONGRESS

9th – 11th August 2002

THE BIG SIX

FRIDAY				
08:30 – 12:00	Pre-conference workshops – sponsored by RHI	Home-based care	Coping with caring – limited numbers	
11:00 – 12:00	**REGISTRATION**			
12:00 – 13:00	**LUNCH**			
13:00 – 14:10	OPENING – RUDASA Chairman, Congress co-ordinator, Scientific Programme Chairman Prof. T. Mariba – Recruitment of doctors / students for rural service			
	Venue 1	**Venue 2**	**Venue 3**	**Venue 4**
14:15 – 15:15	Procedures performed by family physicians in hospital practice in a developing country -an evaluation of clinical anatomy competence – Hanno Boon	Be at ease in Emergency Medicine – Janus Marx	Working with families cross-culturally – Wilhelm van Deventer	Distributive Justice – Marianne Kruger (1 ethics point)
15:15 – 15:45	**TEA**			
15:45 – 16:45	The professional skills of medical practitioners serving the rural communities of the western cape – implications for service and training – Marietjie de Villiers	Low flow anaesthesia with a circle system - Derek Barett	Workshop on Women Abuse – Elma de Vries	An analysis of transport in a Zululand health district - Kenneth Kaufmann Measuring Quality of Care in a District Hospital - using Lot Quality Assurance Sampling (LQAS) of In-patient notes - Bernhard Gaede
16:45 – 17:15	Skills audit work group workshop – Janet Giddy	PPIP - Bob Pattinson	Working together with women for health - Themba Dlomo	TB Treatment Support Models in the Transkei: reasons for their development – Rudi Thetard
17:15 – 17:45		Dermatology – Victor Fredlund	Do I really hear what my patient is saying? - Antoinette Struwig	
17:50 – 19:00	**RuDASA AGM**		**Sabie Hospital tour**	
19:00	**FORMAL DINNER**			
SATURDAY				
08:00 – 08:30	Dave McCoy - Trials and tribulations of the Rural doctor's wife / husband – Chris Ellis			
	Venue 1	**Venue 2**	**Venue 3**	**Venue 4**

08:30 – 09:00	Medical negligence of rural practitioners – Liz Meyer	A qualitative investigation into the perceptions and motivation of patients requesting circumcision at Kalafong hospital – Selma Smith	Culture Congruent Care Model - M E Maelane	New model Family Medicine Clinic - Tom Kluyts
09:00 – 09:30	The problems and expectations of doctors in the new dispensation – C Clark	Implementation of PMTCT programmes – David Mc Coy	Empowerment of rural traditional healers - Doriccah Peu	Facing our limitations - Gert Marincowitz
09:30 – 10:00	Report back from Melbourne Conference – Steve Reid		The exploration of indigenous health knowledge carried by the older persons in the management of minor ailments of people attending primary care services at Khayelitsha – Gubela Mji	
10:00 – 10:30	**TEA**			
10:30 – 11:00	Diploma in Rural Medicine Workshop – Steve Reid	Be at ease in Emergency Medicine (repeat) – Janus Marx	Breastfeeding and HIV; Pretoria pasteurization – Bob Pattinson	The Burntout Rural Doctor – Chris Ellis
11:00 – 11:30			Are nurses the answer to the health needs of rural Southern Africa? – David Cameron	
11:30 – 12:00	Healthcare in Haiti: Lessons for South Africa! – Rudi Thetard	Experiences of a community-based DOTS project in the Eastern Cape Province – Sabine Verkuijl	AIDS education: The students teaching aids to students (stats) project – Athol Kent	
12:00 – 12:30	Rural Health Care in Tasmania – Neethia Naidoo	Photographic demonstration of anaesthetic machines newly installed in rural hospitals– Derek Barett	Narrative research – Wilhelm van Deventer	
12:30 – 14:00	**LUNCH**			
14:00 – 14:30	A Health System's analysis of the referral system between the tertiary level ICU's and the peripheral health services KwaZulu- Natal - Busisiswe Bhengu	A multidimensional approach to chronic pain – Helgard Meyer	Rural Health Initiative projects workshop	The Burntout Rural Doctor Part 2 – Chris Ellis
14:30 – 15:00	Perceptions of hospital management on the impact of doctors' community service – OB Omole			
15:00 – 15:30	Locally based scholarship scheme in Ingwavuma. A replicable solution? – Andrew Ross	Emergency treatment of hand injuries – Edward Bowen-Jones		
15:30 – 16:00	Wound care -	A study of pedigree families suspected with familial adenomatous polyposis – William Lubinga		

