REPORT
ON THE
MANAGEMENT OF SURGICAL EMERGENCIES
COURSE
and preceding
TRAIN THE TRAINERS COURSE
Sunday 12th to Friday 17th October 2014
held at
The Nairobi Surgical Skills Centre
Chiromo Campus, University of Nairobi

In collaboration with the WHO GIEESC programme

Convener

Robert Lane MS  FRCS Eng  FRCS Ed (ad.hom)  FACS  FWACS (Hon)  FCS (ECSA)
Project Director - DFID (UK) / THET LPIP Grant
Programme Director for International Development &
Past President Association of Surgeons of Great Britain & Ireland (ASGBI)
Hon. Surgical Advisor to Tropical Health & Education Trust (THET)
President of the International Federation of Surgical Colleges
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Introduction

The Association of Surgeons of Great Britain and Ireland (ASGBI) undertook a successful Pilot Course on the Management of Surgical Emergencies (MSE) in Lusaka in October 2011 (for report see www.internationalsurgery.org.uk) and as a result successfully applied, together with the College of Surgeons of East, Central and Southern Africa (COSECSA), to the UK Department for International Development (DFID) for a Large Paired Institutional Partnership Grant with the aim of improving emergency surgical care and capacity across the nine member countries of COSECSA. This by delivering appropriate multi-level accredited training courses at agreed sites across the Region over a period of two and a half years. The application was successful and it was therefore planned to hold three MSE Courses in Lusaka and these for participants from the countries in the southern half of the Region and three in Nairobi for the countries in the northern half of the Region.

At the outset it was very clear that if these were to be sustainable then we should have to incorporate a Train the Trainers (TTT) element before each MSE course. Furthermore, it was essential that the sites would have to be fully equipped and this from the UK Grant. It was appreciated that to accomplish our objectives it would take three courses at each site to end up with the finished product. Each of the three courses at each site would be work in progress and after the final one we should be able to hand over the running of the course in its entirety to COSECSA through the local leads in Lusaka and Nairobi. The TTT Course would be planned as a one day event prior to the start of the MSE Course and this would concentrate on how to run the course satisfactorily. A number of the visiting Faculty had experience of performing TTT Courses in the UK and their expertise was utilised. This was not intended to be a day immersed in deep educational theory but one which would get across the basic principles of training and how to overcome the numerous pitfalls that can occur in running such a Course.

A three day Theatre Nurse Training Course was planned to take place in parallel with the MSE Course with the UK Faculty giving a number of lectures according to their Specialty.

The basic outline of the MSE Course has remained the same since the Pilot Course in 2011 with two days dedicated to Critical Care, one to General Surgery, one to Orthopaedics and Trauma and half a day each to Urology and Obs / Gynae. The lessons learned from undertaking the Pilot Course have been put into practice. It was generally agreed that 24 trainees were too many and that the number be reduced to 18 which would allow three
groups of six and thus be easier to manage, especially during demonstrations, and would also allow more personal tuition.

It was decided that for the first course in each centre there would be a total of 13 Faculty from the UK, for the second course 8 and for the third and final course 6 with the Convener in addition to the above. As the local trainers come on stream they would replace the gaps left by the gradual withdrawal of the UK Faculty.

Since the Pilot Course the Critical Care and General Surgery Faculties have been increased by one each. The timetable and contents of the Critical Care module have been adjusted to give more time for interactive sessions. Various minor adjustments have been made to the other modules and these mainly reflecting feedback from the trainees after the Pilot Course. Appropriate flyers, manuals for each module and a list of reading material were distributed to each trainee four weeks prior to the MSE Course. The Registration, induction and pre course MCQ’s for trainees were undertaken during the afternoon before the Course started and this to allow a prompt start the following day. The assessment process has been modified and it was hoped that this would provide better information for each trainee.

**Acknowledgements**

I should like to thank the UK Department for International Development (DFID) and the Tropical Health and Education Trust (THET) for awarding the Association of Surgeons of Great Britain and Ireland and the College of Surgeons of East, Central and Southern Africa (COSECSA) a Large Paired Institutional Partnership Grant to undertake a total of 36 surgical training courses across East, Central and Southern Africa. These comprise 6 Management of Surgical Emergencies Courses and 6 Basic Surgical Skills Courses preceded by 12 Train the Trainers Courses and in addition 12 Theatre Nurse Training Workshops. I should like to thank also Johnson & Johnson Professional Export for awarding an Educational Grant to provide sutures for all the above courses; Limbs & Things for contributing in a number of ways to the success of the project and to Tim Beacon and his team at Medical Aid Overseas Ltd for sourcing and shipping all the equipment to Nairobi for the first course.

A special thank you to Dr. Andrew Ndonga, Lead Surgeon for the Project in Nairobi, without whose support the Course simply would not have happened; his Assistant Ann who has been equally supportive, Edwin Bore and his team at the Nairobi Surgical Skills Centre (NSSC) for their tremendous help and enthusiasm in the planning stages and during the 6 days of the Course; Michael Phillipson, General Manager Southern Sun Hotel, for offering a
very generous group rate, and his staff; Enviro Solutions for supplying USB Memory sticks to hold Course data for participants on the Train the Trainers Course; KeyTravel, Bhavnita Borkhatria Patel (Project Manager/ASGBI), Ashkan Sepehr (Finance Manager) and Jane Gilbert (Executive Assistant to RHSL) for their assistance, patience and support.

Finally I owe immense gratitude to the Faculty who worked extremely hard in preparing for and running the Courses and demonstrated great commitment to the principles of Surgical Training in Africa by showing exemplary teamwork, stamina and comradeship.

Robert Lane
Visiting UK Faculty

This was the second of three MSE Courses to be held in Nairobi. The Visiting Faculty is reduced as Trainers trained in May 2013 begin to take over. The Critical Care Visiting Faculty therefore reduces from five to one, General Surgery from three to two, Orthopaedics from two to one, Urology remains at two. Mr Shekhar Biyani, the UK Module Lead for Urology was not able to attend on this this occasion and we were pleased to have Dr. Nenad Spasojevic as the Module Lead who is based in Lusaka and had trained on our first MSE Course in Zambia. He was assisted in Nairobi by Nick Campain, (Urolink Research Fellow). Obs & Gynae drops from two to one. It was rewarding that Ms Malarselvi Mani, who assisted on the first Course in Nairobi in May 2013 as a senior trainee and is now a Consultant in the UK, acted as Module Lead for this Course in the absence of Ms Shirin Irani, the actual Lead, who was not able to attend on this occasion.

Convener Mr Robert Lane

Critical Care Mr Fanus Dreyer (Module Lead)
Dr. Carlos Varela
Dr. Joseph Musowoya

General Surgery Mr Paul Gartell (Module Lead)
Mr Russell Lock

Orthopaedics / Trauma Mr Yogesh Nathdwarawala (Module Lead)

Urology Dr Nenad Spasojevic (Module Lead)
Dr. Nick Campain

Obstetrics / Gynaecology Ms. Malarselvi Mani (Module Lead)

Theatre Nurse Training Course Sister Judy Mewburn (Lead)
Accommodation

The Southern Sun Mayfair Hotel was chosen again because of its proximity to the NSSC (10-20 minutes depending on traffic) and for the highly competitive rate offered by the Manager. It is a very good hotel with all the amenities one would expect from a much more expensive establishment.

It is important that faculty have a decent hotel because they work a full 12 hour day for more or less the whole week. Duty of care is important especially as most of the faculty take annual leave to help run these courses and it is certainly no holiday!

The excellent Nairobi Surgical Skills Centre
### Train the Trainers Course - Nairobi, Sunday 12th October 2014

#### 9 Trainers

<table>
<thead>
<tr>
<th>Name</th>
<th>Hospital</th>
<th>Specialty</th>
<th>Grade</th>
</tr>
</thead>
<tbody>
<tr>
<td>Aberra Gobezie</td>
<td>Hawassa University Hospital, Ethiopia</td>
<td>Urology</td>
<td>Consultant</td>
</tr>
<tr>
<td>Raj Jutley</td>
<td>Aga Khan Hospital, Nairobi, Kenya</td>
<td>Cardiothoracic Surgery</td>
<td>Consultant</td>
</tr>
<tr>
<td>James Kigera</td>
<td>University of Nairobi, Kenya</td>
<td>Orthopaedics</td>
<td>Consultant</td>
</tr>
<tr>
<td>Michael Mara</td>
<td>Kijabe Hospital, Kijabe, Kenya</td>
<td>Orthopaedic &amp; Hand Surgery</td>
<td>Consultant</td>
</tr>
<tr>
<td>Musajee Mustafa</td>
<td>Aga Khan Hospital, Nairobi, Kenya</td>
<td>General Surgery</td>
<td>Consultant</td>
</tr>
<tr>
<td>Andrew Ojuka</td>
<td>Nsambya Hospital, Kampala, Uganda</td>
<td>General Surgery</td>
<td>Consultant</td>
</tr>
<tr>
<td>Peter Sore</td>
<td>Coast Province General Hospital, Kenya</td>
<td>Cardiothoracic Surgery</td>
<td>Consultant</td>
</tr>
<tr>
<td>Carol Spears</td>
<td>Tenwek Hospital, Tenwek, Kenya</td>
<td>General Surgery</td>
<td>Consultant</td>
</tr>
<tr>
<td>Evan Adaha</td>
<td>Maran County Hospital, South Sudan</td>
<td>General Surgery</td>
<td>Consultant</td>
</tr>
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</table>
The aim of this exercise is to introduce the basic concepts of how to run a successful MSE Course. Our objective is to do this in a systematic way which is easy to understand and put into practice and will enable the participant to become a competent trainer.

The MSE Course has been designed to show one safe way of accomplishing procedures and trainers need to abide by this decision and not be overly critical of the content. The module leads have spent a lot of time designing the Course and distilling the important aspects that can be taught in the time available.

Nine trainers registered; 6 from Kenya, one from Ethiopia, one from Uganda and one from South Sudan. Their position, specialty and place of work were recorded and this gave us an indication as to their workload.

The trainers were chosen according to their primary specialty, interest in becoming a trainer and a commitment to continuing in this role. Their previous training experience was also taken into account.

The background as to why such a TTT course was deemed necessary was discussed and furthermore that it is not intended to be an opportunity to update their specialty knowledge but rather to learn specifically how to run their module within the MSE Course. The trainers were given a USB stick which contained all the presentations in the TTT course.

In his introductory comments Robert Lane explained that the objective of the MSE Course is to learn how to assess signs and symptoms of common surgical emergencies and initiate an immediate management plan based upon sound principles of clinical practice. The maximum number of trainees is 18 and these are broken down into three groups of six each. All should have attended a Basic Surgical Skills course (BSSC) and the ideal time to attend the MSE course is during the first year of a postgraduate residency programme or during the first or second year of the MCS programme. The timetable allows for five days of activity; Monday and Tuesday are devoted to Critical Care and Wednesday, Thursday and Friday to the specialties of General Surgery, Orthopaedics and Trauma, Urology and Obs/Gynae. General Surgery and Orthopaedics are undertaken over a whole day whereas Urology and Obs/Gynae over half a day each. Thus three groups of six rotate through the specialties over the three days. At the end of each specialty module there are post course MCQ’s and the trainees complete a module specific feedback form. At the end of the course on Friday afternoon they complete a whole course generic evaluation form.

The first presentation was on the Art of Lecturing (Robert Lane) which covered basic principles and a number of scenarios including large audience lecturing, presenting material
on a training course and small group discussions. This was followed by a presentation on 
the Assessment process, including feedback, monitoring and evaluation (Fanus Dreyer). 
These are very important aspects, especially for each individual trainee, for without proper 
feedback and evaluation we shall never know whether the course is fit for purpose.

Formative assessment is undertaken by the faculty concerned during each specialty module. 
This covers technical and non-technical aspects such as judgement and decision making, 
communication and teamwork. The need for small group assessment is essential to identify 
poorly performing trainees and to rectify problems at the time. The assessment results are 
discussed at the end of each day and any outliers are considered at the evening debriefing 
meeting.

It was emphasized that trainers must attend their chosen module(s) in their entirety on each 
day. The trainers themselves will be assessed on general performance during the one day 
course (Sunday) and then by the module lead during their participation in their chosen 
module(s) and, if satisfactory, recommendation will be made to COSECSA for accreditation 
as a trainer for the MSE Course.

Thereafter each Module Lead described their module in detail and this was a worthwhile 
exercise for at the end the Trainers knew exactly how the course would be conducted and 
their particular role within their chosen module.

The meeting then broke for lunch and thereafter the trainers undertook role playing and 
critiquing exercises.

These involved the following:-

- How to make origami boats and knot tying to demonstrate the difference in teaching 
a simple multistep task and more complex procedures.
- How to cope with a participant who is disruptive during a module.
- How to counsel a participant who has been told that he/she has failed the course and 
  who is very reluctant to accept this.
- Clinical scenarios, such as an individual who suddenly collapses on the floor and the 
  trainer has to explain how he/she is going to manage the situation.

These are some examples of role play during which the other participants critique 
performance. This activity is very important and brings out a lot of non-technical skills such 
as decision making, judgement, communication and team work.
After the tea break Fanus Dreyer gave a very informative lecture based on the WHO “Safe Surgery Saves Lives” guidelines but with many additional examples illustrating technical and non-technical skills, or lack of them; some of which were truly frightening!
TTT Course Feedback on

Sunday 12th October 2014, Nairobi

by 9 Trainers

The TTT Course was rated overall from 0 - 10 (0 = useless, 10= excellent) where the average score was 8.9 with a median and mode of 8.

