A report on a Train the Trainers Course

and

Basic Surgical Skills Course

held at

Hotel des Mille Collines

and a

Theatre Nurse Training Course

held

at the King Faisal Hospital

Kigali

Rwanda

12 – 14 November 2012

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Faculty:

Mr Robert Lane – Convener

Mr Russell Lock

Mr Paul Gartell

Ms Katherine Brown

Sister Judith Mewburn

Introduction  (General)

This was the first of six such courses to be held as part of a Large Paired Institutional Partnership Grant (LPIP) awarded by the Department for International Development (DFID), UK Government and managed by the Tropical Health and Education Trust in 2012.

Initial discussions were held with Professor Emile Rwamasirabo, Chairman of the Rwanda Surgical Society. The dates were arranged and further details were discussed with Dr. Georges Ntakiyiruta, Head, Department of Surgery and local organiser for the course, Faculty of Medicine National University of Rwanda.

We agreed to undertake a one day Training the Trainers course for 12 to 15 trainers who would be involved in running BSS courses in the future. We also agreed that we should limit the number of trainees on the BSS course to 12. Georges Ntakiyiruta suggested that the courses be held either at the Central Hospital University of Kigali (CHUK) or at the Hotel des Mille Collines. In the end they were held at the latter which turned out to be an ideal venue.

It subsequently transpired that in fact CHUK were not in possession of anything like the number of instruments that we should require and thus I agreed to bring out a full set of all the instruments for 12 trainees including all other equipment i.e. jigs, cork mats, paint kettles etc. Johnson & Johnson Professional Export had awarded an educational grant to encompass all the sutures. Georges Ntakiyiruta had arranged for a 50kg pig to be sacrificed and delivered to CHUK on the morning of the first day of the BSS course. All the sessions were arranged to be at the Hotel des Mille Collines. At the same time as the BSS course, Sister Judy Mewburn undertook a Theatre Nurse Training Course at the King Faisal Hospital. Her contact was Sr. Agnes Uwayezu, Chair of the Nursing Council of Rwanda.

All the visiting Faculty were seasoned members of the International Development Committee of the ASGBI except for Ms Katherine Brown who, although not attending a formal induction course in the UK prior to departure, was informed of the principles of volunteering and in particular the running of the Train the Trainers and the Basic Surgical Skills Course. All the pre course proceedings were undertaken in the usual manner.
Immunization and insurance advice was given and all indemnity forms were completed and returned to me prior to departure.

Acknowledgements

I should like to acknowledge, first and foremost, the Department for International Development, UK Government for awarding this grant whose goal is to enhance surgical outcomes across the College of Surgeons of East, Central and Southern Africa (COSECSA) Region by means of multi-level training courses in order to increase the number of health workers competent to undertake emergency surgery, the Tropical Health and Education Trust for their advice, support and encouragement, Johnson & Johnson Professional Export who have again given tremendous support and also awarded us an Educational Grant, their support goes a long way to make these courses sustainable in the future, the Royal College of Surgeons of England for their permission to use the BSS course material and the support of successive Presidents over many years.

I also acknowledge Professor Emile Rwamasirabo and Georges Ntakiyiruta for their assistance, encouragement and friendship, Dr. Agnes Binagwaho, Minister of Health, for financial sponsorship with regard to the venue and the refreshments. Ms. Angela Garrity of KeyTravel for arranging the flights, Mrs Bhavnita Patel for 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 preparation on course prior to departure and the visiting Faculty for their unstinting support, hard work and good fun throughout the trip.

Itinerary

Russell Lock, Katherine Brown, Judith Mewburn and I met at Terminal 3, London Heathrow on Saturday 10th November and checked in at the Ethiopian airways desk. All luggage was checked through to Kigali.

Flight ET701 took off on time at 20.15 and arrived on time in Addis Ababa at 07.30 the following morning. The flight was full. Refreshments were very acceptable. There was a three hour wait before departing at 10.30 on ET 807 to Kigali stopping for a short while at Entebbe. Most of the passengers on the plane got off at Entebbe. We arrived in Kigali on time at about noon. The airport was crowded because people were returning from the Hajj.