16:00 – 16:30	**TEA**			
16:30 – 17:30	Meeting of students Rural Clubs	Evidence-based Medicine	RHI projects workshop continued	Improving the emotional intelligence of the medical practitioner in order to provide him/her with important personal and social skills – le Roux and de Klerk
18:30 -	**INFORMAL SUPPER AND ENTERTAINMENT**			
SUNDAY				
	Working breakfast for Rudasa Committee members			

Accompanying delegates:
Friday: Trials and tribulations of the Rural doctor's wife / husband – Chris Ellis; with feedback in Saturday morning plenary

POSTERS:

TITLE: Perceptions of Patients about Patient Retained Medical Records.
AUTHORS: Alet Norden and Gert Marincowitz.
This research will be presented in the form of a poster. The poster will take the reader through the process of a qualitative research project. The researcher works in a clinic where she uses booklets as medical records for the patients with a chronic illness. She did focus groups with a number of these patients to develop a deeper understanding of their perceptions on the topic. Patients felt that the booklet helped them in their relationship with the doctor, it reminded them about the prescribed diets and it served as a communication and interviewing tool. It improved the communication with health workers even other than their regular doctor. It gave the necessary information in emergency situations. The booklet also gave information to family members and encouraged communication within their families. It was concluded that a patient retained medical record had much more benefits than what the researcher expected initially.

THE ATTITUDE OF COMMUNITY HEALTH NURSES TOWARDS INTEGRATION OF TRADITIONAL HEALERS IN PRIMARY HEALTH CARE IN NORTH WEST PROVINCE.

PRESENTER: MRS MMAPHEKO DORICCAH PEU

South Africa is called “the rainbow nation” because it has so many different cultures. These have an impact on the provision of primary health care. The purpose of this research is to foster good relationships between community health nurses and traditional healers and to explore, identify and describe the attitude of community health nurses towards the integration of traditional healers into primary health care.

A non-experimental, explorative and descriptive research strategy was designed to explore the working relationship between community health nurses and traditional healers. Data was collected using a structured questionnaire. Quantitative as well as qualitative data analysis techniques were adopted to interpret the findings.

The results indicated that respondents demonstrated positive attitudes towards working with traditional healers, especially in the provision of primary health care. Positive opinions, ideas and views were provided about the integration of traditional healers into primary health care. Respect, recognition and sensitivity were emphasized by respondents.

Compassion Fatigue exists in Rural Healthcare!! How to address it?

Antoinette Struwig

A research project was done on the existence of Compassion Fatigue in Rural Healthcare and the effect that assisting others in managing their trauma, has on the therapist

Due to the nature of their work, any Professional working with traumatized patients for the larger part of their day, are prone to secondary traumatization and burnout.

The reasons why it is important to address Compassion Fatigue, is that it may lead to poor clinical work, absenteeism and high staff turnover.

Reasons why it is necessary to address and transform compassion fatigue are discussed and it is highlighted that we need to act as a support system for one another.

Method:

The Study Population consisted of doctors and healthcare workers who attended a breakaway session at the RuDASA Conference held in Hartswater during August 2001. An intervention study was used.

The Intervention session started with a pre-test and the questionnaire used can be obtained from the following URL http://www.isu.edu/~bhstamm/tests/htm).

