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Collaboration between paediatric surgery and other medical specialties in Nigeria

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ABSTRACT

Background: The quality of service and success of patient care and research in most fields of medicine depend on effective collaboration between different specialties. Paediatric surgery is a relatively young specialty in Nigeria and such collaborations are desirable. This survey assesses the nature and extent of collaboration between paediatric surgery and other specialties in Nigeria. **Materials and Methods:** This is a questionnaire survey carried out in November 2008 among paediatric surgeons and their trainees practising in Nigeria. Questionnaires were distributed and retrieved either by hand or e-mailing. The responses were then collated and analysed using the SPSS 17.0. **Results:** Forty-seven respondents were included in the survey. Forty-five (95.7%) respondents thought that there was inadequate collaboration and that there was a need for an increased collaboration between paediatric surgery and other specialties. Anaesthesia, paediatrics and radiology are among the specialties where collaborations were most required but not adequately received. Collaboration had been required from these specialties in areas of patient care, training and research. Reasons for inadequate collaboration included the paucity of avenues for inter-specialty communication and exchange of ideas 33 (70.3%), lack of awareness of the need for collaboration 32 (68.1%), tendency to apportion blames for bad outcome 13 (27.7%), and mutual suspicion 8 (17%). **Conclusion:** There is presently inadequate collaboration between paediatric surgery and other specialties in Nigeria. There is a need for more inter-specialty support, communication, and exchange of ideas in order to achieve desirable outcomes.

Key words: Paediatric Surgery, Collaboration, Specialties

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INTRODUCTION

Surgical care of children requires collaborations between experts of different specialties and experiences. Team work and a multidisciplinary collaboration help in the successful management of difficult and complex cases.[1,2] The specialty of paediatric surgery is relatively new in Nigeria and has had remarkable growth in the last one decade. Despite the significant increase in the number of paediatric surgeons and the improving quality of the practice in Nigeria, the specialty is yet to be well understood and accepted by other specialties. It is therefore important to evaluate the nature and degree of collaboration between paediatric surgeons and other specialists. We set out to assess the experiences of paediatric surgeons practising in Nigeria with regard to collaboration with other medical specialists in the country. It is hoped that this study will identify any lapses in collaboration, possible causes of such lapses, and proffer ways to correct them.

MATERIALS AND METHODS

This is a questionnaire survey carried out in November 2008. The structured questionnaire designed by the authors was administered to all paediatric surgeons and paediatric surgical trainees in Nigeria. The questionnaires were delivered by hand as well as by electronic mail. Hand-delivered questionnaires were retrieved immediately after completion by the respondent whereas those returned by e-mail were printed out. The distribution of the questionnaire and subsequent retrieval was done by trainees who were not involved in this study. This was to eliminate identification of the respondents by the researchers and *vice versa*, to ensure anonymity. Sixty-eight paediatric surgeons and their trainees were actively practising in Nigeria at the time of this study. Only 56 could be reached at the time of study and 47 completed and returned the questionnaires. The respondents were grouped into three; trainees, i.e., senior registrars;

lecturer consultants, i.e., consultants who are also lecturers; and non-lecturer consultants, i.e., hospital consultants who are not lecturers. The responses of respondents were collated and analysed using the SPSS 17.0.

RESULTS

Forty-seven respondents were included in this survey, giving a participation rate of 83.9%. There were 28 (59.6%) lecturer consultants, 8 (17.0%) non-lecturer consultants, and 11 (23.4%) trainees. The range of years of experience of respondents was 6 months to 22 years with a mean of 6.73 (SD 6.45) years and median at 6 years. The lecturers comprised 16 junior lecturers 16 (34%), 9 senior lecturers (19.2%), and 3 associate professors (6.4%). Forty-five (95.7%) of the respondents thought that there is inadequate collaboration between paediatric surgery and other specialties. All 47 (100%) respondents had a need for an increased collaboration with other specialties. The specialty areas where most respondents needed collaboration but did not receive it adequately were: anaesthesia 47 (100%), paediatrics 43 (91.5%), and radiology 38 (80.9%). Collaboration was also required with pathology, and other surgical specialties [Table 1]. The nature of collaboration required was in service (patient care) 47 (100%), training 37 (78.7%), and research 41 (87.2%). Among the three groups of respondents, a higher percentage of lecturer consultants required collaboration for each of the specialty areas ($P < 0.05$). In addition, more of the lecturer consultants required collaboration in research and training when compared to the non-lecturer consultants and trainees ($P < 0.05$). However, the need for collaboration in patient care was uniform among the groups.

