

The Association of Surgeons of Great Britain & Ireland



Report

on the Introduction to Surgical Skills Course

at

**the Botswana College of Agriculture,
Gaborone, Botswana**

17 – 18th January 2011

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Introduction to Surgical Skills Course at the Botswana College of Agriculture, Gaborone, Botswana

17 – 18th January 2011

Faculty

Mr Robert Lane – Convenor
Mr Russell Lock
Mr Clive Quick
Mr Andy Stevenson
Sister Judy Mewburn

Introduction

The Association of Surgeons of Great Britain and Ireland (ASGBI) was invited by Dr. Jack Mkubwa, Director of the ICU at the Princess Marina Hospital (PMH), Gaborone to undertake a basic Surgical Skills Course; the first such in Botswana. The suggestion originally came from Mr Clive Quick who met Dr. Mkubwa during the latter's visit to Cambridge on behalf of the Botswana-Addenbrooke's Abroad Link.

It was agreed that we should run a two day Course which would not include basic laparoscopy training on this occasion.

Mr Clive Quick, from Cambridge, was invited as part of the visiting Faculty along with Mr Andrew Stevenson, Orthopaedic Fellow at the Beit Cure Hospital, Blantyre and Mr Russell Lock from London. Sister Judy Mewburn's role was to run a Theatre and Recovery Nurse Training Course at the Princess Marina Hospital concurrently with the Surgical Skills Course.

It was agreed that the visiting Faculty would bring all the equipment to run the Surgical Skills Course apart from some of the disposable items. A full list of equipment was sent to Dr. Mkubwa beforehand and it was agreed that we should use a pig as abattoir material. The sutures were to be provided by J&J (ZA) and to be dispatched by air from Johannesburg. The Veterinary Clinic at the Botswana College of Agriculture (BCA) was chosen as the venue by Dr. Mkubwa. Accommodation, local transport and other logistical matters were organised well in advance.

All pre-course proceedings were undertaken in the usual manner. Immunisation and insurance advice were given and waiver forms completed and returned prior to departure.

Acknowledgements

I should like to acknowledge, first and foremost, Dr Jack Mkubwa for inviting us to Gaborone and for his assistance and hospitality throughout our stay, Ethicon GB for their continuing support for these programmes, J&J (ZA), and in particular Colin Mills and Ignatius Ferreira, for providing the sutures, Nyadi Kgobe for driving up from Johannesburg and being very supportive during the Course and to Florence Thimba (Thompson Medical) who was also in attendance. I also acknowledge Dr. Alemayehu Bedade who did much of the preparation before the Course and to Dr. Esau Waugh for allowing us to use his clinic at the BCA and for being so helpful.

I also acknowledge Miss Bhavnita Borkhatria for her help in booking the flights, general administrative duties and for arranging for the expenses to be reimbursed so promptly, Mrs Jane Gilbert for her excellent secretarial assistance and for keeping the preparation on course prior to departure, the visiting Faculty for their unstinting support, hard work and good fun throughout the trip. Finally acknowledgment is due to the Research Foundation of the Association of Surgeons of Great Britain and Ireland and the British Journal of Surgery Society for supporting this Course.

Itinerary

Outward journey

Four members of the Faculty (Bob, Russell, Clive and Judy) met up at Terminal 1, LHR on Friday 14th January at 18:00 hours in preparation for checking in at the SAA desk and this so we could do so as a party because I was carrying two extra suitcases containing all the equipment. The desk was very helpful in trying to reduce our excess baggage by letting us share it out between us. We saved about £200 but still had to pay £430 and this for 46 kilograms excess weight. They did ask whether I had applied for Charity status when booking the tickets and I had not and so duly

made note of that fact for future reference. 20 Kilograms baggage allowance for economy class does not seem very much. This was of relevance on our return journey.

