



RuDASA Information for Community Service doctors June 2023

The good news is that most people completing community service do realise that it was a good learning experience, and you will learn far more life skills than working in an urban environment.

Tips and tricks for working within the Department of Health

Orientation to working in a rural hospital

The Department of Health runs orientation workshops for community service personnel. These vary across provinces. They may be done at District or Provincial level and often later in January to make sure everyone has “arrived”. At the hospital the Human Resource team should organise a facility orientation. Some hospitals/districts/provinces also have orientation manuals. Important things to learn immediately:

- Your line manager
- Your district hospitals and referral hospitals and the local referral process. Try to get direct contacts with departments rather than going through each hospital's main switchboard
- Organising transport to get to clinics, or for patients to be transferred. Be friendly - the transport manager can make your life easier if treated with respect.

We recommend you watch Dr Lungi Hobe (RuDASA Chair) on *Orientation to the DoH*
<https://www.youtube.com/watch?v=lx7GAAoUOc0&list=PLBS4k3o3cGeb-NIHVg7W4teVnLQ5BuUml>

There is an official government reporting system for issues and this should be part of your hospital induction programme. Alternatively you can report medication stock outs to the Stop Stock-outs project. www.stopstockouts.org.

The Rural Health Advocacy project (RHAP) is interested in rural health service equity you can voice your concerns to them via our Rural Buddies Whats App group (members only) or directly to info@rhap.org.za. See their VOICE work at www.rhap.org.za.

On Call (Reference: Dr Hervey Vaughan Williams NOTES FOR DOCTORS IN UMKHANYAKUDE DISTRICT)

CARRY YOUR CELLPHONE WHEN ON CALL. Staff are usually competent at finding doctors through the internal phone system, but sometimes this can play up, and sometimes they can fail to find you if you are busy on a ward, in which case a cellphone is a most useful back-up. There are few things more disagreeable than being woken at 2 am, while second on call, with the news that the hospital is unable to contact the first on call doctor, who may well be busy somewhere, but has left his cell behind, or turned it off.

Night calls – GO AND SEE THE PATIENT. : No-one in the clear light of day can quite remember how difficult it can be to be called to work in the middle of the night. *However*, if you try to avoid going to see a patient at night you will be playing Russian Roulette with the patient and your own career. Not going to see a patient is the most basic and indefensible mistake a doctor can make, so grit your teeth and get up. It should also be borne in mind that doctors are the only group of workers with fixed overtime. Most nurses are not permitted overtime, and those that are have to fill in a claim form each month. So failure to get up at night will get you absolutely no sympathy

from your colleagues in other professions, and may lead to calls for your overtime pay to be reduced. When called at an unsocial hour to see something that sounds like it should have come in daytime, it is tempting to try and wriggle out of it on the phone. Go and see the patient even if it is for an earache or injured little toe. History given by nursing staff over the phone can be extremely misleading and you can not reliably judge the severity of a condition. They will also not mention that the patient is a relative of the Minister of Health. If the nurses call you twice then that is a sign that YOUR PRESENCE IS REQUIRED AT ONCE.

Almost all complaints regarding doctors involve bad manners or refusing to see a patient.

Acquiring Skills

While it is helpful to have anaesthetic and surgical skills before coming, many doctors come with little or none and then acquire them to a certain standard. As with most jobs, attitude and willingness to learn are the most important qualities. From the point of view of getting through a night or weekend on call, the most important skills are spinal anaesthesia and ability to do a caesarean section, so acquiring these skills should be a high priority. After between 6 months and a year doctors should be reasonably competent in these skills sufficient to act as a 'senior' in the duty roster. But doctors have to be prepared to try and sweat a little in their earlier efforts in order to learn (Reference: Dr Hervey Vaughan Williams NOTES FOR DOCTORS IN UMKHANYAKUDE DISTRICT).

Rural Doctors Association of Southern Africa (RuDASA) runs a 6 week On-boarding programme via Zoom from late January February. This is after hours and covers working for the Department of Health, key clinical skills, as well as taking care of your mental health. The programme has been developed by Dr Madeleine Muller mentor@rudasa.org.za. who is a rural veteran and now part of Walter Sisulu University. Details will be sent out via RuDASA Facebook, Twitter, Daily Digest and Rural Buddy Whats App in late January. Video's from the Onboarding 2022 & 2023 can be watched on the RuDASA You Tube Channel:

https://www.youtube.com/channel/UCvH-hC_ev2oAiCuHaNo6XNg.