<table>
<thead>
<tr>
<th>Module</th>
<th>Very dissatisfied</th>
<th>Dissatisfied</th>
<th>Neutral</th>
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<td></td>
<td></td>
<td>67%</td>
<td>33%</td>
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<tr>
<td>Art of Lecturing</td>
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<td>Assessment, M&amp;E Lecture</td>
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<td>56%</td>
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<tr>
<td>Critical Care Module</td>
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<td></td>
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<tr>
<td>General Surgery Module</td>
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<tr>
<td>Orthopaedics/Trauma Module</td>
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<tr>
<td>Obs/Gyn Module</td>
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<td>22%</td>
<td>45%</td>
<td>33%</td>
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<tr>
<td>Role Play &amp; Critiquing</td>
<td></td>
<td></td>
<td></td>
<td>22%</td>
<td>78%</td>
</tr>
<tr>
<td>Safe Surgery</td>
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<td></td>
<td></td>
<td>11%</td>
<td>89%</td>
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Average Overall %

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<th>Dissatisfied</th>
<th>Neutral</th>
<th>Satisfied</th>
<th>Very satisfied</th>
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<tr>
<td></td>
<td>6%</td>
<td>42%</td>
<td>52%</td>
<td></td>
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It was very gratifying that 94% the trainers were either satisfied or very satisfied with the lectures and exercises.
Feedback from trainers in response to the day’s activities

What went well?

“All the presentations were well organised and structured and the examples ideal for each scenario”.

“Very instructive lectures particularly that pertaining to the “Art of Lecturing”.

“A very enthusiastic Faculty”. (2 Trainers)

“The aspects relating to Non-Technical Skills”.

“The Role Play sessions”. (4 Trainers)

“The lecture concept of outlining in broad strokes the nature of the Course followed by specific skills”.

“Given the Course content beforehand was very helpful”.

Nothing particularly relevant in answers to “What could we have done better”? or “Other comments” apart from one request that more details of the timetable, accommodation, food etc. be made available beforehand.

Role Play, disgruntled student after being told she has failed the Course
Train the Trainers Course evaluation by Faculty

What went well?

➤ The venue is ideal and the facilities are excellent.

➤ The comments made after the first TTT and MSE Course in Nairobi, May 2013, were taken on board.

➤ There was ample opportunity for trainers to discuss which module they wished to join.

➤ Once again the breakout sessions were very popular and are included to demonstrate non-technical skills such as communication, decision making, leadership etc.

➤ The new feedback form was useful and it was rewarding that 94% of the events were described as either Satisfactory or Very Satisfactory.

What could we have done better?

➤ Allocation of Trainers to their respective modules went smoothly but we do need more trainers especially in Orthopaedics and Obstetrics/Gynae. This will need to be addressed before the third and final Course in February 2015.

➤ It was suggested by the trainers that they would have liked to have seen the presentations given during their respective module so that they could practice these before the Course started. This point will be raised with the module leads and hopefully addressed by the next course.

➤ We do need to emphasize more the role of the Trainer during the Course and in particular time keeping and attending all their respective modules. The latter is important because on one or two occasions trainers were either arriving late or leaving early and this simply cannot be allowed to continue. There must be total commitment when trainers are involved with their module.
Recommendations for the future.

- Advertise earlier and in particular on the COSECSA website. The Fliers for both the TTT and the MSE Course are generic and all that needs changing are the venue and the dates. Posters are totally generic and are useful to display at the local Surgical Society meetings etc.

- Keep in touch with trainers after the Course to see if further help or advice is required.

- Reinforce the fact that the TTT is not for the trainers to increase their knowledge but to learn how to train others!

- The MSE Course shows one way of performing tasks/exercises, not necessarily the only way. Trainers must be aware of this and not introduce other ways which lead to confusion and be counterproductive.

*Nenad introducing the Urology Module*
MANAGEMENT OF SURGICAL EMERGENCIES

COURSE

Monday 13\textsuperscript{th} – Friday 17\textsuperscript{th} October 2014

Introduction

Course objectives
To learn how to assess signs and symptoms of common surgical emergencies and how to initiate an immediate management plan based upon sound principles of clinical practice.

Course content
The course began promptly at 08:30 each morning.

Monday and Tuesday were devoted to the management of the critically ill surgical patient and involved lectures, demonstrations, DVD’s and practice of procedures, discussion of images and case studies, role play and, finally, critiquing each other’s performance.

Seventeen trainees registered for the MSE Course and were together for these two days but were split into 3 groups for rotation through some teaching stations with each group being allocated a mentor for this part of the course.

Wednesday, Thursday and Friday were run in a different manner. The trainees were divided into three groups with as near equal numbers in each which allowed for more supervised tuition.

On Wednesday, one group spent all day devoted to general surgical emergencies whilst another spent all day devoted to orthopaedics and trauma. Finally the last group spent the morning devoted to urological emergencies and the afternoon to Obs/Gynae emergencies.
The groups switched over on Thursday and Friday such that they rotated through all the specialties during the three days. Mini lectures, DVD's, demonstrations, case scenarios and much “hands on” practical tuition were the essence of these Specialty modules.

**Assessment**

All trainees underwent assessment throughout the Course on non-technical skills, such as communication, decision making, teamwork, leadership, enthusiasm and participation.

On Tuesday afternoon there was an end of course assessment of Critical Care knowledge utilising a novel group interaction model.

On Wednesday, Thursday and Friday there was formal assessment of technical as well as non-technical skills which involved MCQ’s.

Each trainee received individual feedback on his/her strong and weak points.

A Certificate was awarded to those who satisfied all the Specialty Leads with regard to their knowledge and competence. It was therefore important that each participant was punctual and attended every day of the course. The expectation was that participants who attended all the sessions and actively participated in the programme should learn enough to be in a strong position to pass the Course.

Trainees were asked to complete a feedback form after each module and an evaluation form on Friday afternoon which related to generic matters during to the Course.
# 17 Trainees

<table>
<thead>
<tr>
<th>Name</th>
<th>Specialty</th>
<th>Hospital / Place of work</th>
<th>Grade + Year</th>
</tr>
</thead>
<tbody>
<tr>
<td>Evan ADAHA</td>
<td>General Surgery</td>
<td>Maran County Hospital, South Sudan</td>
<td>Consultant 1997</td>
</tr>
<tr>
<td>Lois ASIIMWE</td>
<td>General Surgery</td>
<td>Nsambya Hospital, Kampala, Uganda</td>
<td>Resident PGY1</td>
</tr>
<tr>
<td>Pascal BEYA</td>
<td>General Surgery</td>
<td>Presbyterian Church of East Africa, Kikuyu Hospital, Nairobi, Kenya</td>
<td>Resident PGY1</td>
</tr>
<tr>
<td>Peter GATHENYA</td>
<td>Orthopaedic Surgery</td>
<td>AIC Kijabe Hospital, Kenya</td>
<td>Resident PGY1</td>
</tr>
<tr>
<td>Dismas KAZIMOTO</td>
<td>General Surgery</td>
<td>Kenyatta National Hospital, Nairobi</td>
<td>Resident PGY3</td>
</tr>
<tr>
<td>Aidah KENSEKO</td>
<td>General Surgery</td>
<td>Nsambya Hospital, Kampala, Uganda</td>
<td>Resident PGY2</td>
</tr>
<tr>
<td>Irain KHAN</td>
<td>General Surgery</td>
<td>Kenyatta National Hospital, Nairobi</td>
<td>Resident PGY1</td>
</tr>
<tr>
<td>Justus LANDO</td>
<td>General Surgery</td>
<td>Tenwek Mission Hospital</td>
<td>Resident PGY1</td>
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<tr>
<td>Raphael MSAGHA</td>
<td>Medical Officer</td>
<td>Narok County Hospital</td>
<td>Resident PGY1</td>
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<td>Shelmith MUTTHEE</td>
<td>General Surgery</td>
<td>AIC Kijabe Hospital, Kenya</td>
<td>Resident PGY1</td>
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<tr>
<td>Wairimu NDEGWA</td>
<td>General Surgery</td>
<td>Tenwek Mission Hospital</td>
<td>Resident PGY1</td>
</tr>
<tr>
<td>Philemon NYAMBATI</td>
<td>Orthopaedic Surgery</td>
<td>AIC Cure International Children Hospital</td>
<td>Resident PGY2</td>
</tr>
<tr>
<td>Stephen REANEY</td>
<td>GP Partner General MO Volunteer</td>
<td>Willowbank Surgery, Keady, Northern Ireland</td>
<td>General Practice Medical Officer with Relief NGO’s</td>
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<tr>
<td>Erick SIVAHERA</td>
<td>General Surgery</td>
<td>AIC Kijabe Mission Hospital</td>
<td>Resident PGY1</td>
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<td>Victor SOWAYI</td>
<td>General Surgery</td>
<td>Tenwek Mission Hospital</td>
<td>Resident PGY1</td>
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<td>Isaac WANGAI</td>
<td>Orthopaedic Surgery</td>
<td>AIC Kijabe Hospital, Kenya</td>
<td>Resident PGY1</td>
</tr>
<tr>
<td>Fasto YUGUSUK</td>
<td>General Surgery</td>
<td>Tenwek Mission Hospital</td>
<td>Resident PGY1</td>
</tr>
</tbody>
</table>
**Previous Basic Surgical Skills (BSS) Course**

12 of the 17 Trainees had successfully completed a BSS Course prior to participating on the MSE Course in Nairobi.

All were satisfied or very satisfied with the BSS Course.

**Of the Courses attended:-**

- 1 was for 1 day at Nsambya Hospital, Kampala, Uganda
- 1 was for 2 days at RCS Edinburgh, Scotland
- 10 were for 3 days at Tenwek Hospital, Kenya
MSE Course in Nairobi

*Pre-Course Experience Form (Results)*

We aim to provide the maximum benefit from this course and ask each trainee to provide information about how many of these procedures they have performed themselves (with or without senior help) in the last two years. Answers below are to the nearest percentage point.

<table>
<thead>
<tr>
<th>ORTHOPAEDICS</th>
<th>None</th>
<th>1 to 5</th>
<th>6 to 10</th>
<th>More than 10</th>
</tr>
</thead>
<tbody>
<tr>
<td>Tendon repair</td>
<td>12%</td>
<td>70%</td>
<td>12%</td>
<td>6%</td>
</tr>
<tr>
<td>Compartment syndrome release</td>
<td>12%</td>
<td>76%</td>
<td>6%</td>
<td>6%</td>
</tr>
<tr>
<td>Closed reduction distal radius fracture</td>
<td>59%</td>
<td>24%</td>
<td>18%</td>
<td></td>
</tr>
<tr>
<td>Closed reduction ankle fracture</td>
<td>12%</td>
<td>52%</td>
<td>29%</td>
<td>6%</td>
</tr>
<tr>
<td>Closed reduction shoulder dislocation</td>
<td>6%</td>
<td>59%</td>
<td>24%</td>
<td>12%</td>
</tr>
<tr>
<td>Closed reduction hip dislocation</td>
<td>24%</td>
<td>65%</td>
<td>6%</td>
<td>6%</td>
</tr>
<tr>
<td>Pelvic fracture primary management</td>
<td>24%</td>
<td>47%</td>
<td>29%</td>
<td>0%</td>
</tr>
<tr>
<td>Below elbow plaster</td>
<td>12%</td>
<td>35%</td>
<td>29%</td>
<td>24%</td>
</tr>
<tr>
<td>Below knee plaster</td>
<td>6%</td>
<td>35%</td>
<td>24%</td>
<td>35%</td>
</tr>
<tr>
<td>Skin traction</td>
<td>6%</td>
<td>47%</td>
<td>41%</td>
<td>6%</td>
</tr>
<tr>
<td>Thomas’s splint application</td>
<td>29%</td>
<td>35%</td>
<td>24%</td>
<td>12%</td>
</tr>
<tr>
<td>Skeletal traction proximal tibia</td>
<td>18%</td>
<td>18%</td>
<td>18%</td>
<td>47%</td>
</tr>
<tr>
<td>Skeletal traction distal femur</td>
<td>18%</td>
<td>41%</td>
<td>35%</td>
<td>6%</td>
</tr>
<tr>
<td>External fixation</td>
<td>18%</td>
<td>29%</td>
<td>18%</td>
<td>35%</td>
</tr>
<tr>
<td>Plate fixation</td>
<td>24%</td>
<td>6%</td>
<td>41%</td>
<td>29%</td>
</tr>
<tr>
<td>Lag screw fixation</td>
<td>47%</td>
<td>18%</td>
<td>24%</td>
<td>12%</td>
</tr>
<tr>
<td>Orthopaedics – Average %</td>
<td>17%</td>
<td>43%</td>
<td>24%</td>
<td>16%</td>
</tr>
<tr>
<td>Procedure</td>
<td>None</td>
<td>1 to 5</td>
<td>6 to 10</td>
<td>More than 10</td>
</tr>
<tr>
<td>----------------------------------------------</td>
<td>------</td>
<td>--------</td>
<td>---------</td>
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</tr>
<tr>
<td><strong>GENERAL SURGERY</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Chest drain insertion</td>
<td>12%</td>
<td>12%</td>
<td>24%</td>
<td>52%</td>
</tr>
<tr>
<td>Burr hole</td>
<td>24%</td>
<td>59%</td>
<td>6%</td>
<td>12%</td>
</tr>
<tr>
<td>Split Skin grafting</td>
<td>6%</td>
<td>12%</td>
<td>24%</td>
<td>59%</td>
</tr>
<tr>
<td>Laparotomy for trauma</td>
<td>6%</td>
<td>24%</td>
<td>29%</td>
<td>41%</td>
</tr>
<tr>
<td>Splenectomy</td>
<td>41%</td>
<td>29%</td>
<td>29%</td>
<td>1%</td>
</tr>
<tr>
<td>Liver trauma management</td>
<td>24%</td>
<td>71%</td>
<td>6%</td>
<td>0%</td>
</tr>
<tr>
<td>Upper GI bleeding management</td>
<td>29%</td>
<td>24%</td>
<td>18%</td>
<td>29%</td>
</tr>
<tr>
<td>Stoma formation</td>
<td>18%</td>
<td>41%</td>
<td>35%</td>
<td>6%</td>
</tr>
<tr>
<td>Vascular anastomosis</td>
<td>71%</td>
<td>29%</td>
<td>0%</td>
<td>0%</td>
</tr>
<tr>
<td><strong>General Surgery – Average %</strong></td>
<td><strong>26%</strong></td>
<td><strong>33%</strong></td>
<td><strong>19%</strong></td>
<td><strong>22%</strong></td>
</tr>
<tr>
<td><strong>OBSTETRICS AND GYNAECOLOGY</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Caesarean section for obstructed labour</td>
<td>12%</td>
<td>12%</td>
<td>6%</td>
<td>71%</td>
</tr>
<tr>
<td>Caesarean section for other reasons</td>
<td>24%</td>
<td>6%</td>
<td>6%</td>
<td>65%</td>
</tr>
<tr>
<td>Vaginal breech delivery</td>
<td>35%</td>
<td>29%</td>
<td></td>
<td>35%</td>
</tr>
<tr>
<td>Cord prolapse</td>
<td>41%</td>
<td>24%</td>
<td>24%</td>
<td>12%</td>
</tr>
<tr>
<td>Procedure for major obstetric haemorrhage</td>
<td>18%</td>
<td>41%</td>
<td>24%</td>
<td>18%</td>
</tr>
<tr>
<td>Management of shoulder dystocia</td>
<td>52%</td>
<td>35%</td>
<td>6%</td>
<td>6%</td>
</tr>
<tr>
<td>Ectopic pregnancy</td>
<td>29%</td>
<td>29%</td>
<td>12%</td>
<td>29%</td>
</tr>
<tr>
<td><strong>Obs&amp;Gynae – Average %</strong></td>
<td><strong>30%</strong></td>
<td><strong>25%</strong></td>
<td><strong>11%</strong></td>
<td><strong>34%</strong></td>
</tr>
<tr>
<td><strong>UROLOGY</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Suprapubic cystostomy</td>
<td>12%</td>
<td>24%</td>
<td>24%</td>
<td>41%</td>
</tr>
<tr>
<td>Scrotal exploration</td>
<td>6%</td>
<td>41%</td>
<td>29%</td>
<td>24%</td>
</tr>
</tbody>
</table>
All but 2 trainees (Orthopaedic) were practising GS so it was not possible to compare pre course experience on specialty alone.