The flight took off on time at 21:05. It was moderately full but comfortable and the food was very good (not just my impression!). We landed on time in Johannesburg at 10:20 the following morning. The four hour stay over in the airport was spent in the lounge, courtesy of Priority Pass, and/or the shops. We met up with Andy Stevenson on his arrival from Blantyre. We caught the 14:20 plane to Gaborone and arrived at 15:25. Andy had to wait for the next plane which got him in about 2 hours later. Again these flights took off and landed on time.

We were met at the airport by Dr. Jack Mkubwa and several of his colleagues. I was forewarned that I had to submit a list of equipment for customs purposes and this I did. It took about half an hour for them to decide that all was satisfactory and we were then driven to the Falcon Crest Suites Hotel which is about a mile outside the town centre.

Inward journey

We departed on Thursday 20th January; Andy at 06:00 and the remainder during the afternoon. I was expecting to pay a vast sum of money again for the excess baggage but to my total dismay the SAA desk allowed each of us 2 bags and so that meant that we did not have to pay for any excess baggage! It later transpired that she had allowed us the American rate i.e. 46 kilogram's per person! Whilst I was delighted at this turn of events it made me wonder how on earth airlines work out how much baggage one can put in the hold, especially as the distance to America is further than the distance to London and presumably uses more fuel! We caught the 17:35 plane back to Johannesburg which arrived on time at 18:30. The journey was comfortable and the service excellent. We spent the stay over in the lounge or the shops. We caught the 20:50 SAA flight back to Heathrow which not only took off on time but arrived on time. The plane was about a third full and so we had plenty of room to make ourselves comfortable. The service was again excellent.

SAA were chosen because it was the same airline that took us all the way and this is important when carrying baggage full of equipment. Changing airlines mid journey runs the risk of losing some or all of the luggage!

Summary of Itinerary

Outward Journey - South African Airways, Flight Nos. SA 237 and SA1765

Friday 14th January 2011

Departed LHR, Terminal 1 at 21:05

Arrived Jo'burg the following morning at 10:20

Saturday 15th January 2011

Departed Jo'burg at 14:20

Arrived Gaborone at 15:25.

Inward journey - South African Airways, Flight Nos. SA39 and SA234

Thursday 20th January 2011

Departed Gaborone at 17:35

Arrived Jo'burg at 18:30

Departed Jo'burg at 20:50

Arrived LHR the following morning at 06:25

Our stay in Gaborone

Saturday 15th January

We settled into our rooms at the Falcon Crest Suites which were extremely luxurious and it transpired that this was a private house until a relatively short while ago and was then converted into very plush rooms with en suite this and that including Jacuzzi's. Not knowing their mode of action or intention I declined to make full use of mine! There was an excellent bar and small restaurant together with a very welcome swimming pool. The hotel was in a pleasant and quiet residential area. We spent the evening in situ and retired early having had a somewhat tiring journey.

Sunday 16th January

We arose moderately late, had breakfast and then got a lift into the centre of Gaborone as we were not due to be picked up to go to the BCA until 14:00. We obtained some local money from an ATM at a hotel on the way. (Exchange rate £1.00 = 10.55 Pula). We were dropped off at the National Museum and Art Gallery where admittance was free and spent a very pleasant two hours there. The standard of taxidermy was excellent and all of us were very impressed by both the Museum and the Art Gallery; the latter being predominantly focused on combating aids.



Excellent montage in the museum of vultures nesting in Botswana

Thereafter we walked part way up the Mall which, though pleasant, didn't enthrall us greatly and so we turned round and walked back to the hotel; a distance of about a kilometre and a half. The weather was hot and somewhat humid with short lived storms. The surrounding countryside was green and this not surprising as we were in the middle of the rainy season.