We met Paul Gartell who had come from Nairobi where he had been undertaking a laparoscopic training course. We met up with Georges Ntakiyiruta and were transported in two cars from the airport to the Hotel Le Garni du Centre just off the Avenue de la Republic
and almost directly opposite the Hotel des Mille Collines. The hotel was as we remembered it and it was good to meet up with André Tanner and to learn that for the time being the hotel was secure in terms of not being bulldozed to make way for a large office block. We were allocated our rooms.

**Our stay in Kigali.**

After arrival at the hotel we had a meeting in the garden with Georges Ntakiyiruta to discuss our plan for the Training the Trainers (TTT) course. First of all he informed us that the meeting was going to take place at the Hotel des Mille Collines which was extremely convenient as it was but a five minute walk. It was also hoped that the BSS course itself could be undertaken at the same venue. We went over both courses and discussed the abattoir material which would be delivered to CHUK where Russell Lock would dissect accordingly.

*Night time in Kigali from Hotel des Mille Collines*
TRAIN THE TRAINERS COURSE

for

THE BASIC SURGICAL SKILLS COURSE

Hosted by the Rwanda Surgical Society

Hotel des Mille Collines, Kigali

Monday 12th November 2012.

Welcome

The programme began with registration at 08.30. The Convener welcomed all 16 trainers and advised them of the timetable for the day.

Introduction

The aim of this TTT course is to introduce basic concepts of how to run a successful BSS event. Our objective is to do this in a systematic manner which is easy to understand and put into practice and will enable each attendee to become a confident trainer.

The course was undertaken on the 5th Floor in a large meeting room with the tables placed down the side to give all sixteen attendees a good view of the screen. The AV facilities, supplied by the hotel, were first class as was the air conditioning. However, there were two or three short outages during the day which affected the DVD in the afternoon.

Mid-morning breaks were taken in a spacious area just outside the meeting room and lunch was taken in the main restaurant. This was excellent.

All trainers were given a wallet containing copies of the timetable, lectures, fliers for the TTT and BSS courses, examples of MCQ’s, formative assessment sheets, the BSS course programme, certificates, log book and registration, attendance and evaluation forms.

This new course designed by the Association of Surgeons of Great Britain and Ireland (ASGBI) has been generously funded by the UK government (Department for International Development/DFID) and managed by the Tropical Health and Education Trust (THET). The need for Training the Trainers courses has come about because satisfactory completion of a Basic Surgical Skills Course is becoming mandatory for Trainees before qualifying to sit the MCS exam. When this happens there will be a need for many more BSS courses and hence many more trained trainers in order to undertake them.
The aim of this course is to introduce basic concepts of how to run a successful BSSC. It is not intended to be a theoretical course on the nuances of learning and education etc. There are a number of general “training the trainers” courses available in the Region.

Bob Lane, Convener, gave the first lecture on the art of presentation, which included a number of facets relating to BSS and other courses, together with techniques of communication in general.

This followed with a lecture on the assessment process undertaken both during and after the course. The reasons for, and the means applied, were discussed in detail.

There was then a refreshment break.

He then went through the structure of the BSS course discussing, amongst other things, the many unforeseen problems that can crop up and how to deal with them.

Lunch was then taken in the restaurant.

At 2.00pm Bob Lane, Russell Lock and Paul Gartell went through the DVD emphasizing important aspects and in particular timing. The many problems that can occur with regard to the animal material were discussed in some depth. Role play and critiquing were undertaken utilising the knot tying jig. This proved a very illuminating exercise!

Evaluation exercise – 16 trainers.

The average score was 9 out of 10 with the median and mode being 9. During the whole course, discussion was encouraged which was not only lively but also, at times, instructive as far as the visiting faculty were concerned and this with regard to local facilities etc. At the end of the afternoon the trainers undertook an evaluation exercise which revealed that all sixteen found the course to be useful with the most useful aspects being the DVD of the BSS course (6) and the suturing and knotting exercise (6). I am not quite sure why but three trainers found the tendon repair to be the most useful part of the course. Three found how to make a presentation etc. to be the most useful.

