

Retaining and incentivising personnel after training

CASE STUDY ETHIOPIA

Government-funded ENT surgical training in Ethiopia: how can 'brain drain' be avoided?



An interview with **Uta Fröschl** Consultant ENT surgeon, specialised in Otology; Honorary Assistant Professor, St Paul's Hospital Millennium Medical College, Addis Ababa, Ethiopia

Doctor Uta Fröschl trains ENT surgeons in otology at St Paul's Hospital Millennium Medical College, a public hospital in Addis Ababa, Ethiopia. This is a four-year programme funded by the government and supported by CBM, which trains doctors who are seconded from their hospital posts for the duration. This scheme is designed to create an ear and hearing health workforce in public (government) hospitals and has trained 16 ENT surgeons so far. However, there appears to be significant 'brain drain', either towards the private sector or towards other countries; out of the 16 trained, three have left the country and around five work exclusively in the private sector.

Our Editor, Paddy Ricard, interviewed Doctor Fröschl about the post-training factors that may contribute to this 'brain drain', as well as the reasons to remain optimistic.

Factors contributing to 'brain drain'

Insufficient pay

“Ethiopia is on the United Nations' list of the world's least developed countries and there is a huge problem with money generation. Following the recent war and COVID pandemic, the country suffers from low production and difficult foreign investment. Most people, and certainly government employees, are paid in local currency and the rate of inflation is high, so government employees, such as ENT surgeons working in government hospitals, experience financial difficulties.

The pay in government hospital is low if you consider the price of housing, a car, and schooling for your children. Salaries are even lower in hospitals outside the capital. Many ENT surgeons go into private practice because they cannot make ends meet. There is a high fee to be paid by the trainee if he/she does not fulfil the contract, as this training is government-funded. However, if the ENT surgeons find a way to pay to free themselves from their contract, they leave. Or else they try to find ways around it, such as working in a private clinic.”

Instability

“The recent war and the persistence of armed conflict in some areas create instability and can contribute towards brain drain. The decision to leave one's country is never taken lightly.”

Insufficient equipment

“Hospitals need equipment for ENT surgeons to be able to carry out the work they were trained to do and, in many hospitals, there is little or no equipment.



Supervising a trainee during ear surgery. ETHIOPIA

Some trainees do not return to the hospital they were seconded from because they say 'my hospital doesn't have ENT facilities'. If you don't have equipment, you'll quickly become frustrated and may want to leave.

We have good equipment in the training hospital but we're still not fully equipped. For example, we don't have a bronchoscope, so we can't train people to use this equipment.”

Lack of infrastructure or supplies

“It is not just equipment that is needed, you also need good facilities. For example, we only have one theatre room in the training hospital and there isn't enough space. Lack of supplies and non-ENT equipment can impede work too; for example, last week, such a simple thing as our suction system was not working. So the facilities need to improve as well.”

Not enough opportunities for career development

“After our trainees complete their ENT surgery training, they cannot specialise further because there are no postgraduate training opportunities yet in Ethiopia. This has to do with a lack of specialists in the country: there is little capacity for head and neck or endoscopic surgery and there is no rhinology. So, with no sub-specialty training opportunities, our trainees know they will be technically stuck where they are. Some are fine with this, some are not.”

Lack of ear and hearing care professionals in other fields

“Although it is very good that we are training ENT surgeons, there is also a need for training other specialised personnel in ear and hearing care. There is no audiologist training in the country and there are

Continues overleaf ➤



UTA FRÖSCHL

Supervising an ear examination in the outpatient department. ETHIOPIA

only three audiologists (who trained abroad), two of them in private practice. There are almost no hearing aid services available, and there are not enough speech therapists trained in auditory-verbal therapy and aural rehabilitation. This means that sometimes patients cannot receive comprehensive treatment because ENT surgeons cannot be supported by other ear and hearing care specialties, for example when hearing tests are

not consistent with clinical findings or when there is very limited access to hearing devices which have been prescribed. This is another factor contributing to high frustration after training and ENT trainees leaving for the private sector or leaving the country.”