We had a light lunch and at 14:00 were collected together with our equipment and taken to the BCA which is about 7 miles north of the town. This is a large modern campus and our venue was the Veterinary Clinic where we met Dr. Esau Waugh, Head, Department of Animal Science and Production. The size of the allocated room was satisfactory but we had to move some tables from an adjoining room in order to have enough for the Course. It was a little difficult to place the tables under the strip lighting but nonetheless the overall light was satisfactory. We had been told to expect 14 participants but this came down to 12. It is important to know the figure beforehand so that we do not bring out a surplus of equipment which has to be paid for as excess baggage.

The jigs, instruments, cork mats etc were all laid out in the normal manner. The projector, loud speakers and laptop (brought by Andy) worked very well although we did need to have an extra socket. The extension lead that I had brought out from UK only had two and we needed three i.e. one for the computer, one for the projector and one for the loud speakers. The DVD projected very well onto a blank wall and there was no need to use sheeting or a screen. There were adequate numbers of wash basins and a fridge within the room where we were working. The sutures did not arrive until the following day but that didn't affect setting up. Esau took Russell and I off to meet the sow, who was going to be sacrificed early on Monday morning, to make sure it was adequate for our purposes. It looked somewhat more adequate on seeing her standing in a pen but the full force of her weight was not apparent until the following morning! We returned to the Falcon Crest Suites for a swim and then dinner.



“Limbs and Things” knot tying and suture pads

The Introduction to Surgical Skills Course

Monday 17th January 2011

It was a twenty minute drive from the hotel to the BCA during the rush hour and we arrived at 07.45. The projection equipment was set up and 12 participants arrived; two of whom were young consultants (Dr. Goutam Chowdhury and Dr. George Khalil) and the remainder were Medical Officers from the PMH. The Registration book was signed and a short introduction to the Course was given including a reminder of the objectives and content. All participants had received the manual beforehand.

The Course was underway by 08:45 and proceeded as per the time table. Again the knot tying proved to be the most difficult aspect. It is amazing that this is so in every single course that we have undertaken. Clive and I ran the morning aspect while Russell and Andy dealt with the sow which arrived at 08:30. She was humanely despatched by a member of the Veterinary Department and then the problems began!

It took six people to lift the sow onto the dissection table! Once the pig was placed in left lateral position she could not be moved thereafter because she was so heavy! This made dissection extremely difficult and all credit goes to Russell and Andy for spending the whole morning struggling to retrieve the guts (with the attached mesentery), the arteries which were surprisingly small for such a huge animal and the trachea. The head was decapitated, the four trotters removed and these together with two goats trotters were prepared by Andy for the Orthopaedic Module. There was an enormous quantity of meat for the debridement exercise. The specimens were put in to freezer bags with water and then placed in the fridge. This seems to be perfectly adequate for overnight storage. Clearly if we were to store specimens for longer then we must consider using Salt and Saltpetre. The thorax was immersed in a sink of water overnight.



Whole pig with Russell in control



Pig now dissected with Russell the worse for wear!

It was unfortunate that the mid morning refreshments did not arrive on time and this did affect what we could achieve during the first morning. It transpired that the refreshments had to come from PMH and hence the delay.

The new knot tying jigs from "Limbs and Things" were excellent. However, the knot tying tubes were rather small in diameter and the cord rather thin as compared to the old style thicker knotting tube and cord that we had used before. Furthermore, the large deep removable cylinder (reversible for angled abdominal and gynaecological tying at depth) probably was not worth the effort of transporting out from the UK for the basic course because they take up a lot of room in the luggage. The intermediate sized cylinder for tying at depth was sufficient.

We lost about an hour from the morning's timetable so the suturing technique using the pads was undertaken in the afternoon. In order to make up time we omitted the "Sutures and Suture Technology" session on the DVD which takes about 20 minutes.

The bowel anastomoses proceeded according to plan. The fresh pig small intestine was very satisfactory. The mesenteric vessels were easy to identify but there were not many peripheral mesenteric lymph nodes to dissect so that aspect was omitted. All the participants, bar the two Consultants, were at roughly the same stage of their training and so they tended to finish each exercise at about the same time which was helpful. The sutures arrived mid morning from J&J with Nyadi Kgobe. Up until then we had used sutures brought out with us which were somewhat of a mismatch but were satisfactory. The afternoon refreshment break took place adjacent to the room where the course was being undertaken and this was much more convenient.