12 trainers found no aspect of the course to be least helpful (75%) but four found parts of the orthopaedic module of the DVD to be so.

Suggestions to improve the course included 3 trainers who thought that more participation should have been undertaken but it was explained that time is the overriding factor and the course only lasts one day. Five other trainers wished to include items which are not relevant to the BSS course.
Further comments were encouraging and included:

“the course was interesting”
“excellent”
“enhances methodology of training”
“all trainers must attend this course”
“will improve patient care”
“every surgeon in Rwanda should do this course”.

Various aspects of the evaluation exercise were discussed and the Chairman summarised the day and thanked the Ministry of Health for sponsoring the occasion and the Rwanda Surgical Society for hosting the event.

Visiting Faculty

Bob Lane, Paul Gartell, Russell Lock and Katherine Brown
BASIC SURGICAL SKILLS COURSE

Hosted by the Rwanda Surgical Society

Hotel des Mille Collines, Kigali

Tuesday 13\textsuperscript{TH} and Wednesday 14\textsuperscript{TH} November

Introduction

Course Objectives:

- To learn safe operating techniques
- To understand that careful and sound aspects of technique are more important than simple manual dexterity or speed.
- To understand the importance of universal precautions for safe theatre practice, especially in emergency situations.
- To understand the principles of handling tissue and sound anastomotic techniques recognising differing requirements for different sites, e.g.: bowel and vascular tissue.
- To understand the principles of assessing contaminated soft tissue wound debridement and primary surgical management including drainage and appropriate closure.
- To understand the principles of identifying and managing injury to tendons, including tendon repair, handling of tissues and subsequent management.
- To understand the principles of fracture assessment, stabilisation and plaster techniques.

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The Convener introduced the visiting Faculty.

Two smaller rooms than the day before were allocated to us on the 5th Floor. It transpired that one room was just about big enough for our purposes although a little on the tight side. The other room was used for the trainees to undertake MCQ’s, evaluation exercise etc. Although there was no running water in the rooms themselves the toilet facilities were not far away. There was good AV and AC. The chairs were comfortable.

The tables were placed so as to afford a good view of the screen. All the disposable items were provided by the RSS and Georges Ntakiyiruta is to be congratulated for his efforts. The course was set up in the normal way. The convenor had brought out all the requirements bar the disposable items. Russell Lock went off with Georges Ntakiyiruta to CHUK to receive the pig and dissect it accordingly.

The 12 trainees arrived at 08.15 and duly registered and filled in the attendance sheet. Bob Lane introduced the course by giving them some background as to ASGBI’s activities since 2000 when the first such course was undertaken. The enormous input from Ethicon (Johnson & Johnson) was highlighted. The aim of the course is to train young surgeons in basic surgical skills which are essential to the emergency and elective situation and appropriate to any branch of surgery and also to introduce the WHO Surgical Safety Checklist. The flier had been distributed beforehand which included the course objectives. It was explained that there was now an urgent need for such courses as the College is soon to make satisfactory completion of the BSS course mandatory prior to sitting the MCS examination.

After the 12 trainees had registered they undertook 13 MCQ’s in order to establish basic knowledge of the skills that would be taught on the course.

It was emphasized what was and was not included on the course and why. All trainees had received the course manual electronically several weeks previously. Various aspects were emphasized such as strict use of the “sharps” bins. Each table had a waste bag attached to it so there was no excuse for not keeping their stations tidy.

Eight of the trainers from the Train the Trainers course were present and they were introduced and it was explained that they would be assisting with delivery of the modules.

The Course itself began at 09.15. Each exercise of each module proceeded well. The morning was dedicated to knot tying, which is always the most revealing part of the course, and various aspects of suturing. Formative assessment was undertaken by all the Trainers. This is an important aspect whereby instantaneous feedback is given and to see that each exercise is completed satisfactorily before moving on to the next. This was not a problem because most of the Trainees were of the same level of training which always makes running this course much easier.
The mid-morning and mid-afternoon breaks were taken immediately outside the room where the course was taking place. Lunch was again taken in the hotel restaurant. Russell Lock arrived mid-morning with the dissected pig.