However, with regard to:-

1. Orthopaedics:-

   *Below Knee Plaster of Paris (POP) (24%)*

   *Below Elbow POP (35%)*

   *Skeletal traction prox tibia (47%)*

   *External Fixation (35%)*

   *Plate Fixation (29%)*

   These were the most performed procedures in the “more than 10” category. Whereas:-

   *Closed reduction hip dislocation (24%)*

   *Pelvic fracture primary management (24%)*

   *Thomas’s splint application (29%)*

   *Lag screw fixation (47%)*

   Were the least performed procedures in the “none” category.
Clearly “Skeletal traction proximal tibia” has superceded “Thomas’s Splint application” for femoral fractures.

2. General Surgery:-

Chest Drain Insertion (52%)
Split Skin Grafting (59%)
Laparotomy for trauma (41%)
Management of upper GI bleeding (29%)

These were the most performed interventions in the “more than 10” category, whereas vascular anastomosis was the least performed intervention in the “None” category.

These findings are probably what would be expected. However, it is interesting that 41% had never been involved in a splenectomy.

Perhaps malarial spleens are less common now with better prophylaxis and treatment.

3. Obstetrics & Gynaecology:-

Caesarean Section either for obstructed labour (71%) or for other reasons (65%) was by far and away the commonest operation in the “more than 10” category throughout all the Specialties. I suppose this is not surprising but it is enlightening that relatively junior, and possibly inexperienced surgical trainees are involved in such life threatening procedures. However, I suspect many were performed as a Medical Officer in a District Hospital and of course we do not know the outcomes.

4. Urology

The commonest procedures performed in the “more than 10” category were Suprapubic cystostomy (41%) and circumcision (41%). It was somewhat surprising that with the AIDS epidemic not more circumsions were being performed.
The Experience Form is incredibly useful for each Module Lead in order to know how to either tweak the content accordingly or arrange more advanced aspects for those who clearly are ahead of the game. With small numbers of trainees (max 6) per day this is easily possible.
**Critical Care Module Report**

**Visiting Faculty**

**Lead:** Mr Fanus Dreyer

**Local Faculty**

**Lead:** Dr. Joseph Musowoya

Dr. Carlos Varela

**Trainers**

Dr. Raj Jutley

Dr. Peter Sore

Dr. Carol Spears

Dr. Andrew Ojuka

**Monday 13th & Tuesday 14th October 2014**

**Venue:** NSSC – all areas
Programme

Day 1 (Monday 13th October)

Registration 08:10-08:40

1.1 Welcome & Introduction 08:40

1.2 Introduction to Critical Care: 09:10

1.3 Assessment of Critically ill surgical patient 09:30
  ➢ A. Practical demonstrations by faculty (20 min)
  ➢ B. Lecture (20 min)

1.4 CPR (A) BLS/ALS tutorial (PA) then (B) BLS demonstration (PA, DB) 10:10-10:45

Refreshments 10:45-11:05

1.5 ALS Practical 11:05-11:50
Practice CPR in groups of 3 under guidance (2 tutors)

1.6 ALS in Children (Lecture) 11:50-12:15

Lunch 12:15-13:00

Meet with Mentors 13:00-13:15

AIRWAY, BREATHING: Rotate through 3 tutorials (30 min each) 13:15-14:45
  ➢ 1.7 Advanced Airway management
  ➢ 1.8 Trauma causes of breathlessness: life threatening respiratory injuries
  ➢ 1.9 Post-operative hypoxia in surgical patients

Tea 14:40-15:05

CIRCULATION: rotate through 3 tutorials (35 min each with 5 mins between each rotation) 15:05-17:00
  ➢ 1.10 Shock and Haemorrhage
  ➢ 1.11 New approaches to fluid therapy and oliguria
  ➢ 1.12 Cardiac complications in surgical patients
  ➢ Feedback with Mentors 17:00-17:20

END OF DAY 1
DAY 2 (Tuesday 14th October)

2.1 Introduction/ Review 08:00-0810

DISABILITY: Rotate through 3 tutorials (30 min each) 08:10-09:40

- 2.2 Confusion in surgical patients
- 2.3 Head injuries
- 2.4 Spinal injuries and patient transfer

2.5 Practical: Log roll, transfer etc (two stations) 09:40-10:10

Refreshments 10:10-10:30

Rotate through 3 tutorials (35 min each) 10:30-12:15

- 2.6 Surgical Sepsis
- 2.7 Obstetric critical care for surgeons
- 2.8 Emergency care of Burns

Lunch 12:15-13:00

Rotate through 3 tutorials (30 min each): 13:00-14:30

- 2.9 Anaesthesia for surgeons: ketamine, local and regional anaesthesia DB
- 2.10 Pain management
- 2.11 Monitoring in critical care

Tea 14:30-14:50

EXTRAS: Rotate through 3 stations (30 min each): 14:50-16:20

- 2.14 SBAR Communication intro + scenarios (2 tutors): PRACTICAL
- 2.15 Quality control in critical care (tutorial)
- 2.16 End-of-life care in critical illness (tutorial)

10 minute break

TEST: MCQs and EMQs 16:30-17:00

2.18 Course Summary and Feedback 17:00-17:20

END OF CC COURSE
Course Delivery

Travelling faculty members for the critical care (CC) module for this course were Fanus Dreyer, Joseph Musowoya (Ndola, Zambia) and Carlos Varela (Lilongwe, Malawi). Delivering the course with only three faculty members was going to be very challenging.

At the Training the Trainers (TTT) course on Sunday 12/10/2014 Dr Musowoya delivered the introduction to the CC module presentation and Drs Musowoya and Varela led on the "Giving feedback" role play session. The Safe Surgery presentation was delivered by myself. Six new faculty expressed an interest in critical care.

On the Sunday evening the three tutors went through the course meticulously over dinner to ensure there would be no hold-ups due to the lack of a 4th faculty member as supervisor/timekeeper. It was decided to use some of the new faculty as timekeepers and for some presentations that fell in their field of expertise, e.g. ask the cardiac surgeon to do the tutorial on "Cardiac Complications" because he will always do that tutorial when he teaches on the course.

On Monday and Tuesday (13-14/10/2014) the CC module was delivered without any difficulty. There were 16 course participants. As everyone was tired towards the end of the two days we decided to let the groups do SBAR communication with their respective mentors, all at the same time, and to do Quality Control and End-of-Life Care as interactive lectures as shared presentations by all three tutors with the whole group; these changes worked very well, and lead to very lively discussions, especially in End-of-Life Care. The end-of-course test worked very well in the NSSC because participants could read the questions on the TV screens on the sidewalls. Except for one participant who claimed bitterly about the test and who argued about the correct answers, there was general consensus on best answers when the test questions were discussed with the group afterwards.

All participants passed the CC module, with no serious reservations. Feedback scores and comments were in line with previous courses.

Strong and weak points of participants were discussed with specialty module leads in a post-CC module meeting.

Four new tutors were thought to be excellent additions for the future: Raj Jutley, Peter Sore, Carol Spears and Andrew Ojuka. The lack of an anaesthetist on the Nairobi faculty is a concern but this absence can be offset by Jana Macleod (a surgeon intensivist) and Raj Jutley (cardiac surgeon); Peter Sore is also a thoracic surgeon.
Completing and publishing the Critical Care module handbook for participants early in 2015 is a *sine qua non* for future successful continuation of the course.

**Trainee feedback**

![Trainee feedback chart]

**Mean**

![Mean chart]
Comments by trainees

What went well?

“Time management” (x5)
“Friendly/open/approachable tutors” (x5)
“Interactive discussions” (x3)
“Practical sessions” (x3)
“Small group rotations”
“To be allowed to express myself freely and give honest opinions/Easy interaction with faculty” (x3)
“Demonstrations were perfect”
“Mentoring and emphasis on non-technical skills” (x2).
“Teamwork” (x2)
“Communication skills” (x5)
“Important principles repeated/reinforced throughout the course” (x2)
“Excellent lectures/presentations” (x3)
“Organization”

What could have been better?

“Giving materials: soft or hard copies” (x3)
“The test options: some were confusing; test too fast”
“Need more time to practice CPR and scenarios” (x4)
“Certain topics could have been taught better”
“SBAR needs more time allocation”
“More case studies”
“Anaesthesia should be done by an anesthetist”
Other Comments

“Refresher courses”

“SBAR was very, very, very enlightening”.

“End of Life Care: eye opening session on difficult topic; I appreciate the effort to discuss it”.

“Innovative exam; allowed us to understand how differently we can understand different concepts”

“Thank you for the stimulation and critical thinking as a young surgeon; reinforcing on patient empathy, safety and ownership”.

“Overall great course”.

“This course has allowed demystification of difficult material that is usually not pleasant to learn. Serious material delivered by engaging and hilarious faculty”. “Provide reading material”.

Fanus and Joseph discussing training assessments
Small group teaching with Carlos and Joseph
**Requirements**

**Equipment: Basic life support, CPR**

2 x Resus Annie Torso Basic with soft pack. *Laerdal* (31000640)
1 x Ambu Spur II adult breathing system. *Ambu*

**Equipment: airway management**

1 x intubating manikin, adult. Deluxe Difficult Airway Trainer*. *Laerdal*
1 x Ambu Spur II adult breathing system. *Ambu*

Air Easy™ Guedel airways. color-coded. *Smiths Medical*

(Green 80 mm 2018) and (Yellow 90mm 2019) and (Red 20mm 2020)
Each in box of 10.

Nasopharyngeal airways. *Smiths Medical*

9 x (6.0mm 100/210/060) and (7.0mm) (100/210/070) Each in box of 10.

Classic Laryngeal Mask Airways, cLMA Basic™. *Intavent Direct*

1 x (Size3 1113090) and 1x (Size4 1114100) and 1 x (Size 5 1115120)

Laryngoscope, MAC 4 and 5 (curved blade) with batteries(2C type). *Proact Medical*

1 x Proact Mac 4 Metal Max 90 laryngoscope blade and handle set. (HMM 90MAC4)
1 x Proact Mac 5 Metal Max 90 laryngoscope blade and handle set. (HMM 90MAC5)

Tracheal tubes, standard cuffed, sizes 6.0, 7.0, 8.0mm *Smiths Medical*

Endotracheal tubes, clear PVC/oral/nasal, soft seal, cuffed.

2 x 6.0mm (100/199/060) NB can be used for cricothyroidotomy training Box of 10

2 x 7.0mm (100/199/070) Box of 10

2 x 8.0mm (100/199/080) Box of 10

Lubricant. *Laerdal* (250-21050)

The sizes of some of the airway tubes listed are chosen to fit the dimensions of the manikins. (bigger sizes jam)

Scalpel Handles (small) 1 x No 3

Size 11 Blades x 3

Tracheal Retractors (Large curved blunt) x 2.
General Surgery Module Report

Visiting Faculty

Lead: Mr Paul Gartell

Mr Russell Lock

No local Faculty

Trainers

Dr. Andrew Ojuka (Uganda)

Dr. Carol Spears (Kenya)

Dr. Mustafa Musajee (Kenya)

Wednesday 15 to Friday 17 October 2014

Venue: Wet Lab, NSSC
Programme

0800 – 0830  Registration
0830 – 0845  Welcome and introduction to the day
0845 – 0930  Scenario:
              Blast injury a mixture of blunt and penetrating trauma
              ABC
              Triage
              Tension pneumothorax
0930 – 1000  Chest trauma blunt and sharp
1000 – 1030  Burr holes and Skin grafting
1030 – 1100  Refreshments
1100 – 1300  Indications for laparotomy
              The 1 hour Laparotomy
              Liver packing and suturing
              Splenectomy
              Diaphragmatic hernia
              Strangulated hernia
              Bowel injury management
              Management of the grossly contaminated abdomen
1300 – 1345  Lunch
1345 – 1445  GI haemorrhage
              DU & Varices
              Underrunning
              Pyloroplasty
              Sengstaken tube
1445 – 1545  Bowel obstruction
Adhesions

Deflation of Sigmoid Volvulus

Colostomy

Ileostomy

1545 – 1600 Refreshments

1600 – 1700 Vascular injury

1700 – 1715 Management of post op complications

1715 - 1730 Summary & MCQ

Introduction

This was the 2nd of 3 courses with 2 Faculty from the UK: There was no local faculty. We had 3 Trainers.

