



## DR JOLEEN CAIRNCROSS

*Academic Fellowship Award*

*University of Stellenbosch*

*Family Medicine*

*Specialist Family Physician, health professions educator and PhD candidate, Joleen Cairncross, dreams of a network of primary care physicians with specialist interests at primary care clinics across the country to reduce the burden of referrals.*

Joleen is passionate about empowering patients with knowledge and training healthcare providers in primary care facilities. It is a dream she is living up to with her pilot project and research out of the University of Stellenbosch and its Tygerberg Hospital campus. Her aim to implement a comprehensive approach to patient education and counselling in primary care for the most common non-communicable diseases, has huge potential.

Raising a teenage son, having lost her potential life-partner and medical colleague in a motor vehicle accident in 2014 during her Family Medicine training, Joleen grew up in the low-income suburb of Uitsig and later Mitchells Plain on the Cape Flats.

"My dad is a priest in the Reformed Old Apostolic Church and my mother a housewife dedicated to her family and church. We were always busy with church and community activities and at school, I was part of a drug action committee and very socially involved," she reveals. Head girl at the Malibu Secondary School in Blue Downs, she was the top student in matric. This, despite being involved in a serious motor vehicle accident in matric where she narrowly escaped paralysis.

"Every day the thought crosses my mind that I want to help people," she says.

She duly graduated from the University of Stellenbosch with her MBChB, going on to study Family Medicine and acquiring her Masters in Health Professions Education at the University of the Free State. She then worked for about seven years as a junior lecturer, medical officer, GP locum and academic coordinator.

### Ever the innovator

It was at the University of the Free State that she nurtured her clinical and research skills by exploring innovative ways to improve the quality of healthcare in disadvantaged communities. Here she excelled and achieved various awards and recognition for her research.

However, just as she was approaching even greater heights in the Free State, she made a conscious career decision to uproot herself and return home. "My career needed a different challenge," she explains.

August 2018 saw her back in Cape Town, doing project management and research at the Tygerberg campus and living in nearby Durbanville. Her mentor on the Bloemfontein campus, Family Medicine senior specialist, Professor Dirk Hagemester, lamented this in supporting her PhD application, "In my eyes she has great potential as a leader in society, service delivery and academia. I wouldn't hesitate to have her continue working with us."

Upon being reminded of this Joleen responds, "He role-modelled all of these qualities. I learnt from the best." She attributes her passion for research to another mentor and teacher, Professor Hannes Steinberg at Bloemfontein campus.



### Turning off the non-communicable diseases tap

She is now piloting a patient empowerment and healthcare-worker education project in the disadvantaged communities of Cloeteville and the slightly more distant Delft. The project takes on the four most ubiquitous and societally debilitating NCDs by training healthcare workers in brief behaviour-change counselling and facilitating group education sessions with patients.

Joleen is supporting and training eight healthcare workers from the Cloeteville Community District Clinic and 12 from the Symphony Way Clinic in Delft – all of them routinely treating patients with NCDs.

She says a typical workday in a chronic care clinic can involve each healthcare worker seeing up to 40 patients. Due to time constraints, patients are not taught to self-manage their chronic condition.

### Training modus operandi

By training groups of 10 to 15 patients with type 2 diabetes, asthma, chronic obstructive airway disease and hypertension, healthcare workers in Joleen's programme will significantly influence morbidity and mortality. "We're focusing on the uncontrolled, newly diagnosed, and non-adherent patients, starting with diabetes sufferers, before moving to groups suffering from the other chronic conditions," she says.

After the initial on-campus training, Joleen and her small team will visit the clinics to monitor and support the newly-trained healthcare staff to implement the programme.

"It's a new way to practice medicine, doing interventions with the patients instead of to them. The results are already showing, although my PhD won't focus on the clinical outcomes as much as the efficacy of implementation," she adds.

She stresses that in the wider context in South Africa with its ranking as the unhealthiest nation on earth, diabetes is currently the biggest killer of women from disadvantaged communities. NCDs account for 57.4% of all deaths in South Africa. Sub-Saharan Africa is undergoing rapid epidemiological transition as the rising burden of NCDs collides with

existing chronic infectious diseases such as HIV and tuberculosis.

Ironically, getting healthcare workers to change their modus operandi is often the biggest challenge. "Initially, they tend to see it as adding more work to their already heavy loads, but we help them see the potential of a very different ending," she says.

Her trainees' patient-led guiding style is far more effective than "the doctor-says," top-down approach. "We ask what patients think about the information we provide and how they could do things differently to improve their health," she adds by way of illustration.

The Provincial and National Department of Health keenly follow her work. If she had a magic wand to wield? "I would take it back to the basics of how we train healthcare workers in communication skills and patient-centred care. Imagine if you had family physicians at clinics backed by medical officers. It could reduce the burden on specialist clinics. Imagine a primary healthcare practitioner with an interest in just one specialist discipline – how they could probably reduce referrals by 50 to 100 each month!"

### Empowering patients, reducing healthcare workload

People tend to do unstructured, ad-hoc patient counselling. There are pamphlets, guidelines and booklets, but the actual preventive work is not consistent. There is currently no comprehensive patient-training model at primary healthcare facilities in the Western Cape and Joleen's will be the prospective one. Her model teaches one-to-one counselling of patients through discussion of smoking, nutrition, exercise, alcohol abuse and adherence to medicine. In addition, they follow a structured group-education model to target NCDs. The outcome she is aiming for is systematic implementation of a sustainable model across the Western Cape, once her 'proof of concept,' research is complete.