In the afternoon three bowel anastomoses were performed in the usual manner. The standard and quality of the animal material were good. The abdominal wall closure exercise was completed satisfactorily with only one balloon deciding to deflate prematurely! At the end of the afternoon trainees and trainers gathered in the second room allocated to us and a brief evaluation of the day was undertaken.

**Wednesday 14th November**

Everybody attended on time. The day started with the arterial module. It is interesting that pigs don’t have very large arteries. The trainees work in pairs throughout the course (apart from the knot tying and suturing exercises) and therefore we had enough material for six pairs. It is sensible to keep simulated arteries available just in case there is not enough suitable animal material to go round. After the mid-morning break the trainee groups split into two with one half undertaking the tracheostomy exercise and the other the chest drain insertion exercise. These are mainly demonstrations although with small groups a number of trainees can perform some aspect of the procedures. It is principles that matter most. After half an hour the groups changed over. Thereafter Russell Lock demonstrated split skin grafting using skin from the pig’s thigh. Several trainees undertook the procedure. A Humby knife was used to undertake the exercise.

![Learning the technique of applying a vein patch.](image)
Lunch was again taken in the restaurant.

In the afternoon Paul Gartell led on the orthopaedic module. The debridement exercise and tendon repair were well performed. The management of fractures and plastering exercise also went well. It was deemed sensible to cover the carpeted floor with plastic sheeting prior to the Plaster of Paris (POP) being applied!

*Plastering exercise – sometimes there is more plaster on the floor than on the limb!*

At the end of the afternoon the trainees undertook the same MCQ’s as before. The aim of this exercise is to determine what each trainee has *acquired* during the course. After completion and collection of papers, Paul Gartell went through the answers and this was a productive occasion for the trainees.
The results of the MCQ exercise revealed an average increase in marks of 14% after the second MCQ with a range from 5 to 26%. (See table 1.)

![BSSC MCQ results graph]

Some participants clearly gained more than others from the Course. The range of marks was 50% less after than before the Course and an average of 75% after the course is very acceptable.

BSS Course evaluation

The average score was 9.42 out of 10 with the median and mode being 10.

All 12 trainees found the course useful. The most useful aspects being:-

- anastomosis (7), tendon repair (6), arterial and knot tying (5 each), and practical sessions, tracheostomy and fracture management (1 each).

The least helpful aspects were:-

- arterial module and skin grafting (1 each), and 10 trainees reported no least useful aspects of the course.

Suggestions to improve the course were, as always, more time (6). 5 trainees wished to replace the POP exercise with pelvic fracture management and would like to have had...
internal/external fixation of fractures as part of the orthopaedic module. One trainee suggested having manikins for intubation and cricothyroidotomy but this is part of the MSE course although there is no reason why it shouldn’t be part of the BSS course except that the manikins are expensive and there is currently no time available.

Further comments included:-

“all doctors in district hospitals and undergraduates should undergo this course”

“the course was excellent, well organised and very useful”

One trainee reported that it had “changed much in his professional practice”.

A final debriefing took place at the end of the course prior to the award of a Certificate of Achievement to all 12 trainees, who had satisfactorily completed the course, by Professor Emile Rwamasirabo, Chairman of the Rwanda Surgical Society.

The rooms were tidied up and the animal material taken back to CHUK for disposal. All members of the course, both trainees and trainers, together with the visiting Faculty attended a drinks reception in the hotel bar.

Summary - Train the Trainers Course

What went well?