Reasons to remain optimistic

“Trainees are very enthusiastic and are very good academically. It is practical skills they lack, and there are lots of options for us to improve practical surgical training and contribute to strengthening the health service despite difficult circumstances.

In addition, the interest shown in sub-specialty training by the young generation of ENT surgeons can be seen as a good sign. In the past, there were so few ENT surgeons in the country that they were always swamped with ‘emergency ENT’ work, so they did not have time to concentrate on pursuing further training or to think of what could be improved.

Despite the difficulties faced by the country as a whole, there are currently four ENT training programmes and there is a demand for more. This shows that the government recognises and supports the need to train a specialist ENT workforce, which is very important.”

CASE STUDY GUATEMALA

Training audiology technicians when you are the only audiologist in Guatemala: lessons learnt in improving staff retention



An interview with Patricia Castellanos de Muñoz Audiologist; Director General, CEDAF Centre, Guatemala City, Guatemala

Doctor Paty Castellanos trained in the United States and she is the only audiologist in Guatemala. She has led a private practice, the CEDAF hearing centre, for thirty years, as well as the non-government organisation Smiles that Listen Foundation (*Sonrisas Que Escuchan*), for patients who cannot afford audiology services. She also contributes to raising awareness about hearing disability and advocates for strengthening audiology services in Guatemala, alongside the National Network for Hearing (*Red Nacional de la Audición*).

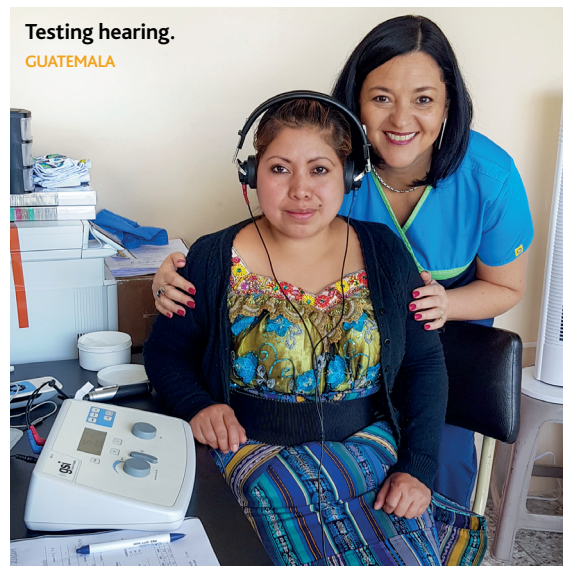
There are no official audiology training courses in Guatemala and Patricia Castellanos has had to train audiology assistants as the need for services has increased over time in the whole country. In her practice, there are now four technicians working in diagnosis and fittings, four who work on neonatal hearing screening, and one who makes ear moulds and does maintenance and minor repairs for all hearing aids. There are also four technicians working in the Foundation (two in Guatemala City and two in Quetzaltenango). Patricia Castellanos is also involved in other community projects such as newborn hearing screening and has helped train two more audiology technicians in Petén, two in Izabal, two more in Quetzaltenango and two in Solola.

Being the only audiologist, Patricia Castellanos has to make sure that the time and resources she spends training future staff are not wasted. We asked her what lessons she had learnt on improving staff retention.

Find the right person to train

“Over the years, I have learnt to take the time to find the person who has the qualities that we are looking for in the job. Sometimes it takes months, but it is worth it because they are more likely to stay.”

Testing hearing. GUATEMALA



PATRICIA CASTELLANOS DE MUÑOZ

“The qualities we are looking for can include languages spoken, and sometimes gender. For example, the Foundation has a small unit in the west of Guatemala, and we had to train a person who speaks K’iche, spoken by the local Indigenous population, as well as Spanish. This person happened to be a man, but then we discovered that the local culture forbade him to be alone with a mother and her baby. So we had to train a female assistant to help this technician: he now deals with babies alone in cribs, but the female assistant helps when mothers are present.”

