The Association of Surgeons of Great Britain and Ireland



Report on
Introduction to Surgical Skills Course
at
Bolgatanga Regional Hospital
Upper East Region, Ghana

23-24 January 2012

Mr R H S Lane MS FRCS Eng FRCS Ed FACS FWACS (Hon)
Convener & Programme Director for International Development at
The Association of Surgeons of Great Britain & Ireland

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Introduction to Surgical Skills Course at Bolgatanga Regional Hospital, Upper East Region, Ghana

23-24 January 2012

Faculty

Mr Robert Lane – Convenor
Mr Paul Gartell
Miss Sarah Mills
Mr Koye Odutola
Sister Judy Mewburn

Introduction

It was quite fortuitous that I met Nick Eastcott, Co-Chair, Steering Group (UK) of the Ghana Health Service (Upper East Region) / AfriKids / Southampton University Hospitals' NHS Trust Partnership (G.A.S) at the annual THET conference at Imperial College in September 2011. I had learned of the G.A.S. Partnership through Ollie Ross, Consultant Anaesthetist in Southampton. The thought occurred to me that perhaps we could offer to run an Introduction to Surgical Skills Course in Bolgatanga, Upper East Region and I duly emailed Dr. Koku Awooner-Williams to offer our services. He replied in the affirmative and we agreed the dates of Monday 23rd and Tuesday 24th January 2012 as being suitable to run the course. We agreed to stay in Bolgatanga on the Wednesday so as to have a good look around the hospital, visit the Regional Headquarters and the Afrikids Hospital. Thereafter I mainly communicated with Dr. Peter Baffoe, Medical Director of the Regional Hospital in Bolgatanga.

It was agreed that we should bring out all the equipment necessary to run the course apart from certain disposable items which Peter was made aware of. He also undertook to provide a sheep as the animal model for the course. It was agreed that we could not accommodate more than 20 people and this because we hadn't equipment for more than that number. Peter also agreed to find appropriate accommodation for us and to arrange for our transport by Starbow Airlines from Accra to Tamale. At the same time that the Surgical Faculty would be undertaking the Skills Course, Sister Judy Mewburn would be running a Theatre and Recovery Workshop.

All the visiting Faculty were seasoned members of the Association of Surgeons of Great Britain and Ireland team (ASGBI) apart from Mr Koye Odutola who is a Senior Orthopaedic trainee and was recommended by Mr Andy Stevenson. Sarah is also a Senior Trainee (colorectal). We always try to encourage trainees to participate on our courses and for many it has been an eye opening experience.

All pre Course proceedings were undertaken in the usual manner. Immunization and insurance advice were given and indemnity forms completed and returned to me prior to departure.

Acknowledgements

I should like to acknowledge, first and foremost, Dr. Koku Awooner-Williams for inviting us to Bolgatanga and for his great interest and hospitality during our stay, Dr. Peter Baffoe for his organisational ability which played a great part in the success of the course and Ethicon GB for their continuing support for these programmes.

I also acknowledge Ms Angela Garrity of Key Travel for arranging our flights to and from the UK and for organising our first night in Accra, Mrs Bhavnita Patel for general administrative duties and for arranging for the expenses to be

reimbursed so promptly, Mrs Jane Gilbert for her excellent secretarial assistance and for keeping the preparation on course prior to departure, the visiting Faculty for their unstinting support, hard work and good fun throughout the trip. Finally acknowledgement is due to the Surgical Foundation of the Association of Surgeons of Great Britain and Ireland and the British Journal of Surgery Society for supporting this Course.

Itinerary

The Faculty met at Terminal 5 LHR at 11:15 on Saturday 21st January. The charity ticket allows 69 kg each, so we did not have to pay for excess baggage. The terminal was relatively empty and we passed through security very quickly. The British Airways flight BA 081 took off on time at 14:25 and arrived on time in Accra at 21:05. We had no problems at immigration or customs and were met by Joseph Nana who had been alerted by the Aknac Hotel to meet and greet us and see that we got to the hotel safely. I had alerted the hotel before we left UK that we should be arriving late and arranged for an evening meal to be ready for us on arrival. We travelled in two cars and despite the Aknac Hotel being described as “close to the airport”, it took us about half an hour to reach it and this because it is a new hotel on a new estate and the roads are not made up and we had to go around the houses to actually find it. However, on arrival we were welcomed, had our luggage taken up to our rooms and we went straight in for dinner. The rooms were very adequate. We were up at 04:00 the following morning and were collected by Joseph and the driver; this time in a minivan which could accommodate all of our luggage (8 suitcases) and ourselves. We arrived after 20 minutes at the domestic side of the airport where I collected the tickets from the Starbow office. They cost £121.77 (330 Cedis) each for a return journey making a total of £608.85. As expected we were over the limit for our baggage allowance and had to pay a further £25.83 (70 Cedis) which works out at 74 pence per kilogram.

The flight from Accra to Tamale took 50 minutes and arrived on time. We were met by two drivers who transported us to Bolgatanga; a journey of about one and a half hours. It had been arranged that we should stay at Mamma Laadi's Guest House but on arrival the rooms had been double booked and so we finished up at the Hotel Comme çi Comme ça.