The Course finished at 17:15 and was followed by a brief evaluation of the day's events. All the instruments, cork boards, etc were washed in disinfectant solution made up of 10 grams of Presept (each 2.5 gram tablet containing 50% sodium Dichloroisocyanurate). The instruments were left to dry overnight. The projector, loud speakers and laptop were taken back to the hotel. The remainder of the equipment was left in situ and the clinic was securely locked.

Back at the hotel we reviewed the day's proceedings and met up with Judy who had spent all day at the Princess Marina Hospital undertaking her Theatre and Recovery Nurses Course. (See separate report – Appendix 1). We dined in and retired early.

Tuesday 18th January

The Course started at 08:30 and on this occasion we departed from normal procedure by showing Clive Quick's DVD (from the Anastomosis Workshop Series) on arteriotomy and vein patch application. This went very well but may have been a little too detailed for basic trainees. All aspects of the two procedures were performed well by the participants. The arteries from the sow were excellent. The mid morning refreshment break was again taken adjacent to the room where we were working. Thereafter the participants broke up into two groups; one undertook chest drain insertion led by Andy Stevenson who also demonstrated the use of a Humby knife for split skin grafting, whilst the other undertook tracheostomy led by Russell Lock. After 45 minutes the groups changed over.

Lunch was taken at the normal time and thereafter the participants undertook the abdominal wall closure without a single pair bursting the balloon which is the first time this has ever happened!

Andy Stevenson then led the Orthopaedic/Trauma module. The wound debridement exercise was successfully undertaken. This was followed by the tendon repair which again went well.



***“No, you should do it this way” –
Andy demonstrating how to apply a back slab***

Andy then gave a talk on fracture reduction techniques and traction. Unfortunately there was only enough plaster for a back slab to be performed and this by half the participants.

During the afternoon the refreshment break was taken at the same venue as previously. The Course finished at 17:15. The Evaluation forms were completed and returned. A general discussion took place with regard to what went well and what didn't; what was most useful and what could be left out. It is important at the outset of each course to emphasize the objectives. If they don't understand them then they say they want all sorts of procedures which are totally impracticable. On the whole it appeared that all the participants had appreciated and enjoyed the Course.

Thereafter all the instruments were washed, dried and packed away in their respective containers. The buckets were retained but the cork boards and the neoprene, of which there were six unused segments, were left behind for future use with Dr. Chowdhury to keep at the Princess Marina Hospital. Sutures that were not used were retrieved by Nyadi and taken back to Johannesburg.

The Clinic was cleaned up to the best of our ability and all the rubbish stowed in black bags separate from the abattoir material.

The two cases were taken back with us to the hotel where we met up with Judy and had a short rest prior to being taken out to an Italian restaurant, the Primi Piatti, in the Rivers Walk Shopping Centre for dinner at the invitation of Arthur Moore, a friend and colleague of Dr. Jack Mkubwa. We all had a very pleasant evening and retired to bed again somewhat exhausted.

It is hard work running these courses and in particular keeping to the schedule, otherwise what tends to be sacrificed is the time the participants have to practice the exercises.

Wednesday 19th January

After a leisurely breakfast we were taken to the Seminar Room at the PMH where we were introduced to Dr Bal Sharma, Director of the Surgical Department, who expressed his gratitude to us for coming to Gaborone and running the Course.