On the 1st day Mustafa was tied up with an emergency all day and could not attend so the UK faculty ran the whole course with the 2 Trainers looking on and helping with the pig, preparing for the practical's and clearing up.

The pig arrived on time in a chest on the back of a motorcycle. Manhandling this was quite a challenge and the animal was not delivered to the wet lab until nearly 0900hrs.

“I brought the pig; you can help get it out!” (Not an easy task!)
This did hold up the orthopaedic and urology modules; but there was still plenty of time for the colon to be removed prior to the first practical.

Thereafter the course ran roughly to time finishing at 1745hrs.

On the 2\textsuperscript{nd} day the module was run by Andrew and Carol with Mustafa looking on and helping out and the UK faculty giving some practical assistance and supportive interjection to bring out important points as required. Again the module ran on time finishing at 1730hrs

On the 3\textsuperscript{rd} day the UK faculty limited its role to observer status with some practical help with preparation and clearing up. The Trainers ran the whole course under the leadership of Andrew. Carol had to leave late morning for another commitment.

The module ran smoothly and ahead of schedule in the morning. However in the afternoon the team lost some momentum, particularly during the lecture sessions with the result that the module got behind and there was little time for the vascular practical. At the suggestion of the Trainers two loop ileostomy procedures were carried out at the same time which allowed more trainees to do it. The talk on complications was given before the vascular practical which gave us less time to clear up afterwards.

\textit{Faculty feedback}

\textbf{What went well?}

- The facilities were exemplary
- All the required instruments were available
- The PowerPoint slide quality with the VDU was excellent
- Support from the NSSC staff was fantastic
- The course was delivered to a high standard
- The Trainers learnt quickly and worked together as an excellent team
- The 3 pigs were the right sex and size and well prepared prior to delivery
- The mode of delivery ensured that the pig arrived at the NSSC on time whatever the traffic
- Running the burr hole and skin grafting practicals concurrently so that more trainees could get the practical experience
- Excellent arteries for the vascular session
- All the participants enjoyed the course and rated it highly
- The course ran approximately to time
- The Trainers showed the confidence and ability to run the course in the future
- The preparation and organisation of the groups
- Pre-course experience forms were very helpful for planning each day
- Flow charts
What could have been better?

- Shorter lectures and more time for the practical sessions
- Total commitment of the Trainers for the 3 days of the course
- Slightly tighter control of timekeeping by the UK faculty particularly on day 3
- Some of the MCQs needed redrafting
- Some of the PowerPoint presentation for the contaminated abdomen needs revision
- Some of the consumables were not present
  - Milton tablets
  - Disinfectant hand cream
- The boxes containing all the equipment had not been sealed and had obviously been used. This meant that we had to spend quite a bit of time finding and reclaiming some of the equipment.

Pre and Post Course MCQ’s (%)
Trainee feedback

Blast Injury

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<th>Dissatisfied</th>
<th>Neutral</th>
<th>Satisfied</th>
<th>Very Satisfied</th>
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<tr>
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<tr>
<td>Neutral</td>
<td></td>
<td>6</td>
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<td></td>
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<tr>
<td>Satisfied</td>
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<td>9</td>
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Triage

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<th>Dissatisfied</th>
<th>Neutral</th>
<th>Satisfied</th>
<th>Very Satisfied</th>
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<tbody>
<tr>
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<td>1</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
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<td>7</td>
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<td>Satisfied</td>
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Chest trauma

<table>
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<tr>
<th></th>
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<th>Dissatisfied</th>
<th>Neutral</th>
<th>Satisfied</th>
<th>Very Satisfied</th>
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<tr>
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<td></td>
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<td></td>
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</tr>
<tr>
<td>Dissatisfied</td>
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<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
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<tr>
<td>Satisfied</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>9</td>
</tr>
</tbody>
</table>
Abdominal trauma:

- Very dissatisfied: 2
- Dissatisfied: 10
- Neutral: 5
- Satisfied: 8
- Very Satisfied: 6

Intestinal obstruction:

- Very dissatisfied: 1
- Dissatisfied: 2
- Neutral: 8
- Satisfied: 10
- Very Satisfied: 5

GI bleeding:

- Very dissatisfied: 1
- Dissatisfied: 2
- Neutral: 7
- Satisfied: 10
- Very Satisfied: 5
Burr holes

- Very dissatisfied: 1
- Dissatisfied: 1
- Neutral: 4
- Satisfied: 11

Skin grafting

- Very dissatisfied: 12
- Satisfied: 3
- Very Satisfied: 1

Liver suturing

- Very dissatisfied: 2
- Satisfied: 14
Very dissatisfied | Dissatisfied | Neutral | Satisfied | Very Satisfied
---|---|---|---|---
Splenectomy | 9 | 7 |  |  
Pyloroplasty | 12 | 3 | 1 |  
Stoma formation | 6 | 9 | 1 | 42
Trainee comments

What went well?

“The practical sessions”

“Good precise presentations”

“Learning practical life-saving skills”

“Good supervision”

“Everything”

“Interaction between tutors and trainees”

“Damage control laparotomy”

“Triage”

“Allowed to ask questions”

“Vascular repair”

“Everything explained really well”

“Great support from faculty”

“The topics covered”
“Abdominal exploration, burr holes and skin grafting”

“Dedicated tutors”

What could we have done better?

“More time for practice”

“Blunt versus penetrating abdominal trauma approaches”

“Less time on lectures. More time on practical sessions”

“More workstations like the vascular practical”

“A short summary of objectives for the course”

“Some talks too long”

“Better one on one teaching to improve skills”

What would you want to learn more about in future?

“Vascular repairs”

“Other intestinal anastomosis” (recurring theme)

“All life-saving procedures”

“Surgical airways”

“Mock triage drills”

“Diaphragmatic repairs”

“Cardiothoracic emergencies and management”

“Blunt bladder and pancreatic injury”

“Central line placement”

“Venous cut down” (X2)

“Amputations”

“Grafting & contracture release”
Other comments

“Good course, excellent. Very grateful”

“Very relevant session, very well delivered”.

“This is a wonderfully exciting course. I would strongly recommend it to any surgeon regardless of their seniority”.

“Good emphasis on surgical skills, Vascular repair session was quite interesting”.

“MSE course very very good”.

“Enjoyed the interaction with the lecturers and learning of new skills was simplified”.

Wet Lab, plenty of space, good ventilation & lighting.

Note 2 trainers preparing the pig for the next exercise
Intra-abdominal dissection, note Burr Hole site
## Requirements

### Management of Surgical Emergencies

#### INSTRUMENTS FOR GENERAL SURGERY

<table>
<thead>
<tr>
<th>ITEM</th>
<th>No.</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Needle Holders</strong></td>
<td></td>
</tr>
<tr>
<td>MAYO HEGAR</td>
<td>3</td>
</tr>
<tr>
<td>CRILE WOOD</td>
<td>3</td>
</tr>
<tr>
<td><strong>Forceps</strong></td>
<td></td>
</tr>
<tr>
<td>WAUGHS FINE TOOTHED</td>
<td>3</td>
</tr>
<tr>
<td>DE BAKEY DISSECTING FORCEPS</td>
<td>3</td>
</tr>
<tr>
<td>LANE DISSECTING</td>
<td>1</td>
</tr>
<tr>
<td>SPENCER WELLS CURVED Normal</td>
<td>6</td>
</tr>
<tr>
<td>MOSQUITO (HALSTEAD)</td>
<td>12</td>
</tr>
<tr>
<td>LAHEY (Sweet)</td>
<td>2</td>
</tr>
<tr>
<td>ROBERTS (Artery Curves)</td>
<td>2</td>
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<tr>
<td>BABCOCKS</td>
<td>2</td>
</tr>
<tr>
<td><strong>SCALPEL HANDLES</strong></td>
<td></td>
</tr>
<tr>
<td>No 3 (Small)</td>
<td>3</td>
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<tr>
<td>No 4 (Large)</td>
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<tr>
<td><strong>SCISSORS</strong></td>
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<tr>
<td>MAYO</td>
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<tr>
<td>ANGLED FLAT DURAL (Scheiden Taylor)</td>
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<tr>
<td>POTTS De martell</td>
<td>3</td>
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<tr>
<td>METZENBAUM</td>
<td>3</td>
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<tr>
<td><strong>KNIVES</strong></td>
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</tr>
<tr>
<td>HUMBY KNIFE</td>
<td>1</td>
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<tr>
<td>Blades (10)</td>
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<tr>
<td><strong>NEUROSURGICAL INSTRUMENTS</strong></td>
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<tr>
<td>HUDSON DRILL BRACE (+2 Bits)</td>
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<tr>
<td>Hudson Spherical burr</td>
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<tr>
<td>Cushing Flat drill</td>
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</tr>
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<td>Bane-Hartmann rongeur</td>
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</tr>
<tr>
<td>Sewall Elevator</td>
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<tr>
<td>Adson - Baby self retaining</td>
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<tr>
<td><strong>SMALL BOWEL CLAMP</strong></td>
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<tr>
<td>Kocher Straight</td>
<td>2</td>
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<tr>
<td><strong>RETRACTORS</strong></td>
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<tr>
<td>Abdominal - Kelly (155x57mm)</td>
<td>2</td>
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<td>Item</td>
<td>Description</td>
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<td>Cork Tiles, size 300mm x 300mm x 4mm thick</td>
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<td>24</td>
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<tr>
<td>2.5 litre Plastic Paint Kettle</td>
<td>3</td>
</tr>
<tr>
<td>0.5 litre approx adjustable nozzle, trigger flower spray</td>
<td>1</td>
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<tr>
<td>Chest drain kit &amp; under water seal</td>
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<td>Brushes on handles to wash instruments</td>
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<tr>
<td>Item</td>
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<td><strong>Surgical Blades</strong></td>
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<tr>
<td>No 10</td>
<td>16</td>
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<tr>
<td>No 22</td>
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<td>No 11</td>
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<tr>
<td>Sleek</td>
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<td>Sharp's Bins 1/2 litre</td>
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<td>Gloves - latex free, Small, Medium &amp; Large</td>
<td>1 Box of each</td>
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<td>Aprons - GREEN roll of 200 per roll</td>
<td>30 Aprons</td>
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<td>Black disposable bags</td>
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<td>Milton Tabs query quantity, need about 60</td>
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<tr>
<td>Marker Pen - (Burr Hole + Echarotomy)</td>
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<td>Non Sterile Gauze swabs</td>
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<tr>
<td>Large Swabs per course for packing</td>
<td>18</td>
</tr>
<tr>
<td>22G Venflon per course</td>
<td>3</td>
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<tr>
<td>Paper Towels per course (Roll/Pack)</td>
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<tr>
<td>Liquid hand disinfectant</td>
<td>3</td>
</tr>
<tr>
<td>Sponge clothes for wiping down surfaces</td>
<td>3</td>
</tr>
</tbody>
</table>
Orthopaedics & Trauma Module Report

Visiting Faculty

Lead: Mr Yogesh Nathdwarawala

Local Faculty

Lead: Dr Joseph Musowoyo

Trainers

Dr Michael Mara

Dr James Kigera

Wednesday 15 to Friday 17 October 2014

Venue: Dry Lab, NSSC
<table>
<thead>
<tr>
<th>Time</th>
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<tbody>
<tr>
<td>08.00</td>
<td>Introduction</td>
</tr>
<tr>
<td>08.05</td>
<td>Compartment syndrome work shop</td>
</tr>
<tr>
<td>08.40</td>
<td>Septic arthritis, Osteomyelitis</td>
</tr>
<tr>
<td>09.00</td>
<td>Tendon repair &amp; practical</td>
</tr>
<tr>
<td>09.30</td>
<td>Fracture reduction &amp; plaster talk</td>
</tr>
<tr>
<td>09.40</td>
<td>Closed reduction work shop</td>
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<tr>
<td></td>
<td>Distal radius</td>
</tr>
<tr>
<td></td>
<td>Ankle</td>
</tr>
<tr>
<td></td>
<td>Supracondylar</td>
</tr>
<tr>
<td></td>
<td>Tibial</td>
</tr>
<tr>
<td></td>
<td>Shoulder, elbow, hip reductions</td>
</tr>
<tr>
<td>10.10</td>
<td>Refreshments</td>
</tr>
<tr>
<td>10.25</td>
<td>Plastering exercise</td>
</tr>
<tr>
<td></td>
<td>B/E back slab</td>
</tr>
<tr>
<td></td>
<td>B/E POP cast</td>
</tr>
<tr>
<td></td>
<td>Demo B/K POP, A/K POP and wedging</td>
</tr>
<tr>
<td>11.20</td>
<td>Traction talk</td>
</tr>
<tr>
<td>11.30</td>
<td>Skin traction Thomas splint work shop</td>
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<tr>
<td>12.00</td>
<td>Skeletal traction exercise</td>
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<tr>
<td></td>
<td>(Tibial, calcaneal, femoral pin)</td>
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<tr>
<td>12.30</td>
<td>Lunch</td>
</tr>
<tr>
<td>13.55</td>
<td>Pelvic fracture and binder</td>
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<td>13.35</td>
<td>Ex fix talk (including open fracture)</td>
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<td>13.45</td>
<td>Ext fix exercise</td>
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<tr>
<td>Time</td>
<td>Event</td>
</tr>
<tr>
<td>------------</td>
<td>----------------------------</td>
</tr>
<tr>
<td>14.55 – 15.10</td>
<td>Refreshments</td>
</tr>
<tr>
<td>15.10 - 15.20</td>
<td>Internal fixation talk</td>
</tr>
<tr>
<td>15.20</td>
<td>Internal fixation exercise</td>
</tr>
<tr>
<td></td>
<td>Lag screw, DCP, Ankle</td>
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<tr>
<td>16.30 – 17.00</td>
<td>MCQ’s</td>
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</table>

**The Course**

**Preparation and delivery.**

This was the second course in Nairobi. For logistical reasons we flew on British Airways reaching Nairobi on Saturday the 11th of October night.