If you are a member of RuDASA you can also use the RuDASA Learning Portal for further resources and get updates on CPD events, treatment guidelines etc www.rudasa.org.za

The Knowledge Hub stores government documents you may need, and provides regular Zoom education sessions so sign onto their notification system <https://www.knowledgehub.org.za> .

You may find the Rural Doctor Handbook very useful, it was compiled by Dr Ben Gaunt a veteran rural doctor from Zithulele Hospital <https://www.ruraldoc.info>, you can download it as a widget.

Clinical Help

As some of you may be working in areas with few health colleagues we recommend you download the Vula App from Google Play or the App Store. The App links you to specialists on call in your area who can provide you with telephonic advice about patient care and help with referrals to secondary and tertiary care facilities. www.vulamobile.com.

The RuDASA Buddy WhatsApp group puts you in contact with other rural doctors in your province so you can use it to ask questions and get support, you have to join RuDASA <https://rudasa.org.za/signUp>

There is an annual Rural Health Conference in September. It moves province each year. Its a relaxed conference and great way to meet others working in rural as well as learn about coping with rural issues. www.ruralhealthconference.org.za

Making the most of being in a rural environment

Moving: if you are moving a "household" remember to inform the removal company that the trucks may need to travel on dirt roads (if they do) and get through Hospital Gates that may have

a limited height capacity, and they may not have much room for “turning circle”, or have to go “through the bush” on a narrow dirt road.

Where will I live?

Many rural hospitals have nurses homes and staff housing. This can be a “flat” or “house” or “accommodation blocks” with shared kitchen, bathrooms and living rooms. Alternatively it may be a “parkhome”. If you are single you may be expected to share a hospital house if accommodation is scarce. Most accommodation is old and basic, and often in need of repair. There will be electricity and running water, and in older housing baths rather than showers. The allocation of accommodation is determined by a “Housing Committee”. At the beginning of the year the housing is usually very pressured because it is traditionally a time that new staff (not just com servs) join the hospital. Expect to have a “house cleaning” day when you arrive. Light bulbs and sink plugs are frequently missing.

Electricity and water supply can be effected by the capacity of the local municipality and its best to invest in some water storage eg 25-50L capacity for those days when there is no water. Most of us are now used to Load-shedding and have various emergency lights or lamps with bulbs with batteries. Note kitchens in rural areas are usually equipped with old fashioned electric stoves, so you may want to bring a gas plate stove as not all hospitals are exempt from Eskom loadshedding. The Hospital Maintenance Department has to be formally requested to fix any problems with housing - and it can take time.

For hospitals that do not have housing on site they may have contacts for nearby private housing that has been used by previous staff/com servs. Some tourist establishments can be persuaded to give you a monthly rental at a reasonable rate.

You do not have to “stay on site” but if you live more than 30 minutes away you will be expected to stay on site on your “call days”.

Everything shuts at 17.00! One of the things you have to get used to, shops rarely stay open after 17.00. Restaurants may close at 20.00 if there is no custom, or only be open on the weekend. Mr Delivery or Uber Eats do not exist outside urban areas. Say goodbye to Woolworths and hello to General Dealers. You might have to learn to make your own pizza. If you are really far from a supermarket think about a “monthly shop” (this means making a detailed shopping list so you can quickly add the amounts you need for each item) in the nearest town, the saving on food costs can pay for your petrol. Invest in a big coolbox, a plug in one is even better to keep everything cool until you get home. The good news is that Takealot is amazing and delivers everywhere.

Banking: Make sure you have a Banking App as banks can be far away. Autotellers can be found at some petrol stations if there are no “shops” nearby, and some shops may have the Cash point that uses their “shop cash” (you have to ask how much they can give you before using the Cash point). Be aware that autotellers can have long queues and run out of money on big withdrawal days ie end of the month, government pay days (mid month) and “pension days” (these vary in each district). In small communities you may be able to get cash asking at a restaurant /pub that is “cash rich” that day if you can get “cash” by using your card.

Cars: you don’t need 4x4 but you do need a vehicle with “high” clearance, to get over “middelmannetjies” and rocks in deep rural areas, you may also need “off road tyres” here. Air cons will make driving, and cooling down after work, more pleasant. Petrol is more easily available than it used to be in rural areas but as a rule of thumb keep your tank above half full, incase the petrol delivery doesn’t come through. Even petrol stations may close by 19.00. Most take payment by cards but check before filling up. For car servicing you may need to go to a nearby town, especially if you have a newer vehicle, negotiate with the garage to drop you at the shops or provide a loan car while you are waiting (it may be the mechanics own car).