Unfortunately the projector was incompatible with our laptop but eventually this was sorted out. There was a large audience of Consultants, Nurses and Trainees. The session started with Clive giving an interactive lecture on the value and importance of surgical audit which engendered much discussion. Russell then gave a very useful lecture on the practicalities of Day Case Surgery and in particular the cost saving aspects. I then gave a lecture on the organisational aspects of running Courses and in particular the Surgical Skills Course. A useful discussion ensued and I hope that the points were taken on board. Andy then gave a very good lecture on Fracture Management including the risks of inserting prosthetic material in patients with HIV/Aids. Much discussion ensued. Finally I gave a lecture on anastomotic complications which was aimed really at the trainees but provoked a useful discussion from Consultants as well. We finished just before lunch which was taken outside the Seminar Room.

We then went back to the hotel, changed and set off in two cars; one with Arthur and the other with Dee (his wife). Our destination was the Mokolodi Nature Reserve which is located 12 Kms south of Gaborone. Driving out of Gaborone reminded me very much of small towns in America i.e. some two storey buildings but a lot of single

storey ones with relatively large gardens and wide roads. There is certainly no shortage of space and everywhere looked very green and lush.

On arrival we exchanged vehicles and set off in a large Toyota Land cruiser for a drive round the Reserve. We saw a giraffe, several kudu and impala, a couple of retired cheetahs within an enclosure, water bucks and a few warthogs. We did see some birds but because the vehicle was bouncing up and down I was not able to positively identify them which was a pity. We stopped on a bluff and took some beer. The scenery was fantastic. One could look over towards the Gaborone dam and could see South Africa in the distance. We then returned to base, switched vehicles and made our way back to the hotel. The weather was very pleasant and all in all it was a fantastic afternoon.



***Our host – Dr. Jack MKubwa
at the Mokolodi Nature Reserve***

We were then picked up at 19:00 and taken to the Cresta Lodge Hotel in the centre of Gaborone for a formal dinner at which our hosts were Dr. Jack MkuBwa, Dr. Vincent Molelekwa (Hospital Superintendent) and Colonel Leke Ovuya (Hospital Manager). The dinner gave me an opportunity to thank all three of them for their hospitality not just on that particular evening but also during our whole time Gaborone.

Judy handed out the Certificates to the Nurses who had attended her Course and I did the same for those who attended the Introduction to Surgical Skills Course. We had an excellent meal and returned to the hotel.

Thursday 20th January



NHS – Please note !

Andy left the hotel at 06:00 to get his connections back to Blantyre. We were taken to the PMH and at 09:30 began a tour of the hospital beginning with the Intensive Care Unit which looked identical to that at home. There seemed to be adequate numbers of nurses per patient. Certainly this was the best equipped Intensive Care unit that we have seen in Sub Saharan Africa bar the Republic of South Africa. We then went to the operating suite but did not actually go into the theatres although we could roughly see the layout, which looked spacious and well equipped, through the door windows. We were then taken to the surgical wards and were shown some adult patients by Dr. George Khalil and some paediatric ones by Dr. Goutam Chowdhury. We saw patients with oesophageal cancer, burns, vascular abnormalities requiring grafting, acute abdominal complaints such as appendicitis and amongst the children, intestinal atresia, abscesses of various sorts, a young lad with two snake bites and another child with full thickness burns. The incidence of HIV

is about 30% and this not helped by a large influx of refugees from Zimbabwe who all have to be treated but thankfully the Government can afford to do so.

We finished up in the A&E department which was spacious, moderately well equipped and reasonably well staffed. We were also shown a very impressive database designed by one of the surgical trainees on which were entered all patients who were treated within the department.



ICU



A burns patient – an all too frequent phenomenon in Africa



Snake bite to ear

We said our goodbyes to Dr. Jack Mkubwa, Dr. Chowdhury and Dr. Khalil at 12:30 and returned to the hotel. We had a light lunch then left for the airport at 14:30 in the hotel mini van.

We all found that the accommodation, food and the ambience at the Falcon Crest Suites were extremely good. The staff put themselves out of their way to make us welcome and to deal with any problems that we had such as providing free transport to the airport and arranging for us to be taken into town to see the Museum. In general we found all the people we came in contact with were very polite and helpful.