The intervention session consisted of a group discussion, a short lecture, accompanied by exercises and notes, which the participants could take with them to do individually or in groups as colleagues.

The three main topics namely Potential for Compassion Satisfaction, Risk for Burnout and risk for Compassion Fatigue were measured.
The exercises handed out to participants, were all part of the Assessment Worksheets and self-care strategies compiled by Saakvitne, Pearlman & Staff of TSI/CAAP in *Transforming the Pain: A* Workbook on Vicarious Traumatization (Norton, 1996)
The same questionnaire was sent to be completed by all participants as a post-intervention after 4 months.

Results:

In General, the intervention conducted, made a difference in most of the subjects, although their potential for Compassion Satisfaction decreased. The Risks for both Burnout and Compassion Satisfaction measured significantly lower after the intervention.

Conclusion:

South African Healthcare Workers differ from the results of the original measuring instrument but the reason for this is not yet clear. This field of study should be explored further in order to empower *all* Healthcare workers, at the most primary levels and remote areas in South Africa, to take control and manage their own possibilities and vulnerabilities to the utmost, resulting in experiencing personal success and hopefully a higher potential for Compassion Satisfaction.

BENZODIZEPINE QUALITY IMPROVEMENT CYCLE, BRITS HOSPITAL

Dr C van Deventer, Sr Matlala, Mrs Pretorius

Introduction:

Brits hospital is set in a mining, industrial and farming area. Many of the patients seen at the hospital are those with chronic diseases, HIV-related illnesses and mental illness. There was a perception by doctors working at the hospital that benzodiazepines were being inappropriately prescribed and it was decided to address the issue by doing a quality improvement study.

Method.

A quality improvement cycle with a) a team being chosen, b) standards set c) current situation assessed by means of a chart review, with files taken from the pharmacy d)a plan made and e)implemented including a sleep diary, a workshop for patients etc, f) re-evaluation after 6 months.

Results

The team comprises a nursing sister, a pharmacist and a doctor. The initial assessment of the situation indicated that the group using benzodiazepines the most was between 50 – 60 years, white, married females. There was almost never an appropriate diagnosis and often the treatment was being given for things like epilepsy or depression.
The plan includes a workshop for patients, a concerted effort to encourage sleep diaries and sleep hygiene explained at every visit.

Conclusion

The process is presented in poster form and is still on-going

PARTICIPATORY ACTION RESEARCH FOR IMCI (INTEGRATED MANAGEMENT OF CHILDHOOD ILLNESS) BAPONG VILLAGE, BRITS DISTRICT.

Tumbo J[1], Van Deventer[2] C, Seema[3] J, Chabalala M[4], Hugo JH[5], and community members Bapong[6]
[1] Madibeng Centre for Research, [2]Brits Hospital, North-West, [3]Brits district, [4]Bapong clinic, [5]Dept Family Medicine, Medunsa

Background: The WHO/UNICEF initiative of Integrated Management of Childhood Illness (IMCI) to improve child health by amongst others implementing a very focused clinical intervention at primary health care level, has been active in South Africa since 1998. Of the three components, the first two namely the case management (clinical skills training) and the second (service delivery) have received a great deal of attention and are burgeoning in all provinces. However, the third, the family and community component has struggled to get a grip. This is where a strong impact can be made at the very earliest stages of illness.
Method It was decided to work with the community of Bapong near Brits, using Participatory Action Research (PAR) to explore understanding of illness in children and the actions needed to improve the health, together. Part of the objective is the development of a model for community participation.
This research will also highlight the crucial role of each of the role players eg the clinic nurses, the mothers, the fathers and alternative health care providers such as the traditional healers, in improving the health of children.
Result. Over a period of 6 months, 26 meetings have been held. Main outcomes have been understanding traditional views on child illness, care groups which have been formed, a referral system within the community and others. A module on Component 3 is being developed.
The results of this process are summarized in a poster.