**Training the trainer course** on the 12th of October went smoothly. Dr Michael Mara and Dr James Kigera joined as the trainers for orthopaedic module.

With the help of my co-trainer Joseph, together with Michael and James, we went through the equipment stored after the last course. The staff at the Nairobi Surgical Skills Centre, Edwin, Rose and Priscilla, were extremely helpful. All the equipment was safe and sound. We requested the plaster bandages, crepe bandages and Thomas’s splint which Dr Ndonga kindly arranged.
On Monday 13th of October, Orthopaedic teaching was planned at Mater Hospital. Dr Mike Mara kindly joined me for the teaching. We were welcomed by Dr Joseph Vaughan, director of medical services. He showed us around the hospital. The teaching facilities were excellent with a good sized conference room and audio visual facilities. The teaching started with the two doctors and the number increased to twelve as the morning went on. The audience consisted of a variety of specialities including accident and emergency doctors, orthopaedic trainees, general practitioner and plastic surgeon. In response to their request the teaching about compartment syndrome, osteomyelitis and septic arthritis was carried out. A practical demonstration of compartment syndrome release was also performed. Again in response to the requests made by the participants Dr Mike Mara kindly carried out a symposium on hand injuries. Dr Vaughan kindly arranged extremely generous quantities of refreshments for the morning. Jo kindly joined us and treated us with lunch too.

The afternoon was spent teaching the nurses. The participants were again a mixed group including midwives, orthopaedic technicians, theatre and ward nurses. The topics for skin traction, skeletal traction and internal fixation were covered. Once again the teaching was mainly practical aimed at participants building up confidence in applying traction. The participants really enjoyed the interactive “hands on” session.

I am extremely grateful to Sister Judy Mewburn (Lead Theatre Nurse Trainer from UK) who has made a lot of effort in organising these sessions. She was also extremely helpful during the training and a very willing volunteer for traction too!

Tuesday the 14th October was spent in preparation for the MSE course. With the help of Mr Biyani the compartment syndrome module was prepared for re-use.

A debriefing session was carried out at the end of critical care component of the course. It was highlighted that there were candidates from Democratic Republic of Congo whose
English was not very strong and the communication was difficult. The solution to deal with the trainees with communication issues or very inexperienced trainees was discussed. Mr Dreyer felt that he would prefer to teach everybody at the same level and is not particularly interested in knowing their pre-course experience. Mr Lane felt that knowing the pre-course experience would help us to target the extra help when it is needed.

**The MSE course** was delivered smoothly as planned over the three days (15th, 16th and 17th of October). The support from Dr Joseph Musowoyo and Dr Michael Mara was excellent. Dr James Kigera, being a lecturer locally, was called upon to attend a number of urgent situations and hence was only able to participate in part of the course. However, when present, he made a very enthusiastic and valuable contribution.

**What went well?**

- I was extremely fortunate to have very enthusiastic and helpful co-trainers Dr Joseph Musowoyo, Dr Michael Mara and Dr James Kigera. Joseph deserves a special compliment for working tirelessly leading the critical care course on Monday and Tuesday and remained very energetic for the three hectic days of the Orthopaedic module.

- It was my pleasure and privilege to work with Dr Michael Mara who is trained in the United States and is on a five year voluntary mission in Kenya. His passion for improving the care of trauma patients in Africa and enthusiasm for teaching was truly inspiring.

- We shared the enthusiasm of finding innovative ways to teach the practical skills and this was evident by invention of a model for fracture reduction made by Dr Mara and use of skin traction on stockinet by Joseph.
Mr Edwin Bore, the manager of the Nairobi Surgical Skill Centre and his team, Ann and Priscilla, provided excellent help and logistical support.

Mr Lane very diligently and tirelessly coordinated various important components of the course i.e. registration, MCQs, experience forms, sutures and various equipment, organisation of groups etc. Thank you.

The audiovisual systems worked satisfactorily.

The arrangement for the refreshments and lunch was made in a separate building next door. This resulted in slightly increased time in walking back and forth. However, this was well compensated by improved concentration in subsequent sessions as a result of the fresh air and a little bit of walking.

All the practical sessions were well received. In particular the models for the compartment syndrome as well as external fixation using plaster of Paris were specifically complimented by the participants.

The trainees and the trainers were very punctual with the time of the beginning of the course and breaks.

On the final day the course finished on time and we were able to pack and label the equipment satisfactorily.

The two participants from South Sudan, Dr Evan Adaha and Dr Stephen Reaney were practicing surgeons. However, they participated in the same manner as other trainees. They felt that the skills that they have learnt were extremely useful and applicable in their day to day practice.

I am thankful to Dr Ndonga, the local organising lead, for taking care of various details and ensuring that all equipment were present and available.

The flow chart continues to be a very useful tool in anticipating the next task and making adequate preparation. We have made continuous improvement in the flow chart as we go along.

The pre-experience form that has been printed in a colourful form by Mr Lane has continued to be very useful in pairing the candidates and giving them the maximum benefit of targeted training.

We have continued using the feedback from the trainers giving us valuable information from the colleagues in relation to the quality of teaching. Thank you Mr. Biyani.
The feedback provided by the participants suggests that they found the course very enjoyable, informative and useful in daily practice.

What could be better?

- It would be ideal to fill up all the eighteen trainee places. However, due to a number of reasons this target is difficult to achieve. We are continuing in looking at the different ways of minimising the last minute drop outs.

- We need to put more thoughts in improving the venue for the plastering exercise. Although we carried out all the other exercises in the main lecture room we did not want to carry out the plastering exercise in this room to prevent the mess. On the 1st day all the six trainees did plastering exercises in a small sluice room. However, the space was very tight. On the 2nd and 3rd days we put the cardboards on the floor outside so two trainees could perform their practical's there. The plastering exercise requires presence of a sink, water supply, drainage and easily cleanable floor and furniture. Finding an ideal place for plastering exercise continues to be an ongoing challenge.

- The Thomas’s splint borrowed from the hospital was somewhat small. Dr Ndonga has kindly agreed to buy a splint for the next course.

- For the future, sustainability of the course a good pool of local trainers is absolutely vital. Dr Michael Mara has promised to contribute to the course during the period of his stay in Africa. Dr Kigera has promised to do his best to remain free from the distraction and other local commitments to fully concentrate on the course in the future. We need to explore all the other possible avenues to increase the number of trainers in Kenya.
Pre and Post course MCQ analysis (%)

Trainees

Trainee Feedback

Compartment syndrome
Osteomyelitis Septic arthritis

- Very dissatisfied: 0
- Dissatisfied: 0
- Neutral: 0
- Satisfied: 5
- Very Satisfied: 11

Tendon repair

- Very dissatisfied: 0
- Dissatisfied: 0
- Neutral: 1
- Satisfied: 2
- Very Satisfied: 15

Closed reduction

- Very dissatisfied: 0
- Dissatisfied: 0
- Neutral: 0
- Satisfied: 5
- Very Satisfied: 12
Plaster application

Traction

Pelvic injuries
Trainee Comments

What went well?

“This was dedicated training from the heart of those of you who want to save lives and limbs”.

“Good precise presentations”.

“Very good demonstrations”.

“Small groups”.
“Practical skills especially demystifying decompression of compartment syndrome”.

“Friendly tutors”.

“Relevant lifesaving topics”.

“Skin traction is going to be very useful”.

“Compartment syndrome release”.

“Good time keeping”.

“Very practical and good tutor student relationship for teaching”.

“Keep up the good work”.

“Very innovative, supportive and motivated staff”.

“Demonstration lectures and practice sessions were all excellent, concise and relevant”.

“Enthusiastic instructors”.

“New skills acquired and learnt”.

“The innovative way to do external fixation using plaster of Paris”.

“New method of doing full pins rather than half pins”.

“Practicality of treatment modalities especially in pelvic binder”.

“Fun as we learnt serious things”.

“Engaging faculty”.

“The practical were very enlightening”.

“Both theoretical and practical components -a perfect balance”.

“The fact that it was mostly practicals”.

“Compartment syndrome, tendon repair”.

“The practical sessions on fixation”.

“Fasciotomy demonstration/practice”.

“All relevant to daily district hospital practice”.

“Internal fixation practice”.

“How didactic the course is planned”.

“Compartment syndrome demonstration”.
What could we have done better?

“I don’t think there was any better than this we know, you have given it all your hearts”.

“To have real instruments for internal fixation”.

“More time for external fixation and plaster cast”.

“Lectures very fast”.

“Infections”.

“Some more time spend on reduction of fractures”.

“Give material for after course”.

“Wish we had more time”.

“Having separate stations to discuss and more time to do that can help a better setup for plaster instead of a small space”.

“A slightly longer duration for some sessions for example fixation, but the time management was excellent”.

“Generally think it is good and was done well”.

“The scope of the course was excellent and relevant”.

“Flexion technique”.

“Stabilisation of spinal fractures, concentrate on debridement”

“Introduction of other topics”.

What would you like to learn more about in the future courses?

“Spinal trauma”.

“More radiological features, just show us more x-rays and CT, learn how to interpret traction mechanisms eg Perkins”.

“More fracture principles”.

“Arthrotomy techniques”.

“Satisfactory”.

“Basic principles of paediatric orthopaedics”.

“Satisfactory”.

62
“More common fractures”.

“Some basics on vertebral column fractures”.

“Internal fixation, more on plaster cast especially types of cast and their application”.

“Internal fixation”

“May need more demonstration in septic arthritis with video”.

**Other comments**

“We owe you all the respect. You have spared everything to make us learn. We will only repay this by using this knowledge you gave us to help out patients with confidence. May God bless all of you”.

“More practice leads to more understanding of the topic”.

“Overall a very useful course”.

“An informative, useful and practical session”.

“Keep it up”.

“Never knew plaster of Paris could be used to secure pins in an external fixation! We appreciate the information”.

“Satisfactory”.

“Thank you for demystifying”.

“Generally good course and enlightening”.

“Very relevant and vital course for conceptualising approach to orthopaedic emergencies, lectures brief and concise. Congratulations”!

“Thank you for the mentorship and knowledge”.

“Wonderfully packaged course in a logically sequential manner”.

“Just like ABC of trauma MSE is the ABC of basic emergency surgery”.

“Thank you”.
Conclusion

Overall the course was well organised and delivered to the high standards as planned without any major obstacles. The feedback from the candidates reflects the high level of satisfaction. We are looking forward to the third and final course at Nairobi in February 2015.

Yogesh, small group teaching
### Requirements

<table>
<thead>
<tr>
<th>Management of Surgical Emergencies</th>
<th>ITEM</th>
<th>No.</th>
</tr>
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<tbody>
<tr>
<td><strong>INSTRUMENTS FOR ORTHOPAEDICS &amp; TRAUMA</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>ITEM</strong></td>
<td><strong>Needle Holders</strong></td>
<td></td>
</tr>
<tr>
<td>CRILE WOOD</td>
<td>3</td>
<td></td>
</tr>
<tr>
<td><strong>Forceps</strong></td>
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<td></td>
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<tr>
<td>WAUGHS FINE TOOTHED</td>
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<td>DeBakey Dissecting</td>
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<td><strong>SCissors</strong></td>
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<td><strong>SCISSORS</strong></td>
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<td>MAYO</td>
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<td>Hennig Plaster Spreader</td>
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### TENDON REPAIR

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<td>W8845 2 BOXES</td>
<td>24 Sutures</td>
<td>4/0 Prolene (1/2 c) double needle</td>
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### RE-USABLE ITEMS FOR ORTHOPAEDICS & TRAUMA

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<tr>
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<td>Push Pins IV stationary <a href="mailto:ltd.sales@ivstationary.com">ltd.sales@ivstationary.com</a></td>
<td>24</td>
</tr>
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<td>2.5 litre Plastic Paint Kettle</td>
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<td>1</td>
</tr>
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<td>Brushes on handles to wash instruments</td>
<td>2</td>
</tr>
<tr>
<td>Item</td>
<td>Per Course</td>
</tr>
<tr>
<td>---------------------------------------------------------------------</td>
<td>---------------------</td>
</tr>
<tr>
<td>Surgical Blades</td>
<td></td>
</tr>
<tr>
<td>No 22</td>
<td>9</td>
</tr>
<tr>
<td>Sharp's Bins 1/2 litre</td>
<td>3</td>
</tr>
<tr>
<td>Gloves - latex free, Small, Medium &amp; Large</td>
<td>1 Box of each</td>
</tr>
<tr>
<td>Aprons - green roll of 200 per roll</td>
<td>30 Aprons</td>
</tr>
<tr>
<td>Scrubbing brushes</td>
<td>3</td>
</tr>
<tr>
<td>Non Sterile gauze swabs (packets)</td>
<td>3</td>
</tr>
<tr>
<td>Black disposable bags</td>
<td>3</td>
</tr>
<tr>
<td>Microlance IV 21G 1 ½ inch Needles Becton Dickinson 0,8 x 40mm</td>
<td>6</td>
</tr>
<tr>
<td>Rolls plastic sheeting</td>
<td>To be issued</td>
</tr>
<tr>
<td>Velband/cotton wool roll padding, 60 x 4&quot; 2.7mt rolls</td>
<td>60 Rolls</td>
</tr>
<tr>
<td>Velband/cotton wool roll padding, 6 x 6&quot;</td>
<td>6 rolls</td>
</tr>
<tr>
<td>Elastoplast /Adhesive plaster, 10 x 4&quot;, 4.5mt rolls</td>
<td>10</td>
</tr>
<tr>
<td>Crepe Bandage 10 x 4&quot;</td>
<td>10 Rolls</td>
</tr>
<tr>
<td>Milton Tabs</td>
<td>6</td>
</tr>
<tr>
<td>Paper Towels (Roll or packs)</td>
<td>1</td>
</tr>
<tr>
<td>Liquid Hand Disinfectant</td>
<td>3</td>
</tr>
</tbody>
</table>
**Urology Module Report**

**Visiting Faculty**

**Lead:** Dr. Nenad Spasovejic (Lusaka)

Dr. Nick Campain (Research Fellow Urolink)

**Local Faculty**

Dr. Maina Samson

Dr. Charles Waihenya

**Trainers**

Dr. Aberra Gobezie

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**Wednesday 15th October to Friday 17th October 2014**

**Venue:** Veterinary Lab (adjacent to NSSC)
Introduction

I had the privilege to be a part of the Pilot MSE course held in Lusaka in October 2011 and that meant quite a lot to me because I became more aware of the real problems and needs of the medical staff on the ground.