Course Evaluation

There were 11 replies as the 12th participant did not turn up on both days. The average score was 9.18 (out of 10).

All found the Course beneficial. The most useful aspects quoted were knot tying and suture technique (9), bowel anastomoses (8), the arterial exercises (6), tendon repair (3), abdominal wall closure (2) and handling of sharps (1).

Six of the participants did not find any part of the Course least helpful. However, the following exercises were reported in this category:- the arterial element (3), wound debridement and plaster application once each.

Several aspects were mentioned with regard to improving the Course:- adding sutures and suture technology (5), removing the arterial element (2) and changing the arterial element to a similar format as the rest of the Course (1). The following were mentioned once each:- adding brief clinical and operative aspects before each exercise, tracheobronchial anastomosis, repair of liver injury and insertion of CVP line. We had to omit the sutures and suture technology section because of time and we changed the DVD for the arterial element and this partially explains the above comments.

Three participants said that the DVD ought to be made available to participants to take away and another suggested that we ought to ascertain what the participants know already and then adjust the Course accordingly.

The suggestion that we ought to provide short notes with regard to the clinical and operative aspects before each exercise is an interesting one and something which we ought to consider. We clearly don't have time to go into these details before each section so printed notes may be a compromise. However, we must not forget that this course is about teaching surgical skills and not about clinical and operative aspects.

Summary

What went well?

- Pre course preparation in terms of communication with Dr. Mkubwa went very well. There were no surprises awaiting us in Gaborone. The accommodation was excellent and reasonably priced. The venue for the Course was also excellent with good washing facilities, a fridge, air conditioning and reasonable light. Dr Esau Waugh was exceptionally helpful and dealt with all our needs. Without him we would have had problems obtaining abattoir material.

- The sow, though enormous, provided excellent material for the bowel anastomoses and arterial work. The trachea and trotters were also good. Having said that she was really too large and made dissection extremely difficult. In future we should opt for a slightly smaller specimen.
- The AV equipment worked well and we had no problems with regard to this during the whole of the Course,
- The participants were punctual and so we were able to start each day on time.
- The Course dinner was a great success. I think this was a better venue to award the Certificates than at the end of the Course when the participants are tired and simply want to go home .The food and the ambience on this occasion was exceptional.
- The lectures given by the visiting Faculty were well presented and well received and this by an enthusiastic audience of both medical and nursing staff.
- The hospitality was superb and we are extremely grateful to Dr. Jack Mkubwa and Mr Arthur Moore.
- A course photograph was taken.



Group photograph

What could we have done better ?

- In future we must outline the layout for the Course. I had not done this and it was only by sheer luck that we were able to find more tables and stools. The number of these items clearly depends upon the number of participants and this is something that the local organiser must advise.
- The abattoir material is always difficult to ascertain beforehand. In retrospect we could have done with a smaller pig.
- The sutures did not arrive on time but this may have been due to a hold up in customs. I did wonder whether Nyadi could have brought the sutures with her from Johannesburg as she drove up the day before the Course rather than fly them to Gaborone from Johannesburg.
- Many of the disposable items were not present on the set up day, i.e. Sunday. The difficulty here was that the BCA is about 8 miles from PMH where most of these items were sourced. There were no sharps containers (we used plastic buckets bought with us), no gauze swabs, no white / green IV needles for tendon repair (used push pins which were not really satisfactory), there was very little in the way of Stockinette sleeve liners, Velband, POP or plaster cutters and this severely limited the plastering exercise. There was no plastic sheeting to cover tables (used black bin liners that had been bought with us). There was no masking tape to cover the wires which traipsed over the floor. All these items were enclosed in the details sent from UK beforehand.
- We got severely behind time for two reasons:-
 - a. refreshments were an hour late arriving for the mid morning break on the first day
 - b. The arterial DVD (which came from a different course) in retrospect was too long and this made us an hour and a quarter late on the second morning.