Table 1: Specialty areas where respondents needed collaboration

Specialty	Respondents	Percentage
Paediatrics	43	91.5
Radiology	38	80.9
Pathology	27	57.5
Anaesthesia	47	100.0
Obstetrics and gynaecology	25	53.2
General surgery	18	38.3
Neurosurgery	14	29.8
Orthopaedics	17	36.2
ENT	16	34.0
Internal medicine	8	17.0
Cardiothoracic surgeons	4	8.5
Plastic surgeons	23	10.6
Urology	26	55.3

Thirty-two (68%) respondents could relate some poor outcome of their patient management to inadequate collaboration with other specialists. These poor outcomes were rare (once in a year) with 8 (17.0%) of respondents, occasional (once in 6 months) with 20 (42.6%) of respondents, and common (every month) with 4 (8.5%) of respondents.

Respondents related inadequacy of collaboration to mutual suspicion 8(17.0%), tendency to apportion blames for bad outcomes 13(27.7%), paucity of avenues for inter-specialty communication and exchange of ideas 33(70.2%), and lack of awareness of the need for collaboration 32(68.1%).

DISCUSSION

Division of orthodox medicine into various specialties and branches is in itself an attestation to the fact that no specialty can rightly claim to have all that is needed to achieve good outcomes. Inter-specialty collaboration seems to be a major factor to many advances made in medicine in the developed countries.[3] For a specialty relatively new in Nigeria, paediatric surgery needs profound amounts of collaboration with other specialties in order to achieve good outcomes. This survey has shown that collaboration is presently desirable but inadequate between paediatric surgery and other specialties in Nigeria.

The seriousness of inadequacy of collaboration in patient care is reflected by the adverse outcomes of treatment which the respondents related to inadequacy of collaboration. A recent report has shown how collaborative activities have remarkably enhanced paediatric surgery training.[4] Good collaboration with the obstetricians, for instance, entails the obstetrician recognizing that the baby in the womb is a potential patient of the paediatric surgeon. He should communicate the surgeon if he makes a diagnosis or suspects a surgical anomaly antenatally. The planning of any antenatal management and delivery should be done by the two.[5] Prompt referral between the paediatricians and paediatric surgeons is imperative as they manage the same group of patients. Free exchange of ideas in discussions, rounds, and conferences will certainly be illuminating for both specialties. Mutual understanding between the anaesthesiologist and the paediatric surgeon, about the nature of paediatric surgical conditions, and having common interest in the ultimate outcome of all surgeries is very important. Dedicated paediatric anaesthesiologists

will definitely enhance the speed and safety of both emergency and elective surgeries.[6] Same thoughts hold true for radiology, pathology, oncology, ENT, etc.

Few respondents who were trainees and non-lecturer consultants recognised the need for collaboration in research and training. This may mean that trainees and consultants who are not on the academic staff of their institutions are less interested in training and research. This is a potentially dangerous trend for a specialty still in its budding stage. The reason for this less interest may not be clear but it brings to question whether the trainers and consultants are doing enough to encourage their trainees with regard to training and collaborative research. Certainly, more needs to be done to encourage collaborative activities in research and training among trainees and consultants working in non-academic health institutions.

With adequate collaboration, the quality of paediatric surgical care in the country should profoundly improve. More effort is, therefore, needed to enhance the level of collaboration between paediatric surgery and other specialties in Nigeria. Beyond this, researchers have recommended international collaboration as a way of enhancing advancements in paediatric surgery.[7,8] It is expected that Nigerian paediatric surgeons will take a cue from these and initiate inter-specialty relationships. These can be in the form of grand rounds, joint clinical and research meetings, and collaborative research activities. This will ultimately eliminate the failings in paediatric surgical care due to inadequate collaboration, and create new horizons of advancement.

Appendix

Questionnaire

This questionnaire is for a study to evaluate the state of collaboration between paediatric surgery and other specialties. Please assist by completing it sincerely and to the best of your ability.

1) Specialty: Paediatric Surgery ( ), General surgery ( ), ENT ( ), Neurosurgery ( ), Orthopaedics ( ), Others (Specify:)

2) How long have you been operating on children ……

3) Institution of practice……..

4) Status – Registrar ( ), Snr Registrar ( ), Consultant ( )

5) Do you have the need of collaboration with other specialties in your practice (Yes / No)

6) If yes, which specialty areas have you needed their collaboration?

Obstetrics ( )	Radiology ( )	Immunology ( )
Paediatrics ( )	Morbid Anatomy ( )	Microbiology ( )
Anaesthesia ( )	Haematology ( )	Others (Specify)

7) What type of collaboration did you need:
Management of your patient ( ) Research ( ) Training ( )

8) Do you think that there is adequate collaboration with these specialties (Yes/ No)

9) Have you ever related a bad outcome of your management to poor collaboration with any of these specialties (Yes/ No)

10) If yes, how often? Rarely ( ), Occasionally ( ), Commonly ( ), Frequently ( ), Always ( )

11) Do you think that there is need to improve collaboration between these specialties (Yes/ No)

12) In what ways do you think the situation can be improved upon……..……..……..…
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Thank you for your kind assistance

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