In September 2014 we completed the first MSE course in Lusaka that was run solely by local faculty members. This gave me the opportunity, for the first time, to handle all the potential and unexpected problems as they arose and I believe that I overcame them successfully.

I received the invitation, from Mr. Bob Lane, asking me to join and help them run the Urology module of the MSE course in Nairobi in October, 2014. The module was designed by Mr. Shekhar Biyani and, as I have explained above, I’ve had the opportunity to run it together with Mr. Biyani and afterwards to run it by myself in Lusaka.

I was excited at the prospect of running it by myself but I must say that I had my worries especially knowing that Mr. Biyani would not be present at the time of the course.

My flight from Lusaka was delayed by an hour but as previously agreed two other colleagues, who arrived in Nairobi just before me, were waiting for me at the airport (Dr. Joseph Musowoya and Dr. Carlos Varela) and we all enjoyed our drive to the hotel.

Transport was arranged by our Local Lead, Dr. Andrew Ndonga and not a single problem was experienced with transport throughout our stay in Nairobi.

We reached the hotel around 18:00 hours and I had time to get everything prepared for the following day’s ‘Train the Trainers’ course.

We stayed at Southern Sun Mayfair Hotel and the accommodation was very good and the hotel itself was near to the NSSC where the entire course took place.

The rest of the group arrived later that evening.

On Sunday 12th October we had an early breakfast during which I met all the other team members. It was great to see everybody in a good mood and as enthusiastic as ever. I met Dr. Nick Campain again and we used our breakfast to discuss what we needed to do before everything officially starts.

At 8 AM we had already reached the training facilities at the NSSC. Here I have to say that I was pleasantly surprised by the facilities in Nairobi and these are on a higher level and very difficult to compare to the ones in Lusaka. While waiting for everybody to gather Nick and I discussed our module and the ways of delivering it.
After the formal introduction of all team members and future trainers Mr. Lane gave the opening lecture and after this all module leads introduced their respective modules and informed the future trainers about the aims and objectives of the course modules. I gave the talk about the urology module and this was the same presentation that was made by Dr. Biyani and that was presented during previous courses.

Once the presentations were finished I took the opportunity to check the urology manikin and instruments together with Nick and we started preparing all the necessary things for our module.

We had minor problems in locating our instruments as it appeared that they were misplaced after the completion of the previous course.

We checked all the instruments available and we took and prepared sets required for the Urology module. Here I have to say that I am very grateful to Edwin Bore, a local gentleman, who was extremely helpful in sorting out any logistic issues that we had problems with.

Once our preparation was finished we took the opportunity to see the room that was planned for the urology module which was the Veterinary Lab, adjacent to the NSSC. The room was spacious with plenty of tables and chairs and the sunlight in the room was more than adequate for the required work. Running water was available and sinks were big enough to accommodate dishes with the animal material so it could be handled in a proper way without any unnecessary splashing (we did not have any problems with flies).

Our room was fitted with enough electrical sockets and there was no need for extension cables that sometimes may be troublesome. We were given a special screen for our presentation and it remained in the room for the entire module, this was time saving because there was no need to get and set up the screen for presentations every morning.

During the inspection of our room I met a local faculty member, Dr. Samson Maina, who joined me and Nick so we discussed our module with him and tried to find the most suitable topic for each to present. We were also told that we are going to have another urologist with us, Dr. Aberra from Hawassa (Ethiopia), who also wanted to take part in module presentation.

We had lunch on site and took the opportunity to meet and discuss with other participants and to get an idea about the number of candidates and size of the groups on each day.

Later in the afternoon we had a meeting and we discussed all the groups and timetables for the following days for all modules.
Sister Judy Mewburn asked me to give a catheter talk to nurses and young doctors on Monday 13th October at the Mater Hospital which I thought was as an excellent opportunity to get even better prepared for our module.

I prepared several types of catheters and we took the catheterization manikin with us so we had everything ready for this presentation at Mater Hospital.

Once we got back to the hotel Nick and I sat together and went through all the presentations. We knew that we could face a time problem and because of that we divided all the topics in advance and I made a few corrections in order to have everything running smoothly. We assigned the presentations for every particular date so that we should have more time to prepare ourselves.

The day ended with a nice dinner at the hotel’s restaurant.

On Monday morning, 13th October, after breakfast I made preparations with Nick for the scheduled presentation to junior Doctors and nurses at Mater Hospital.

Our presentation was scheduled for 12 o’clock and we gave a talk about the catheters and catheterization to the nurses first. The welcome was rather warm and enthusiastic and I realized that nurses in Nairobi have basically the same problems and challenges, when it comes to catheters, as the nurses in Zambia. There was one thing that I found interesting, female nurses do not catheterize male patients unless they are children and this fact may put them in the situation of encountering some problems.

However, the participation during the lecture was outstanding, many questions were asked and I insisted more on the interactive approach meaning that they should feel comfortable to interrupt the presentation and ask questions or seek clarification whenever they feel a need for that.

Nick also presented one part and after we finished we demonstrated the technique of catheterization and showed them the various types of catheters. The feedback was extremely positive.

After the discussion with nurses we repeated almost the same thing but with some more detail to our junior colleagues (mostly interns). This presentation went very well and we also had a good discussion with the doctors during the practical catheterization session.

Once everything was finished we had lunch at the hospital and then went back to the hotel.
At the hotel I had a discussion with Nick about our module and we made arrangements for the Wednesday start of module.

On Tuesday, 14th October, after breakfast, Nick and I went with others to make final preparations on site before the start.

We went to the room that was assigned for Urology module and we prepared all the stations. We found the most suitable spot for the projector and we allocated places for three groups of candidates to have their practical sessions. Those had to be close enough to save time when swapping and far away enough so that nobody interferes with the other group.

We assembled the suprapubic and circumcision manikin, prepared the site for scrotal exploration and prepared all the instruments and sutures that we needed for the module. The only thing that we had to add was animal material that was supposed to come on each particular day. Once everything was set and in place the room was locked and we went back to the hotel.

We used the rest of the day to finalize our presentation and to rest before the busy days that were ahead.

On Wednesday, 15th October we started early. After a quick breakfast in the hotel a cab took us to the NSSC. We managed to be there at the scheduled time just before 8 o’clock but, as it sometimes happens, we had to wait for the person who had the key to our room. Here I also have to say that even the Wednesday group wasn’t entirely aware about the exact urology module venue so we started some 45 minutes later than planned.

While I was doing the introduction and first lecture about catheterization and suprapubic cystostomy Nick and Samson Maina (local Urologist) went to harvest the animal material for the first practical session and that was pig’s scrotum. Once I completed my lecture Nick gave the talk about the scrotal exploration and circumcision and during this time I went to harvest the material for the second part (kidneys, ureters and bladder).

After the talk we started practical sessions during which we had a lot of help from Samson and Aberra who also gave their maximum in helping us run the module.

Because of the late start and the fact that we already knew that the time was going to be an issue we decided to have tea and a snack in the presentation room so that we can continue without interruption. Nick gave the talk about renal trauma and I continued with the ureteric trauma and videos of the ureteric repair during which time Nick set the stations for the practical session. Samson gave the talk about bladder injury and urethral injury and after this
we could start practical sessions. Here we were really lucky because we were given a couple of extra bladders and kidneys that were harvested the day before at the butchery and this came in rather handy because we could set up everything for each group so they did not have to change their positions. This was a time saver. I had noticed from the previous courses that you could have a group that is more skilful and needs less time to finish the practical at one station and in absence of more material they were forced to wait until another group finishes so that they can swap. In this case although we started late and although we were forced to rush through the presentations I noticed that most of the time saved was owing to the fact that each group could finish the entire practical without wasting any time to swap.

After the practical sessions all participants were given the post course MCQ's and the feedback form.

We managed to finish the module just in time so that everyone could get lunch and prepare for the following module.

Nick, Aberra, Samson and I stayed after the module and discussed all the candidates and their performance and we agreed on each candidate’s assessment score. After this we had to make sure that everything is prepared for the following day. Aberra helped me in preparing the circumcision model and the suprapubic manikin for the following morning. Nick prepared stations for the animal material. Samson washed the instruments and arranged them at the respective work stations. It did not take long before we finished everything. I decided to keep the bladders, ureters and kidneys for the following day in order to have enough material for the next group and our host organized a refrigerator and everything was kept safe.

Once everything was in place for the next group we locked the room and went for lunch. During the lunch Samson offered to drive us outside Nairobi and to show us the Great Rift Valley. I have to say that this was extremely kind of him and I am so grateful for this unexpected opportunity. Samson, Aberra, Nick and I used the ride to discuss all sort of things and basically to get to know each other better. I really enjoyed this and the fact that we managed to get out of busy Nairobi and its heavy traffic was priceless. After the sightseeing Samson drove us back to the hotel and we agreed on each person’s tasks for the following day. I marked all the MCQ’s at the hotel and after this had a nice evening at the hotel with Nick and others.

**Thursday 16th October** we started off rather early because we wanted to avoid the late start from the previous day and we indeed managed to start on time. I started the introduction and
gave the catheter talk. Aberra gave the talk about suprapubic catheterization. Samson gave the talk about acute scrotum and Nick continued with priapism and circumcision. This way everybody was included in the presentations and I think that everyone did a great job. Again, while one was giving a talk others were harvesting the animal material and preparing and setting up for practical sessions.

During practical SPC, scrotal exploration and circumcision we had the opportunity to see all the participants at work, to discuss and clarify any aspect of the module they needed clarified.

Again we used the tea break the same way as the previous day and we continued our presentations almost in the same order only this time Samson took part more than the day before and since he is local faculty we tried to give him maximum support. Aberra gave the talk about bladder and urethral injury and I believe that everything went according to the plan.

After the talk we proceeded with practical sessions and since all the material that we saved had survived we could use it again. Once again everything went without interruption and the candidates did not have to swap places.

After the practical session was finished candidates were given an MCQ’s and feedback forms during which time we made preparations for the last day. Again we kept all the animal material for the next day.

Once the MCQ’s were finished we sat down and discussed each candidate and we scored each one of them.

After lunch a taxi got us back to the hotel where we could rest after a really busy day. I marked the post course MCQ’s and another day was finished.

**Friday 17th October** was the last day of the Course and we knew that it was going to be a busy one because not only did we have to finish the module but to pack everything up because this was also the last day for most of the group from the UK since they were scheduled to depart late in the evening.

After breakfast we started out for the NSSC and we got there on time.

Nick, Samson, Aberra and I prepared everything quickly and we could start with the presentations. We basically decided to repeat everything from the previous days because my thought was that this exercise would reinforce everybody’s ability to present and discuss the given topic in a more confident and relaxed way and this would also make them more
confident for future modules. Everything went well and there was no troubleshooting. The only thing that was common for all three days was that we had to rush through the presentations because there was simply no time to say everything and to give all the answers to questions asked and there were plenty of questions. However, we gave our best to meet all the expectations and judging by the feedback I think that we succeeded.

After the presentations and practical sessions again we had MCQs, feedback and continuous assessment scores.

We managed to clean everything after the session was finished. Instruments were washed, dried and put in the same box with the male suprapubic manikin. We managed to put all urology module things in that box and the box was closed, marked and put together with other boxes into the store room.

Everything was finished just in time for the group photo in front of the venue.

After the photo Nick and I went back to the hotel to rest a bit and to mark MCQs before our final meeting that was scheduled for the afternoon just after the Orthopaedic and Obstetric module.

We had a final meeting in the afternoon and this was an opportunity to discuss the entire course although my feeling was that this was a bit exhausting for our colleagues from UK because they had a flight to catch that night. All module leads had their say and I think that at the end everybody was pleased about the job done. All participants completed the course and they were given certificates. From my discussion with some of participants I realized that we did a good job and that we met their expectations.

I have to say that we did not experience any major problem during the Urology module and everything was running the way we expected, if not better.

In short, we had enough animal material, the room was spacious with lot of light, plenty electrical sockets (no need for extension cables), enough tables and chairs for all participants and sinks with running water. It is also important to say that we had the entire room for ourselves so we could prepare everything for the following day and lock the room without any fear that something may get disturbed.

I think that with respect to the time given to the Urology Module that there is limited space for improvement although I have learned from candidates that they would really want to know more about Urology in general but this would not be the point of this course. Some of the main factors, in my opinion, that were time saving and therefore made things run better
were: the separate room for urology without a need to move around with the material (setting up everything takes time) and enough animal material provided which helped each participant work without any interruption. One more thing could be useful in the future and that is focusing on locally common pathology/emergency conditions. Of course, for this one, it is necessary to have feedback from the ground regarding the most common emergency conditions so that the module can be adjusted accordingly.