These two factors meant that we did not have time to show the section on sutures and suture technology and on both days we had to finish the morning sessions during the first hour or so of the afternoon and this before we could start the afternoon sessions. This had the effect on Day 1 of not really giving adequate time for the anastomosis exercises and on the second afternoon not really enough time for the Orthopaedic/Trauma

module although, as it transpired, we were very short on POP etc so we could not have completed the plastering techniques anyway.

- The timing of the refreshments is fairly crucial. 5-10 minutes either way can be accommodated but if the refreshments are an hour or so late then that creates a problem. I had not realised that they had to be brought from the PMH and were not sourced at the BCA.
- So far on all the Courses we have run, the local Faculty have been on the training side of the fence as opposed to actually undertaking the Course. Having said that I think that the two young Consultants probably learnt far more about how the Course is run by participating fully on the Course for the whole two days. Often the local Faculty drift in and out but if they are doing the Course then they are there the whole time. So in retrospect this may not have been a bad idea.
- We should have insisted that mobile phones were on silent mode.
- We need more 20 ml syringes and this for the debridement exercise.
- We need two universal sink plugs and a four socket lead extension with circuit breaker.

Conclusion

Despite the comments in the previous section I believe that this Course was successful and this partly based upon the Evaluation by the participants.

Each Course we run we learn a little bit more about how to do it better. It is easy to fall into a state of mind where one churns out the same Course over and over again. Every aspect can be improved.

It was interesting and informative to be taken round PMH. We were all impressed by how modern the hospital was especially the ICU. We were somewhat surprised that RSA has not become more involved in training in Botswana. With the new Medical School opening last year they are certainly going to need help and direction as far as training is concerned. There is the Botswana – Addenbrookes Abroad Link which has been in place since 2009 and so is still in its early days. So far this has not involved surgical training and it may be that this is something that we could talk to them about.

Botswana seems somewhat isolated as far as surgical provision is concerned. The Consultants are from many different countries and some don't stay very long which is not good for continuity of either care or training. Botswana is not a member of COSECSA and one wonders whether this would be advantageous for them. A lot of the help during these Courses can be provided by the local Ethicon/J&J rep and Gaborone does not appear to have one. On the other hand Gaborone is not a designated skills centre which it would be if Botswana belonged to COSECSA. All these issues need to be looked into.

Appendix 1

A Report on the Nurse Training at the Princess Marina Hospital, Gaborone, 14th – 21st January 2011

by

Sister Judy Mewburn

We all met at Terminal one at Heathrow; Bob Lane, peeking over a trembling pile of suitcases, Clive Quick from Cambridge and Russell Lock and myself having travelled from Paddington together. After a good overnight flight we arrived in Johannesburg airport in the morning and then, later in the day, took a small turboprop airplane to Gaborone. Having been previously warned that it is pronounced Habarone we felt very in the know! We were driven to our hotel, the Falcon Crest Suites, a truly amazing place built in the eighties by a Botswanan woman and now managed by a Serbian woman. Each room had a large Victorian bath and vintage type furniture and bucolic paintings. It transpired that the stars of The No. 1 Detective Agency had stayed there whilst filming! We were joined by Andy Stevenson, an Orthopaedic Registrar working at the Beit Cure Hospital in Blantyre, Malawi.

The following day we went to the National Museum of Botswana which was excellent with lots of history of the people and agriculture of the country. There was also a very good exhibition of paintings on the prevention of AIDS and the toll it had taken on the people. There is a very high incidence of HIV/ AIDS which is exacerbated by the refugees fleeing from Zimbabwe. They put a huge burden on the health system as they expect to be, and are, treated free. After lunch we went to the Botswana College of Agriculture where we set up for the BSS course. A large pig had been identified as the donor for the vessels, guts, trotters etc.