Tips for a social life

Sometimes a rural hospital may seem like a better place to be married than single, however everywhere is what you make it, and a number of predecessors have not had their social life in any way inhibited by their situation, managing to disappear every weekend off to somewhere or

other, with some group or other. There are quite a few people in the same position as yourselves in the neighbouring hospitals. (Reference: Hervey Vaughan Williams NOTES FOR DOCTORS IN UMKHANYAKUDE DISTRICT). If there is a district orientation workshop then you will come into contact with others new to the area - set up a social media group to share ideas about what to do. Many rural hospitals are in "tourist areas" so do take advantage of where you are.

Rural Driving: A major risk to health comes from car accidents. Try to avoid driving at night, when you are at much greater risk of hitting cows, goats, potholes, stones, logs, other vehicles with one or two lights missing, or no tail-lights, or drunken drivers - or drunken pedestrians. Riding in the back of an open truck is also dangerous, especially with a driver of uncertain competence. (Reference: Hervey Vaughan Williams NOTES FOR DOCTORS IN UMKHANYAKUDE DISTRICT).

Help there's no "take away"! Its just your definition of "take away" there are enterprising food outlets that serve enjoyable food even if it's not a chain restaurant, but rural veterans are known to travel 50km just for KFC! If the local "restaurants" are few consider a regular "supper club" with a group of co-workers - it's also a good life skill to learn to cook.

Social contact with others outside of the work facility: living and working with the same people can make problems seem bigger than they really are as it is easy to focus on "what is not working" instead of "what did I achieve today". Your life experience probably means you have socialised with "people who are very similar to you", in a rural hospital you meet a great variety of people and this can get some "getting used to". Ask about local groups such as running clubs, choirs, church groups, book clubs. In the traditional areas find out about traditional dance sessions and what happens on public holidays - often there is some big event in the district.

Help I've got kids! There are local creches and schools, these are usually not up to urban standards and many rural health professionals "adopt" a creche or school and help it develop so that both their children and the local children benefit. Day mothers in the local community can be a rich source of local customs and language - your children will be able to teach you about this! Your children are going to learn to mix with a much larger variety of children and adults than they would in urban areas, where they are more likely to meet people "just like you". This gives them a lot of skill and confidence in social situations. Whilst many parents are happy for children to be schooled locally whilst young, entering high school often means weekly boarding in a town and small towns usually have schools with hostels and either a regular bus "pick up and drop off" scheme (although very early morning starts on those days), or you may have to develop a school car pool system with other parents to ease the burden of long travel times. Otherwise a parent can register with the Department of Education for homeschooling and there are online learning curricula available. Note you must register so that your child will be accepted back into mainstream schools later on. Also if you use an "online curricula" or an "independent" local school make sure they are registered with the Department of Education, otherwise returning to mainstream school can be fraught with difficulties.

"I'm far from home": airways have cheap flight prices if you book well in advance e.g. a couple of months. Think of getting family & friends to visit you for a holiday with a difference, or meet somewhere nice half way between.

Best ways to keep sane:

- Have a physical outlet for your adrenaline: There are lots of Apps for personal physical fitness, and many rural areas have a running club, even yoga groups are more available now. Nearby towns may have golf, tennis or some other sports clubs. Most clubs do allow "social members" ie you don't have to play the game, you can still hang out at their facility.
- Focus on "what I did achieve today" rather than dwell on "this is not what I'm used to". Think of your way to leave problems at work eg "I'm leaving those problems at the gate and not bringing them home", or how to create a positive mood when leaving work e.g think of 2 things that went right today. Even if nothing went right there may be a great sunset to look at!

- Learn how to Navigate Difficult Interactions with Dr Madeleine Muller: <https://www.youtube.com/watch?v=JgyIbNttvCI&list=PLBS4k3o3cGeb-NIHVg7W4teVnLQ5BuUml&index=15>
- When its all “too much”:
 - Taking Care <https://www.takingcare.co.za> is a programme developed by rural doctors to build coping skills, and prevent stress and burnout
 - SADAG (South African Anxiety and depression group) have Online sessions for health workers to talk about it, and a number of other resources or people to talk to: https://www.sadag.org/index.php?option=com_content&view=article&id=3232:support-groups-health-care-workers-hwcn&catid=96:support-groups&Itemid=152