For the end, there is one thing I noticed in the very beginning and this is about presenters or pointing devices to be more specific. On the first day during the TTC all presenters used the pointing device that belonged to our host and that one was exactly the same as mine. On day two parts of the two devices got mixed up and this nearly resulted in loss of function of both. At the end of the day I got mine recovered and functioning but unfortunately the other one wasn’t that lucky. I would like to suggest that in the future everybody takes his/her own pointing device and takes good care of it so that unnecessary confusion is avoided. This is such a small thing but can make some people very sad.

To sum up I should like to thank everybody for their support and co-operation and for an extremely good time during this course.
Maina lecturing in the Vet Lab which was an excellent venue for the Urology module.

Urology Faculty
**Pre and Post course MCQ’s (%)**

![Graph showing Pre and Post course MCQ's (%)](image)

**Trainee Feedback**

**Urethral Catherization Troubleshooting**

![Bar graph showing Trainee Feedback](image)
Suprapubic Cystostomy

Scrotal Emergencies
Ureteric and Bladder Injury

Circumcision
**Requirements**

<table>
<thead>
<tr>
<th>Management of Surgical Emergencies</th>
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</tr>
</thead>
<tbody>
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<td>INSTRUMENTS FOR UROLOGY</td>
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</tr>
<tr>
<td>ITEM</td>
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</tr>
<tr>
<td><strong>Needle Holders</strong></td>
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</tr>
<tr>
<td>MAYO HEGAR</td>
<td>3</td>
</tr>
<tr>
<td>CRILE WOOD`</td>
<td>3</td>
</tr>
<tr>
<td><strong>Forceps</strong></td>
<td></td>
</tr>
<tr>
<td>WAUGHS FINE TOOTHED</td>
<td>3</td>
</tr>
<tr>
<td>DeBakey Dissecting</td>
<td>3</td>
</tr>
<tr>
<td>SPENCER WELLS CURVED Normal</td>
<td>6</td>
</tr>
<tr>
<td>SPENCER WELLS STRAIGHT</td>
<td>6</td>
</tr>
<tr>
<td>BABCOCKS</td>
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<tr>
<td><strong>SCALPEL HANDLES</strong></td>
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<tr>
<td>No 3 (Small)</td>
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<tr>
<td><strong>SCISSORS</strong></td>
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</tr>
<tr>
<td>MAYO</td>
<td>3</td>
</tr>
<tr>
<td>METZENBAUM</td>
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### MSE COURSE - UROLOGY SUTURES

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<thead>
<tr>
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<th>2/0 Vicryl (1/2 c) RB</th>
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<tr>
<td>W9136</td>
<td>1 BOX</td>
<td></td>
<td></td>
</tr>
<tr>
<td>W193</td>
<td>1 BOX</td>
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<td>2/0 Silk Ligatures</td>
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<td>W9970</td>
<td>4 BOXES</td>
<td>48 sutures</td>
<td>4/0 Vicryl (1/2 c) RB</td>
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### RE-USABLE ITEMS FOR UROLOGY

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<thead>
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<tr>
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</tr>
<tr>
<td>Advanced Female Catheter 2011</td>
<td>1</td>
</tr>
<tr>
<td>Cork Tiles, size 300mm x 300mm x 4mm thick</td>
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</tr>
<tr>
<td>Push Pins IV stationary <a href="mailto:ltd.sales@ivstationary.com">ltd.sales@ivstationary.com</a></td>
<td>24</td>
</tr>
<tr>
<td>2.5 litre Plastic Paint Kettle</td>
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</tr>
<tr>
<td>0.5 litre approx adjustable nozzle, trigger flower spray</td>
<td>1</td>
</tr>
<tr>
<td>Brushes on handles to wash instruments</td>
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</tr>
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</table>
### DISPOSABLE ITEMS FOR UROLOGY MODULE

<table>
<thead>
<tr>
<th>Item</th>
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<tbody>
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<td>12</td>
</tr>
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<td><strong>Syringes</strong></td>
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<td>50 ml. syringes to wash out bladder, i.e. insert into catheter</td>
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</tr>
<tr>
<td>Sharp's Bins 1/2 litre</td>
<td>3</td>
</tr>
<tr>
<td><strong>Gloves</strong></td>
<td></td>
</tr>
<tr>
<td>latex free, Small, Medium &amp; Large</td>
<td>1 Box of each</td>
</tr>
<tr>
<td><strong>Aprons</strong></td>
<td></td>
</tr>
<tr>
<td>green roll of 200 per roll</td>
<td>30 Aprons</td>
</tr>
<tr>
<td>Black disposable bags</td>
<td>3</td>
</tr>
<tr>
<td><strong>Rolls</strong></td>
<td>To be issued</td>
</tr>
<tr>
<td>plastic sheeting</td>
<td></td>
</tr>
<tr>
<td><strong>Milton Tabs</strong> query quantity, need about 60</td>
<td>6</td>
</tr>
<tr>
<td><strong>Paper Towels</strong></td>
<td></td>
</tr>
<tr>
<td>Roll or packs</td>
<td>1</td>
</tr>
<tr>
<td><strong>Liquid Hand Disinfectant</strong></td>
<td></td>
</tr>
<tr>
<td></td>
<td>3</td>
</tr>
<tr>
<td><strong>Sponge clothes for wiping surfaces</strong></td>
<td></td>
</tr>
<tr>
<td></td>
<td>3</td>
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</table>
OBSTETRICS AND GYNAECOLOGY

MODULE REPORT

Visiting Faculty

Lead: Miss. Mani Malarselvi

Local Faculty

Dr Simon Kigondu

Dr. Rose Kososgei

Wednesday 15 October to Friday 17 October 2014

Venue: Reception, NSSC
Introduction

This MSE course is the penultimate course with the Final one being in February 2015. It was already decided to gradually withdraw the UK Faculty and there will only be one UK Faculty in each module this time. I was the module lead for this course in October. Dr Simon Kigondu was the local trainer for our module.

All the UK faculty members except me departed for Nairobi on the 11th October. I joined them on 14th October. I had already sent the relevant TTT and the O&G presentations to Dr Simon Kigondu, the local trainer for the O&G module in Nairobi. He participated in the TTT course along with the rest of the faculty and presented the TTT for O&G module. Dr Rose Kososgei, another local trainer who was meant to attend the TTT course did not attend due to work commitments.

As Simon was busy with work commitments, I went to the venue- NSSC to check our equipment on 14th October.

The O&G module was scheduled from 1 to 5pm from Wednesday to Friday. There were 17 trainees in total. Two of them were from South Sudan. Most of them were in their 1st and 2nd year of Postgraduate training. All the trainees except one had completed the precourse MCQs at the time of registration on 12th October. Trainees were allocated to Red [6], Blue [6] and Green [5] groups.

I discussed with Dr Simon Kigondu about the content and the logistics of conducting the module.

Myself and Simon conducted the module on Wednesday, 15th October. Dr Rose Kososgei joined us late and hence she was observing us with a view to run the course for the next two days with guidance. She was given the relevant presentations at the end of the course on Wednesday.

The trainees did the Post course MCQs and feedback at the end of each day. We discussed the MCQs with the trainees which helped to reinforce take home messages and also helped identify some spelling mistakes - this was very useful for us. At the end of the session myself, Simon and Rose marked the candidates and completed their formal assessments.

On Wednesday, 16th October after introduction, we had 2 short lectures on common Obstetric emergencies and Management of Obstetric Haemorrhage. There were 6 trainees
in this group. This was followed by practical sessions with the manikins, namely
Management of shoulder dystocia, Breech delivery and the Management of Post-partum
haemorrhage with the demonstration of how to do a Brace suture. After a short coffee break,
there was a video on 'How to do a Caesarean Section' and a hands on / practical session on
Symphysiotomy, Management of ectopic pregnancy, miscarriages and Pelvic abscess.

On Thursday, 16th October the session commenced at 1pm after lunch with 5 trainees. Dr
Kigondu was leading the O&G session under my supervision. He gave the lecture on
management of Obstetric haemorrhage and also conducted the practical session on
Shoulder dystocia and breech delivery, Symphysiotomy, Ectopic pregnancy and
Gynaecological emergencies. Dr Rose Kososgei gave the lecture on Obstetric emergencies,
Caesarean section and conducted the practical session on Management of PPH. Both
Simon and Rose conducted the session with confidence and enthusiasm. The day ended
with a group photograph of all the trainers, trainees.

On Friday 17th October there were 6 trainees. The course was completely run by the local
trainers under the leadership of Dr Kigondu. Lectures and the practical sessions on shoulder
dystocia, breech delivery, ectopic pregnancy and other gynaecological emergencies were
taught by Dr Kigondu and Dr Kososgei.

The lectures and the practical sessions were very interactive with good time management on
all the three days. There was excellent rapport between the trainers and the trainees.

The day ended with post course assessments, presentation of certificates to the trainers and
trainees.

The faculty had a team debrief meeting and were satisfied with overall performance of the
local faculty. We all departed for London on 17th October.
Conclusion

Overall the course was well organised with improved facilities and was delivered smoothly. The venue and the catering facilities were excellent. The AV was excellent as it was connected to the television; thanks to Edwin, the administrator, at the NSSC. The trainees generally appreciated and were satisfied with the content of the course. It was very rewarding and satisfying to teach the management of common obstetric emergencies, which can be life saving for both the mother and the baby, with simple techniques to all the trainees especially the junior most and those from Sudan. Although we had the initial uncertainty about Dr Kososgei’s participation, she was able to join the course and actively participate as a trainer on all the 3 days. Rose rightly suggested to include Manual Vacuum Aspiration (MVA) for incomplete miscarriage and termination. This will be included in the other gynaecological emergencies section for the next course in February 2015 and Rose will get the MVA equipment as it is easily available in Nairobi.

There were suggestions from couple of trainees to include Neonatal resuscitation and hysterectomy in the module. The basic principles of the neonatal resuscitation is included in the O&G manual and it is pretty clear and straightforward. As the O&G module is all about management of common obstetric emergencies with simple, basic measures. I do not think hysterectomy should be included in this course as it is done only in severe cases of post partum haemorrhage as a last resort. The decision for hysterectomy should be done by the senior obstetrician when other measures have failed.

Dr Kigondu and Dr Kososgei are extremely knowledgeable and demonstrated commitment and excellent training skills. No doubt we will need more local trainers. Both Rose and Simon have promised to try their best to get more local O&G trainees to participate in the TTT course in February 2015 so that they will be valuable faculty members / trainers with appropriate guidance and support in the future.

I have provided the trainers with all the presentations, MCQs, TTT content and the logistics of the O&G Module.

The future of the O&G module very much depends on the continued commitment, enthusiasm and support from the local faculty.
I would like to express my sincere appreciation to Mr. Lane, Ms Irani and all the UK and local faculty members for supporting me. My special thanks to Dr. Ndonga and the administration team at the NSSC for their efforts to run the course efficiently.

**Pre and Post Course MCQ's (%)**

![Pre and Post Course MCQ's (%)](image)

**Trainees**

**Trainee Feedback**

**Antepartum Haemorrhage**

![Antepartum Haemorrhage](image)
Trainee Comments

What went well?

“\textit{The Presentation was good}”.

“\textit{Practical demonstrations were good especially shoulder dystocia and breech}”.

“\textit{Breech delivery was good}”.
“Shoulder dystocia was good”

“Practical sessions on PPH and Shoulder dystocia were good”

“Very structured course, brief and to the point”

“Learning by doing was good”

“Practical sessions were excellent”

“Practical parts were good”

“I really appreciated the chance to practice the techniques and manoeuvres on the models. It brought the principles to life”.

“Demonstration of shoulder dystocia was good”

“Shoulder dystocia was good. Good practical demonstrations with video lectures / demonstrations”.

“Excellent discussions and demonstrations”.

“Good demonstrations and good interaction with the trainers”.

“Relevant topics discussed. Free spirit of discussions, friendly tutors”.

“Applicability of topics to our working situation”

“Shoulder dystocia and breech delivery demonstrations”

“Good practicals. We appreciate that these will help us manage the patients better”

What could be better or what would you like to learn about in future?

“More Practical emergencies”.

“To include surgical technique video for ruptured ectopic pregnancy”.

“More practical emergencies”.

“To include Hysterectomy”.

“Need for case scenarios which can be discussed”.

“To include hysterectomy”.

“More clear setting of some MCQ question”.

“Demonstration of tubal ligation and surgery for ectopic pregnancy”.
“To include resuscitation of the baby”.

“To include emergency subtotal hysterectomy”.

“To increase the topics to be learned

Other Comments

“Keep it up”

“Very interactive and relevant lectures. Thank You

“Useful session”

“The course was good and useful”

“An excellent, very relevant part of the course”

“Very useful course”

“Thanks a lot”

“Good lectures and pertinent physiology”

“Good working relationship between tutors and students”

“Excellent module”

“Thank you”

“It is an awesome course with good demonstration skills”

“It is a blessing to have this chance of learning new things”
Almost there!
### Requirements

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<th>Managed by: Surgical Emergencies</th>
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<td>INSTRUMENTS FOR OBSTETRICS &amp; GYNAECOLOGY</td>
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| **Forceps**           |     |
| SPENCER WELLS CURVED Long | 3   |
| WAUGHS FINE TOOTHED    | 3   |
| BABCOCKS 8 ¾ Intestinal| 4   |

| **SCISSORS**          |     |
| MAYO                  | 3   |

| **SPONGE HOLDER**     |     |
| Rampley               | 3   |

### MSE COURSE - OBSTETRICS & GYNAECOLOGY – SUTURES

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### RE-USABLE ITEMS FOR OBSTETRICS

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<td>Rusch Balloon</td>
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### DISPOSABLE ITEMS FOR OBSTETRICS & GYNAE

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<td>Sharp's Bins 1/2 litre</td>
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<td>Black disposable bags</td>
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<td>Sponge clothes for wiping down surfaces</td>
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Report on Trainee and Course Assessment

Fanus Dreyer

Principles of assessment

Principles of assessment were unchanged from the previous courses. Course participants were expected to meet the same minimum criteria as previously agreed to in order to pass the course and receive a certificate; these were attendance at all sessions, active participation in discussions and skills sessions, proficiency in cardio-pulmonary resuscitation (CPR) skills, satisfactory scores in continuous assessment and acceptable scores in written tests.