- Pre course preparation undertaken by Prof. Emile Rwamasirabo and Dr. Georges Ntakiyiruta was excellent.
- Each trainer was presented with a wallet containing TTT and BSS Fliers, MCQ’s, Formative Assessment recording forms, MCS Log book – 4 pages, stapled in logical format, the evaluation sheet and sample certificates for TTT and BSS.
- The evaluation process was informative and helpful.
- Good venue with good AV and AC.
- Good support from the Hotel Meetings department.
- More trainers than I had anticipated – 16.
- All were very attentive and enthusiastic.
- The course flowed well with plenty of time for each aspect.
- All engaged well in the role playing and critiquing exercise.
- The refreshments were excellent.
What could we have done better?

- Could have undertaken more role playing and critiquing especially as we did not give the WHO Surgical Safety Checklist (WHO SSCL) which they had received on a number of occasions before.
- Omitted discussion with regard to the lists on the BSS structure talk.
- Emphasized more that they must keep control at all times and the importance of punctuality because time is crucial.
- Emphasized that they should only issue items that are needed for a particular exercise and collect up what they do not need at the end of each exercise and also to count the items carefully as it is easy to throw them away in rubbish bags etc.
- Should have repeatedly emphasized that they must insist that the trainees handle sharps properly and keep their benches tidy.
- Emphasized that they must fill in the assessment forms for each trainee at the end of each exercise before going on to the next.

Suggestions for the future

- This was a successful venture and should continue.
- Omit the WHO SSCL unless the trainers are not fully acquainted with it.
- Do the role play etc. in the morning.
- Take spare bulb for the projector and don’t forget the speakers!
- Omit lanyards and use clip-on badges. The latter are much easier to deal with.
End of day debriefing with the Trainers

Summary - Basic Surgical Skills Course

What went well?

- The preparation had been extremely well organised by Dr Georges Ntakiryiruta.
- All 12 Trainees were very keen and attentive and were more or less at the same level of training.
- The MCQ’s were undertaken satisfactorily (see below).
- The Trainers were in charge of various aspects of the course and this worked well.
- The animal material (pig) was satisfactory although slightly on the small side (38kg).
- All day 1 exercises plus the vascular and orthopaedic modules the following day went well.
- The AV worked satisfactorily despite two outages.
- The refreshments were excellent.
- The evaluation exercise was very instructive.

What could we have done better?

- Meet and greet the day before to register and undertake the MCQ’s. This would have saved time although the trainees did the MCQ’s whilst we were setting up the course, so not too much time was wasted.

- Chest Drain Insertion exercise: - the “square” of thorax worked well. The power point presentation was excellent but the exercise itself was mainly a demonstration as only two trainees actually performed the task. In future we need to make sure that each trainee undertakes preferably the whole exercise. This may mean reducing the length of the power point presentation.

- Tracheostomy exercise: - The DVD (brought by Paul Gartell) was deemed not fit for purpose and should be omitted. Appreciating the landmarks and performing the procedure is vital to understanding this exercise.

- Both the above exercises only involved six trainees and so there should be time for each to undertake the exercise or at least the major part of it.

- Split Skin Grafting exercise: - This needs a power point presentation. The skin from a pig’s thigh is ideal for demonstration purposes and if time permits more trainees could undertake the exercise.
- **Orthopaedics and Trauma module**: time should be allocated so that each trainee has an opportunity to apply a POP and not just half the group. When trainees say that they have applied a POP in the past, experience has shown that in fact they have not been taught properly and have picked up bad habits. A badly applied POP is dangerous.

- **MCQ’s**: The BSS MCQ’s need further attention. Going through the answers after the second MCQ at the end of the course is a good move and is a learning experience for the trainees and should be retained. However, tight control of the exercise is essential.

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**Suggestions for the future**

Ensure that the size of the room is fit for purpose.

Make sure that the trainees have been sent the log book pages to fill in three months prior to the course and further pages to fill in for the three months after the course. Originally the plan was for the trainees to fill in the log book pages for six months but this is too long for our purposes.
We had a good flight from London Heathrow to Addis Ababa airport and then a long wait before a flight to Kigali via Entebbe. Flying low over Lake Victoria was especially fascinating. We were met and taken to the Hotel Le Garni du Centre which is a very clean, tidy and well run set round a spectacular garden full of birds and flowers and with a small swimming pool. We had a strategy meeting then went for dinner at the Cactus Restaurant.