“We use the same approach for other staff, thinking first of the qualities we need. For example, the person who is at the front desk needs to have a happy

disposition, have good teeth when they smile (it's terrible but it's true – we have observed by comparison that patients gravitate towards someone like this). Front desk staff also need to have a good memory (so, for example, they can remember to ask: 'How is your dog now?'). They need to be proactive too: if the clinic is full and there are patients outside, they need to leave their desk and check what is happening. An accountant, conversely, doesn't need to be a people person.”

Only train when you have the equipment needed for the job

“Training needs to go along with acquiring the equipment the staff will actually be using. I only start training when I am able to equip the technician, otherwise the training will be lost. For example, I would like to train technicians to use Real Ear Measurement, but I cannot do it for now, because we need more equipment.”

Create a pleasant and supportive work environment

“You want the technician to stay after training, because training takes up valuable time. I have technicians who have been here twenty years. I tell them: 'you are one of only very few people doing this job in the country!'. They feel different and they are, because of the job they do.”

“A pleasant work environment is down to many small things: an appealing uniform, greetings when staff come into the office, clean bathrooms, a comfortable place to analyse test results, coffee and tea, one-on-one gratification when work is done properly, etc.”

“I meet with technicians every two to three weeks, to see if they need anything. One person was having trouble with the face masks provided, so we looked for a more comfortable one. Another wished to leave earlier because traffic was very bad, so we asked the hospital if the technician could start testing babies at 6 am, since the babies were already at the hospital and it did not require a change on their part; the hospital agreed, and this saved the technician two hours on public transport every day.”

Give feedback and update skills

“Once a month, we meet with all technicians. Now, most of the time, it has to do with troubleshooting: a problem with ABR testing, a patient who fails to come for their follow up, etc. This is a very useful meeting for reinforcing skills and continuing training. You need to train people not just to push buttons, but to understand what they are doing, so that they can make decisions.”

“There is no training pathway in audiology in Guatemala, so I am the source of all training in my practice. So once a year, to give my technicians a different perspective and update their skills, I invite someone from the outside – an audiologist colleague from a different country – to stay for a week and provide us with training. It is helpful for all of us.”

Don't forget soft skills

“The training is not just about audiology, it is about service to people, manners. Sometimes, we have to focus on soft skills – for example how to address people in the right way (e.g. saying 'comiste'?



PATRICIA CASTELLANOS DE MUÑOZ

rather than 'comistes', which sounds too colloquial). A couple of years ago, I even did a course on spelling, as the staff write notes for patients and it looks more professional if there are no spelling mistakes. We bought school-age books and learnt the rules and made it into a fun activity. The staff really improved.”

Allow for professional growth

“You train one person for your needs, but when we see skills that can be developed, we ask the person if they would be interested. Three years ago, one technician was asking about ABR testing, so that she could explain it to parents. We saw that she had potential and when she said she would like to do ABR, we trained her. Now she is one of the best technicians.”

“Another person worked for years as a receptionist but then decided, after going on maternity leave, that she would like to become a technician. I said we would train her, but that she could lose her job if she wasn't any good. Well, she turned out to be very good and she is now doing even more: speech testing, ABR testing, and soon vestibular testing. She fell in love with audiology just by watching the patients as a receptionist.”

“Looking towards the future, we are now working with a Colombian University so that our staff can study remotely for modules over a period of four months with a week of in-person training. This is because there are no official training opportunities in Guatemala, and the staff cannot afford to leave their families behind for three years (nor do they speak English). It took a while to get this partnership with the Colombian university going, but it is the only way to do it for now.”

Final words on the post-training period

“What happens after training is just as important as the training period – otherwise this training will be lost, like any other learning that is not put into practice.”

“The two winning rules are: (1) Find the right person to train; and (2) Only train if you are ready to implement this training.”

This young child has just been fitted with a hearing aid. GUATEMALA



PATRICIA CASTELLANOS DE MUÑOZ

Training session with technicians. GUATEMALA