

and courtesy, the ability to establish rapport and communicate effectively, the ability to gather information rapidly and to organize it logically, the skills required to identify all significant patient problems and to manage these problems appropriately, the ability to listen, the skills necessary to motivate people, and the ability to observe and detect nonverbal cues.”

Primary Health Care training should strive to groom clinicians with demonstrable skills in “*show[ing] genuine interest in the patient; thoroughly evaluat[ing] their problem; demonstrate[ing] compassion, understanding, and warmth; and providing clear insight into what is wrong and what must be done to correct it.*”<sup>11</sup> Throughout training we should inculcate a culture that nurtures the development of compassion, understanding, and patience combined with a high degree of intellectual honesty.<sup>10</sup>

For every second of every minute in every hour of everyday, in a Primary Health Care clinician’s professional life the care of the patient should be the ultimate objective. As an educator, my greatest challenge is to model the ideals of patient-centred care in Primary Health Care to the learners in the face of a tangible reality – the person who bestows trust on the proficiency I ought to have acquired from my mentors. I was touched, as well as, inspired by the writing of Fehrsen<sup>7</sup> that: “*...there are many for whom the last refuge is in Primary Health Care. If this last refuge is uncaring, it’s the final isolation, the final rejection, and hell for them!*”

Let us, therefore, be catalysts to unleash the capacity for caring in the health care clinicians we train.

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## RURAL Telemedicine IN AFRICA

**To the editor:** Most of health professionals in rural areas feel isolated from mentors, colleagues, and the information resources necessary to support them personally and professionally. The medical equipment at their disposal may be less up-to-date and other necessary facilities less than adequate. These conditions have made it difficult attracting and retaining health professionals in rural areas resulting in geographic and socio-economic isolation that have disenfranchised millions of people from the health care services they require.

The advent of telemedicine, which is the use of telecommunication and information technology to provide medical information and services, has brought an alternate solution to help address the problem of healthcare provider distribution. Rural telemedicine can be seen as the way to distribute the medical expertise out to remote and rural health professionals who need consults to help them manage their patients.

Rapid development in computer technology and easiness to purchase has led to more amenability to computer-based telemedicine technology and the growing use of telemedicine. There are two modes used in most of the today’s telemedicine applications. The first one is called store-and-forward or asynchronous mode and is used for non-emergent situations, where the diagnosis or consultation may be made within the next 24 – 48 hours. The application of store-and-forward includes teleradiology (the sending of x-rays, CT scans, or MRI), telepathology and dermatology. The second mode is the interactive (real time) consultation or synchronous mode, which may involve two-way telephone conversation or two-way interactive videoconferencing that provides face-to-face consultation.

Telemedicine also requires the availability of quality telecommunication infrastructure. However, the advanced telecommunication infrastructure is usually unavailable or very expensive in rural areas. According to the Federal Communications Commission (FCC) telecommunication and health care advisory committee “... in most cases the telecommunication bandwidth available to urban health care providers and business is not available in rural areas. This poor quality or the lack of telecommunication infrastructure remains one of the major obstacles for introduction of telemedicine in most parts of Africa. Even though in other places telemedicine is being used, the services offered are limited due to the lack of sufficient bandwidth, especially for quality video transmission. So to make rural telemedicine a reality, there needs to be cooperation between the department of health and department of communication so as to make sure that the telecommunication infrastructure needed for telemedicine is there.

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