Although primarily a skills course, participants were assessed in the educational domains of knowledge, judgement and decision making, technical skills and communication and teamwork. Different teaching stations focused on different skills and the assessment process was adjusted accordingly. Daily assessment scores were collated from performance in different domains of learning.

Methods of Assessment

Consisted of a mixture of multiple choice questions (MCQs), extended matching questions (EMQs) and best answer questions. The structure and style of questions were different for different modules, modified to best fit the teaching methods and contents in each specialty. In critical care the total value of written test points was 40, in general surgery and orthopaedics 30 each, and in urology and obstetrics 20 each.

Critical Care:
Only post-course scores were used to record performance in written tests, as explained in previous reports. Participants were asked four complex questions as in the previous courses, addressing a series of complex problems in critical care.

General Surgery, Orthopaedics, Urology and Obstetrics:
One hundred points were available from a variety of MCQs, 30 each from General Surgery and Orthopaedics, 20 each from Urology and Obstetrics. Questions were asked in a pre-course test on the Sunday afternoon preceding the course, and a selection from the same questions were asked again in each module every day after the module; the post-course questions changed each day.
**Continuous assessment**

The previously described instruments were used for both formative and summative scores, as in previous courses.

**CPR proficiency**

All participants had to demonstrate that they can do CPR according to current protocol as this is an essential skill in managing emergencies.

**Final Scores**

A total maximum score of 200 was possible. These were compiled from 140 points for written tests (critical care 40, general surgery 30, orthopaedics 30, urology 20, obstetrics 20), 10 points from CPR proficiency and 50 points from continuous assessment (10 per module).

This meant that each module's contribution to the final score was: Obstetrics 15%, Urology 15%, Orthopaedics 20%, General Surgery 20% and Critical Care 30% (including 5% from CPR proficiency assessment).

Again participants were expected to attain a score of 60% to pass the course.

**Outcomes**

All course participants passed the course overall although a few were borderline in individual assessment scores.

**Table 10.2014: Anonymised collated assessment scores:**

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### Table: Anonymised collated assessment scores

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Summary

1. Calculating a total score per participant based on written tests and continuous scoring in different domains of learning continues to work well and give a balanced reflection of individual participants' strengths and weaknesses. The weighting for different modules also continues to work well.

2. It is recommended that the assessment framework and scoring system remains unchanged. All assessment tools must continue to be valid, reliable, transferable and evidence-based.

3. The continuous assessment sheet and scoring systems worked well and can remain unchanged.

4. A process should be created with COSECSA to continually renew test contents.

5. Feedback opportunity should remain unchanged in future with honest reflection by faculty on how to improve course contents and delivery. Review of course contents should happen in a rolling programme and not be too reactive.

6. Having a dedicated Assessment Lead in each centre remains a major challenge.

Completing assessment forms
**Trainers Overall Evaluation of the MSE Course**

(8 Trainers)

MSE Course rating from 0 – 10 was 9.3 with a median and mode of 9.

All were requested to answer the following questions:

1. **In the light of the last 6 days how prepared are you to become a Faculty member of your preferred specialty as a Trainer for the Management of the Surgical Emergencies Course.**
   - 7 Trainers were prepared to take on the role of being a full Faculty member.
   - 1 Trainer requested exposure to one more MSE Course.

2. **Do you have any suggestions to improve your training ability with reference to involvement in your Specialty module?**
   - Maybe Trainers should start to give lectures on the second of the 3 days.
   - Four trainers suggested distributing ALL the PowerPoint presentations **before** the Course

3. **Please give your suggestions to improve the content or delivery of the MSE course material with reference to your preferred specialty.**
   - Include Manual vacuum aspiration for post abortal care as it is a common Cause of obstetric haemorrhage.
   - Possibly eliminate ORIF and spend more time on Ex-Fix
Consider demonstrations for open fractures

Give trainees links as to where they can source more information on particular topics

More practice time and less lectures

An intensivist or an anaesthesiologist should be an integral part of the CC faculty

4. Please comment on any other aspect of the MSE course

Fear that the Course will not be adopted by COSECSA

Advertise early for the Course in February 2015

More emphasis on Non-Technical Skills
Trainees overall evaluation of the MSE Course

(17 replies)

The average rating for the course from 0 – 10 was 8.8 with median of 9 and mode of 8.

Have you found the course useful?
All found the Course useful.

Which part of the course did you find most helpful?
Found the all of the Course most helpful (7), practical demonstrations especially Orthopaedics (6), Urology (6), Critical Care (5), General Surgery (4) and O&G (3).

Which part of the course did you find least helpful?
None (8), O&G although really good not relevant any more (1), O&G (2 - who specialised in Orthopaedics), CC – end of life discussion (1), Orthopaedics (1), some presentations rushed (1), some lectures could have been more informative (1), General Surgery lectures too long to allow adequate time to practice (1), those modules without enough practical exposure (1).

How would you improve the course i.e. what would you like added or removed?

➢ “More practical sessions please”.

➢ “More Anaesthesia”

➢ “Make presentations less wordy and with more illustrations/videos etc”.
“Before each practical session have the specific end lines/steps and objectives both during the lecture and as we do the practicals”.

“Learn more on gut anastomoses, spinal trauma and blood gas analysis”.

“Please print the USB materials because internet access is a problem where I live”.

“Have more scenario based problem solving with appropriate practical techniques based on given scenarios”.

“Add hysterectomy and also neo-natal resuscitation”.

“Send reading material earlier”.

“Some MCQ’s are ambiguous”.

“More emphasis and time on abdominal, pelvic and chest trauma”.

“Include neo-natal resuscitation in the CC Module”.

“Add penile fracture and post circumcision glans injury”.

Other comments

“Will definitely change the way I manage patients with surgical emergencies”.

“I have really learned a lot and glad I came on the Course”.

“Advertise the Course early so more people can apply”

“Have more than one course per year”.

“Please provide presentations” (as well as reading materials).

“All lectures should have a “take home message”.

“MSE is the ABC of clinical surgery. Every Resident on entering further training should undertake this Course”.
“The Course was excellent. Learned a lot through the practical demonstrations – would definitely do it all again”.

“I appreciate the organisation and effort in setting up this Course – it was very practical and useful”.

“Thank you for the skills handed down, the mentorship and the guidance. Although the Course was short it has breathed a new breathe of hope and confidence”.

“This will go a long way to improve my surgical and non-surgical skills”.

“Thank you for a delightful experience. Especially enjoyed the CC Module as well as Orthopaedics. The entire Course has added to my confidence and undoubtedly my skills. Also some very creative ways to deal with lack of facilities in resource limited areas”.

“Thank you for new insight into CC such as communication skills. Excellent one to one teaching in the Orthopaedic Module”.

“Very valuable teaching and very approachable Faculty”.

“Critical Care Module was excellent”.

“Highly recommend course to all surgical trainees”.

“Thank you so much for allowing me to participate”.

“The Course is very beneficial to trainees”.

“Very useful for improving our clinical skills”.
Group photograph
The Report of the Theatre Nurse Workshop

Held at

The Mater Hospital, Nairobi

Monday 13 – 16 October 2014

Sister Judy Mewburn RGN

We had been invited to teach at this wonderful Hospital and Joe Vaughan, the Director, had worked extremely hard to organise rooms, refreshments and staff to attend the lectures. In all we taught one hundred and thirty consultants, doctors, trainee doctors, senior nurses, specialist nurses, nurses, midwives and trainee nurses.

On Monday 13th October we had two rooms for the lectures; one for nurses and one for doctors. Three specialities were covered and the lectures were as follows:-

Nurses

9am 19 nurses attended in the morning and 13 in the afternoon.

Obstetrics and Gynaecology. Post partum haemorrhage and caesarean section. This lecture was very well given by a local specialist kindly sent by Simon Kigondu

Urology. Nenad Spasojevic talked on catheterisation and the use of different catheters. The nurses all got to practice on the model. He was ably assisted by Nick Campain

Orthopaedics & Trauma. Yogesh Nathdarwarawala gave a lecture on traction for fractures and pinning and plating of fractures. All the nurses tried these techniques with help from Yogesh and Michael Mara.
Doctors

9 am 11 doctors attended.

Orthopaedics with Yogesh and Michael Mara covering the same subjects but in much more depth.

Obstetrics and Gynaecology covered the same topics as per the nurses but again in more depth.

Urology. Nenad and Nick covered the same topics as per the nurses with lots of hands on for the doctors.

Tuesday 14th October

Mixed audience of consultants doctors, trainees and nurses - 20 staff attended

Russell Lock did lectures for the entire day. Topics covered included;

Day case surgery. This was very relevant as the hospital is setting up a day case surgery unit.

- Colorectal cancer screening.
- Imperforate anus.
- Hepatic trauma.
- Different types of stoma and why they are used. Stoma care and the use of stoma bags

Wednesday morning, 15th October - 30 consultants, doctors, trainees and nurses attended.

Fanus Dryer gave an in depth lecture on the Care of the Critically ill patient. All physical and psychological aspects of care were covered. The Consultant in charge of ICU attended and expressed sincere gratitude for all the teaching.
**Wednesday afternoon, 15th October** - 16 nurses attended lectures given by myself.

**Topics covered included:**

- Diabetes and care of the diabetic patient in theatres.
- Ear Nose and Throat surgery - Indications and operations performed.
- Suturing - Interrupted, mattress and subcuticular continuous.

**Thursday, 16th October.**

19 nurses attended.

As these nurses had not attended previous lectures the following topics were covered by me

- SWOT analysis
- ENT surgery
- Diabetes
- Cardio Pulmonary resuscitation. Indications and practicals
- Diabetes and the management of the diabetic patient in theatres.
- Suturing.

This was a first for this kind of multidisciplinary training with a different audience every day. One hundred and thirty people benefited from the training. We shall be running the course again in February at the Mater hospital. Staff from other hospitals will be invited so we shall reach an even bigger audience. The standard of care in the Mater hospital was exceptional so I feel that by including staff from other hospitals that will impact on their patient care in a positive way
I would like to thank Joe Vaughan and the Matron for their splendid organisation and really look forward to working with them again in February 2015.

_Nenad and Nick demonstrating catheterisation techniques to the nurses._
Conveners Report

This has been another highly successful MSE and Theatre Nurse Training Course. The NSSC is a splendid venue and made all the better by Edwin Bore and his staff who could not have been more helpful and supportive during the whole six days that we were there and furthermore the refreshments at the nearby staff canteen were excellent.

The main difference between this Course and the first Course we ran at the NSSC is that the Urologists have now moved to the Veterinary Lab, which is three to four minutes walk away, where they have plenty of room with all the facilities that they need. Edwin had organised for the television monitor in the area where the Obstetric Module takes place to be converted into a screen to show the presentations which made them more professional and furthermore all could see the screen.

Unfortunately the smell of formalin was still fairly pervasive along the corridor leading to and from the Labs and this because the newer methods of embalming turned out to be too expensive. The visiting Faculty from the UK were conversant with the Course and it was great to have Joseph Musowoya from Zambia and Carlos Varela from Malawi as part of the CC Faculty and Nenad Spasojevic from Lusaka and Nick Campain, Urolink Research Fellow, as visiting Faculty for Urology.

The Train the Trainers Course went according to plan. The feedback was very satisfactory which was rewarding. It must be emphasized that this day is really aimed at teaching trainers how to run a training course. It is not a day spent in deep theoretical discussion but very much practically based. When accepting future trainers on to the Course one is looking for previous training experience, commitment to continue training on the Course, the ability to work in a team and, above all, leadership qualities. Punctuality and being present for the whole of their respective Module goes without saying. On this occasion we had the fliers and website notification well in advance of the TTT Course so there was no excuse for potential trainers not knowing that it was going to happen.

The MSE Course now has an established format which we adhere to. There were 17 trainees; one less than the maximum. All the Modules ran according to plan without any notable problems. The Local Faculty, i.e. trained trainers, gradually started to take over the responsibility of running the Course as the week went by and this was very encouraging.

The assessment process ran very well indeed and all credit to Fanus Dreyer who has been our Lead in this field. Without his knowledge and experience we would not have been able to
have quantified our outcomes so proficiently which is very important for our sponsors. The feedback from the trainees was very good indeed and again, highly rewarding.

The Theatre Nurse Training Course at the Mater Hospital was exceptional. 130 personnel including Consultants, doctors, trainee doctors, senior nurses, specialist nurses, trainee nurses and midwives took part. A special thanks to the visiting Faculty who contributed by giving lectures etc. when they were not involved in their Modules. The Mater Hospital has extremely high standards and really is akin to any hospital in the UK. As I have written before, the Theatre Nurse Training Course is just as important as the MSE Course. I do thank Sister Judy Mewburn for all her hard work because she runs these Courses virtually single handed.

I finally thank Dr. Andrew Ndonga, Local Lead for the MSE Course, who has worked tirelessly together with Ann, his secretary, to make this Course such a success. There is no way that I as Project Lead in the UK could organise the local aspects of this Course from afar. The importance of having a good local Lead will come into play when the third and final Course next February 2015 has been and gone because, thereafter, future MSE Courses will be entirely in his hands. I have absolutely no doubt that the Course is sustainable.

I also thank the visiting Faculty from the UK for all their hard work because they have to take annual leave to come out to Africa to run these Courses. They will be working for at least 12 hours a day and that is no holiday! Their loyalty and commitment, not just to the MSE Course in Nairobi but to training and education in sub-Saharan Africa, are outstanding.

Robert Lane