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Title: You can't do what you don't know how

On the front-lines of emergency medical response in Kenya are clinicians in emergency departments of various types and levels of facilities. These clinicians are expected to be able to handle any medical emergency that walks in through the door. From mothers with sick children, people clutching their chests, those hobbling in on broken limbs and laboring women; every day has its own share of emergencies. Doctors, Clinical officers, and Nurses must overcome their fears, limited knowledge, and resources to do their best in serving those in need.

Emergency care in Kenya is still in its infancy, only recently recognized as a stand-alone specialty in 2017, with no public or private university offering a residency program in Emergency Medicine. This has left a huge gap in emergency care despite stakeholders advocating for the yet to be launched and implemented [Emergency Care Policy 2018-2030](#) that would ensure an efficient Emergency Medical System is in place, with education and training being an important component of it.

Kenyan clinicians are often thrown into these situations straight out of college, without going through a [specific course focused on the management of emergencies](#). Instead, emergency care is often superimposed on subjects like anesthesia, critical care, orthopedics and trauma. Emergency care is assumed to be something that one must learn on the job; the danger being those who are supposed to teach you have also learnt on the job and devised their own approaches, right or wrong, leading to mismanagement of emergencies.

Knowledge is power and one of the pillars of the [Emergency Medicine Kenya Foundation \(EMKF\)](#), is education and training to empower the health-care workers with knowledge on how to recognize and handle common emergencies. That is how The Emergency Care Course, (TECC) was born. TECC is a fully hands-on intense five-day algorithms-based training with simulations of common emergency situations with scenarios adapted to the local setting. Pre-test and post-test assessments are conducted at the beginning and at the end of the five days. Participants undertake a practical exam, on completion of the course, with a 2-year certification. TECC has been conducted in 4 out of 47 Counties in Kenya, with participants from over 15 hospitals. The goal is to cover all the counties.

The first day of training is a challenge as many of the participants find it difficult to shift from their usual way of doing things to the systematic approach that is the emphasis of the course. Having a class that has a skill mix of various cadres of clinicians is both a joy and a challenge, with each participant expected to be a team leader and team member regardless of cadre. The idea is to form emergency care teams and promote teamwork in the departments which is reflective of the reality on the ground where many of the health centers and clinics are run by nurses and clinical officers who are often the first point of contact with the patient. This helps them build confidence and seek help in areas where their skills are limited.

A crucial aspect is having the participants practice the skills hands-on and in real-time. This is of paramount

importance in building their skills in basic life-saving interventions such as performing chest compression, bag-mask ventilation, insertion of Laryngeal Mask Airway (LMA), binding a broken pelvis, basic interpretation of ECGs, managing post-partum hemorrhages, recognizing and managing sepsis, among other medical emergencies. The course emphasizes on timely referral after stabilization, fully cognizant of the limited resources in lower level hospitals.

The transformation during the training period is remarkable, with skills uptake and a rise in confidence noted in the participants. Their zeal continues back in the facilities as they implement, practice and share what they learnt, with continuous support from the trainers via WhatsApp groups formed for follow up, updates and difficult case discussions.

[Many facilities in Kenya do not have pulse oximeters, monitors, ECG machines or LMAs.](#) posing a challenge in practicing the knowledge gained. Despite this, the health-care workers in resource limited settings have learnt to be innovative with the available resources to help manage the emergencies.

We urge Governments to prioritize emergency care and ensure the necessary systems and tools are available for their health-care workers, including enrolling them for TECC. Medical and nursing schools should include the systematic approach to emergencies in their curriculum. Health-care personnel are encouraged to take the personal initiative to continually refresh their knowledge and ensure that they are practicing evidence-based emergency care. At the end of the day, you cannot do what you do not know how.