Monday 17th January

I was taken by Jack Mkubwa , the Director of the ICU , to the Princess Marina Hospital. This a typical African style hospital with predominantly one story buildings with walkways and small gardens in between. It had been built in 1993 and was really excellent. The wards had six bedded bays and were clean and spacious. There were four theatres in the main block which were well equipped with diathermy

in each, a C arm and even a bypass machine for cardiac surgery. There was also an Obs and Gynae theatre and a minor surgery theatre. The ICU was very well equipped with air beds, state of the art monitoring and very clued up staff.

We went to the administration block where fourteen nurses awaited me. Some were from theatres, three from ICU, one from A and E and some from the wards. The theatre Matron and her deputy were there to work out a plan for the day. Lectures started with a SWOT analysis. This proved to be a great ice breaker and they were all full of ideas by the time we came to the wish list! We then covered infection control, patient centred care, principles of theatre nursing during which time we studied my theatre course. We talked about patient documentation, swab, needle and instrument checking and the principles of diathermy. It transpired that none of the nurses liked scrubbing..... they thought it was boring! I talked about the roles that nurses play in patient care and their advanced practice in England. They were all amazed. They wanted to be paid extra for scrubbing so I pointed out that if they took specific courses on being a first assistant they could then ask for more money. They quite liked this idea! We then had two quizzes on infection control; the winners getting prizes of watches and jewellery. We then did a hands-on workshop for Cardio Pulmonary Resuscitation.



A pair undergoing CPR Training

This involves the whole scenario of CPR with chest compression and inflation of the lungs with an Ambu Bag. This always has its hilarious moments as some have great difficulty in keeping their arms straight.

After lunch we had a two hour workshop on suturing and knot tying. They learned interrupted, mattress and subcuticular continuous suturing and after two hours were all doing very well. At four thirty they went home.

Tuesday 18th January

We convened in theatres at 8 am and changed into theatre scrubs. The nurses from A and E, ICU and the wards observed and the theatre nurses scrubbed. There were three lists; one maxillofacial, one general and one vascular. Swab checking was intermittent and only thought necessary for large cases! Patient documentation was non existent.

The nurses scrubbed properly and laid their trolleys up well. Sharps were **not** kept in a separate bowl . There was the usual tendency to use a few instruments and keep the rest separate in order to avoid having to wash them! All of these points were covered in discussions afterwards. They only had one trolley per theatre which meant they did not wheel the trolley into the sluice area as they would have to wash it down! I think that each theatre should have a minimum of two trolleys. Containment of waste was good and the drapes and gowns went to the laundry. Sets were large and muddled with no instrument clips meaning that you had to search for each instrument individually.

In the afternoon I gave a lecture on burns nursing and there was a lot of participation from the nurses especially the ICU ones.

Wednesday 19th January

We all went to the lecture theatre at the PMH and all the surgeons gave lectures to the participating doctors and nurses. Topics covered included audit, setting up and running a Basic Surgical Skills Course, Day Surgery and Orthopaedics. There was a lot of discussion and many questions asked.

In the afternoon we were taken to the Mokolodi Nature Reserve by Arthur and Dione Moore who had also very generously entertained us to dinner the night before in the Primi Piatti Restaurant. It was really good to get out and see the country and its animals. In the evening we were royally entertained by the local Faculty to a dinner at the Cresta Lodge Hotel. There were some good speeches and Bob and I presented Certificates of Attendance to the doctors and nurses.

Thursday 20th January

In the morning we were given a wonderful tour of the hospital including the wards, both adult and paediatric, theatres, ICU and A&E; the latter being a very busy department.



Judy with a patient she had comforted in theatre

Conclusion

I felt that the nurses were keen to learn and wanted to improve their practice. I also feel that if they can be shown that scrubbing is not a tedious task they would enjoy their work much more.

The hospitality that we received was simply fantastic and we were so well looked after. I would like to thank everyone involved at the Princess Marina Hospital for looking after us so well. Botswana is a lovely country and the people kind and happy. It was a pleasure to be able to visit them.