

Medicine at Michigan

(/)



FACULTY

His 5th Grade Teacher Held Him to a Higher Standard

Now he's changing emergency medicine in Africa.

BY KATIE WHITNEY FALL 2020



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Rockefeller Oteng, M.D. (Residency 2009), has a guiding principle: “The best thing you can do for someone is to respect them enough to expect the best of them.” Oteng, an assistant professor of emergency medicine, discovered this insight in fifth grade when he was struggling in class, often zoning out and appearing distracted. When his teacher called his dad, Oteng thought he was in big trouble. Instead, “she told my dad, ‘I think Rocky’s bored because the material isn’t challenging enough for him,’” Oteng recalls. “She wouldn’t accept my regular effort.” She gave him extra work, and with encouragement from his Ghanaian parents, he rose to the challenge. This fifth grade experience in Virginia was the first time he remembers someone in school holding him to a higher standard, and he’s been rising to the challenge ever since.

In 2008, he began working with the U-M Ghana Emergency Medicine Collaborative to build emergency care systems in Ghana. For the first few years he spent eight months out of the year in Africa, helping to train around 50 physicians and 500 nurses to the same standard he uses at U-M. “I expect the same from my residents here as I do from my residents in Ghana,” he says. “There’s no difference other than GPS location.” Those emergency systems now have their own attending physicians and nurses.

Providing a thorough clinical training is the secret to the program’s success. “It’s not rocket science,” Oteng insists. For him, a good education in emergency medicine requires an attending physician to work side by side with trainees, in their environment, so they can respond to emergencies using the resources and infrastructure that are in place. He says that sets them up for success because their education isn’t just theoretical. They see the positive impact they can have in their own communities.

He recalls a moment in Ghana when he and a second-year resident were treating a woman in need of a pacemaker. She was in bad shape when she came in, but they did an EKG and put her on an external pacemaker. Pretty soon she was up and having a conversation. Oteng saw the resident explaining the EKG and pacemaker to an older man. “He’s got to be important, because everyone is kowtowing to him,” Oteng recalls thinking. When Oteng later asked the resident who he was, she told him it was their lead cardiologist. Oteng was flabbergasted at the idea of a second-year resident explaining such basics to a cardiologist, and he was outraged on behalf of this man. “Somebody did that to him,” he says. “He didn’t wake up one day, and say, ‘I’m a cardiologist.’”

Moments like this fuel Oteng’s frustration with other training programs that don’t, as he puts it, respect African physicians enough to give them as good an education as they would get in a developed country. “That is something that I can’t do,” he says. “I can’t have my trainees walk into an emergency department somewhere else and be like, ‘We don’t know this.’ That would be devastating.”

It’s personal for Oteng, too. He’s originally from Ghana, but his parents brought him to the U.S. at a young age. “In the village areas in Ghana, there’ll be the little kids with no shoes playing with a sock, rolled up like a soccer ball,” he says. “My inner self-image is always that little kid.” For Oteng, that’s a big part of what keeps him going.

Now he’s confident that the physicians he trained in Ghana are able to train others at the same high standard. When he was asked to do clinical training for a group of physicians in Ethiopia, he told them, “We have attendings in Ghana who can come over to Ethiopia and be your Rockys.” He’s also developed a

relationship with a training program in Tanzania. “We’re going to create these centers of excellence, build out what emergency medicine is [in Africa].

“Here in the U.S., even though people don’t know it, we have universal access to care because of emergency medicine,” he says. “When you really need it, we’re there, we’re open.” He acknowledges that patients may be stuck with a bill at a later date, but at least they’re alive. The same can’t be said for patients in places without emergency care systems.

Oteng envisions a massive ripple effect from putting those systems in place. For him, it isn’t just about preventing deaths and fixing traumatic injuries. It’s about creating a healthy workforce that can drive an economy. “How do you go from being a low-income country to anything else without an emergency medical system?”

Oteng sees a ripple effect already in the response to the pandemic. “In our current global state, it’s the products of our programs who are leading the defense against COVID-19. Our graduates, through their formulation of the Emergency Medicine Society of Ghana, have coordinated with all the first responders to provide accurate, evidence-based, and immediate information to all involved. They have created and implemented response and surge plans at their institutions.”

Oteng believes one of his biggest hurdles to expanding this work is telling the story so that people understand the depth and breadth of these projects. He’s grateful to Steven Upton, the Michigan Medicine physician assistant who volunteered to travel with him to Ghana to capture the story on **video** (https://www.youtube.com/watch?v=v3zeXenaoAE&feature=emb_logo). “That video is powerful,” he says. “Unless I took you to Ghana, I don’t think you’d understand any more than what came through in that 90 seconds.” He’s gotten some attention outside of Michigan Medicine as well: his was one of 100 proposals selected by the John D. and Catherine T. MacArthur Foundation to be considered for **100&Change** (<https://www.uofmhealth.org/news/archive/202002/two-michigan-medicine-efforts-named-among-top-100-proposals>), a \$100 million grant. Oteng was also named to EMRA’s list of **45 Under 45 Influencers in Emergency Medicine**. (<https://www.emra.org/be-involved/awards/45under45/>)

Oteng also credits Henry Jewell, assistant director of development for the emergency medicine department, for helping to raise the money for these projects. “I explained it to him, and he understood it,” Oteng says, praising Jewell for his ability to convey the story to donors. He’s also grateful to the emergency medicine department for allowing him to do this work. “The work is dependent on people around me who have seen the potential positive impact of what we’re doing.”

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