On Monday morning I was picked up by a car sent by the matron, Agnes Uwayezu, and taken to the King Faisal Hospital which is the best equipped and managed in Kigali and undertakes major surgery, (CABG, kidney transplant etc.) with visiting teams doing the surgery. The city of Kigali is full of new buildings, lots of traffic and the best kept verges, flower beds and trees in Africa! I went to meet Agnes who was charm herself and had arranged for 28 nurses to attend the course at very short notice. She then took me to the operating theatres run by Jean Paul Kagayema. He showed me around and introduced me to three nurses who would be on the course the next day.

There was an ENT list going on, so at Jean Paul’s suggestion I scrubbed and helped the nurse with the instrumentation and positioning for FESS surgery. The surgeon, Dr Ottili, was very pleased that someone was teaching surgery to the nurses. In the afternoon I scrubbed to help do a Tympanoplasty with Dr Ottili and the nurse. Again a very positive learning experience for the nurse and a happy surgeon!

I then spent three hours talking to Jean Paul about the problems he was encountering in theatres and his plans and hopes for the future. He said he found this very helpful.

On Tuesday I was again picked up and taken to the Training Centre at King Faisal Hospital. We had a large room with many windows which was light and airy. The nurses arrived in
dribs and drabs and eventually by 10am all had arrived. Travelling from afar was cited as an excuse but they managed to appear on time the next day!

We introduced ourselves and, as with all these courses, the nurses were very happy to see each other and lots of chatting ensued. There was a mix of nurses; 17 from theatres, 5 nurse anaesthetists and 3 midwives. Most where Anglophone but some Francophone which meant repeating everything in two languages. The training course had been printed so everyone had a copy and five had the course in French.

We started with a SWOT analysis which was good at getting them thinking. We then spent the day going through the training course. Much discussion and many questions made for a lively and instructive day. We had tea at 11am and the nurses went for lunch for an hour. We continued with the course in the afternoon and also looked at shock and its treatment. I had brought many articles on various subjects and all the nurses enjoyed reading these and some photocopied them. We ended at 4pm and I again went to spend some time with Jean Paul in theatres.

On Wednesday we managed to start fairly promptly with the nurse’s again spending time reading articles and studying manuals. We started with a lecture on Infection Control which covers many aspects of care. We then had an Infection Control quiz which one midwife won with ten and a half out of eleven! I then gave them a lecture on the care of a patient admitted with burns. They found this useful and instructive. We then went on to Cardio Pulmonary Resuscitation using a Resus Anni model with an ambu bag. All of the nurses enjoyed this and many found it quite hard to do.

After lunch we spent the afternoon learning to tie a reef knot and to do interrupted, mattress and subcuticular suturing. We also looked at eye lacerations and tarsorrhaphy.

We concluded with a presentation of certificates. One of the nurses had very kindly typed out all the names for me so there were no misspellings!
Evaluation

**Feedback from the 25 participants.** Average (out of 10) – 9.4, Median 9.5 and mode 10.

**Most useful subjects taught** were Infection Control (15), scrubbing, gowning and gloving (6), suturing (5), all subjects (3), Universal precautions (6), basic skills and admitting a patient with burns and shock (1).

**There were no subjects that were thought to be not useful.**

**Ways of improving the course** were increase of length of course (3), more practical (9), come back again (4), ICU skills (1), more CPR and ALS (2) and a video or DVD (4).

The main feedback was that the nurses would like more teaching, more practice in theatres, a longer course, more courses, food and money! There were many thank you's and especially for teaching in French.

It would be good if we had a mechanism of getting feedback on the improvement in the nurses practice. I did give them my email and so far one nurse has sent me a very complementary report. I would like to give them questionnaires to fill in at intervals.

**Conclusion**

The three courses contributed to a highly successful event and it was especially pleasing that the TTT course was well received. We shall await the post BSS Course assessment with interest. The Theatre Nurse and Recovery Workshop was extremely well received and adds a vital dimension to our endeavours.