

# Mentoring at TRAC Kigali

Joseph Harris MD TRAC Rwanda

- “Mejor Manera Decir es Hacer”  
Jose Marti

# TRAC Clinic

6,000 patients

2-3,000 patients on ARV

Daily Clinical Visits 80-120

4 exam rooms

2-6 physicians for clinical consults

# Problems of Mentoring

- Patient Load
- Number of trainee's
- Language
- Physical space

# Present Plan

- Phase out time functioning as provider increase precepting time with the newer physicians, initiation of new clinical sites.
- Struggle to not to be substitute for the Rwandan physicians despite shortage.

# Mentoring work

- Morning journal club
- Case presentations discussions
- Weekly HIV Case conference-  
CHUK/TRAC
- Selection

# General Considerations

1. Key find out level of experience, training, cultural role of mentor, didactic techniques before launching on role.
2. Respect is key to bridge cultural differences.
3. Avoid shutdown re: possible perception of arrogance, cultural insensitivity.
4. Find out interests of staff, their perceived needs, your idea's of what's needed and make the link.
5. Engage and win confidence of the physicians with whom we're working and training.

# Ideas for Action

1. “Get in trenches” play role in consults”
2. Let staff gradually accommodate and win confidence. Clinical learning curb as well.
3. Teach by example, not preaching!
4. Tardiness, Be on time! Notes (modified soap), Charting labs, Patient exams. Signing notes, Condoms, educational materials
5. Rudimentary language skills

- “Aqui no se rinde Nadie!” Juan Almeida