Our stay in Bolgatanga

We were lucky to get accommodation at all because the little hotel was essentially full apart from four small standard rooms and one chalet room. It was decided that I should stay in the chalet room and the others in the standard rooms. I didn't argue. The rooms were basic and the air conditioning did work as did the hot water when one discovered how to turn it on! We unpacked and had a leisurely lunch. We were picked up at 14:00 and were taken to the Regional Hospital via an ATM machine. The hospital was in two parts. We were going to run the course in the newer part that was built relatively recently and the accommodation was extremely good. We had a large room with air conditioning, good lighting, a screen to project on and water which ran from a tank into a bucket. We met Peter and Koku for the first time and set the course up in the usual fashion. There were several other people available to help us and in fairly quick time we had the job finished. We met in a smaller conference room at 17:30 together with all the participants who were going to be on the course which amounted to 15 and not 20 as I had been led to believe. Paul took the ID photographs and made up a sheet for each participant which included their title, specialty and hospital. I then explained how we would run the course and what was and was not included. I explained the interactive nature of the proceedings and we agreed to meet at 8.00am the following morning. Munumi, who was to be our regular driver, took us back to the hotel where we had an early dinner and retired to bed.



Typical view of Northern Ghana

Monday 23rd January

We arrived at the venue by 07:45 and the course started promptly at 08:00. The DVD, data projector and loud speakers all worked well. Whilst Paul and I started, Sarah and Koye began dissecting the sheep in an adjacent room. Most of the participants had received the manual by means of a USB stick. The registration book was signed. Again the knot tying proved to be the most difficult aspect of the course! We ran a formative assessment throughout the two days and no participant could proceed to the next exercise without having demonstrated their proficiency to one of the Faculty. One slight problem was that as there were 15 participants that meant that one had to work alone, as opposed to in pairs. We tried to assist as much as we possibly could. The suturing exercises went well. We had plenty of sutures although we did impress upon them the need to be economical. We ran the abdominal wall closure before lunch and we only heard one balloon explode. It was apparent that all the participants were primarily GP's or Public Health Specialists and had to undertake surgery as of necessity, apart from Peter Baffoe who is an obs/gynae specialist. They were thus extremely keen to learn and they made our task very easy.



The Course underway

In the afternoon we ran the three anastomosis exercises – end to end (interrupted and continuous) and end to side. The sheep intestine was only just satisfactory in terms of diameter but this did allow us to explain ways of making the lumen larger. All the participants bar one or two kept to time and there was thus little delay between one exercise and another. Rigorous attention was paid to the use of the sharps boxes and woebetied anybody who left a needle loose on the table.

Cold refreshments were taken mid morning and mid afternoon and a boxed lunch was provided at 13:00. The day finished at 17:15 and a 30 minute discussion concerning the day's event was undertaken. Again the participants were very keen to learn and showed great willingness to do well.
All the instruments and cork boards etc were collected, washed and laid out to dry. All litter and animal products were stowed safely.

Munumi drove us back to the hotel where we had dinner.

Tuesday 24th January

We arrived at the venue at 07:45 and laid out the items necessary for the morning's exercises. The arteriotomy and vein patch aspects on the DVD were well understood especially with regard to flow down an artery and the need for inserting needles from within out. We did, as is often the case, repeat these sections of the DVD because unless one has had experience of dealing with arteries it can be a little bit complicated the first time round. However, the exercises were completed extremely well.

After the mid morning refreshment half the group went with Paul who undertook the tracheostomy demonstration and the other went with Sarah who undertook the chest drain insertion exercise. After 40 minutes the groups swopped over. The heart / lung preparation with the trachea attached worked extremely well as did the sheep thorax. Whilst not every participant can insert the chest drain or place a tracheostomy tube in the trachea, a number of them did and all of them were able to see exactly how the procedure should be undertaken. Each exercise began with a Powerpoint presentation.



Chest drain insertion

After lunch Koye ran the Orthopaedic Module. The debridement exercise and

tendon repair were completed satisfactorily. Koye gave an excellent talk on the management of fractures whereafter each participant, acting in pairs, applied a below elbow back slab.

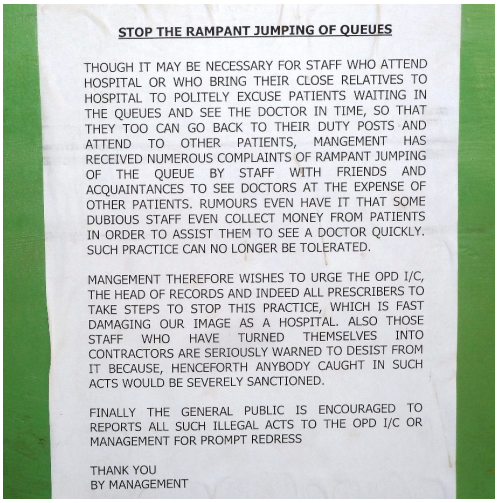
During the afternoon the majority of the instruments were washed, sterilised and packed away.

At the end of the afternoon each participant filled in an evaluation form and whilst so doing Paul and I went through the assessment results and each individual satisfactorily completed the Course and were awarded a Certificate.

We took all the bags back to the hotel and then were invited to a party at one of the doctor's residences. This was great fun and a very memorable occasion.

Wednesday 25th January

Munumi brought us to the Hospital at 10:00 where we had a brief chat to Peter and then were taken around the hospital by one of his colleagues. This was highly instructive and we met a number of Cuban doctors who were on secondment for two years. The standard on the wards was good and the theatres likewise. The clinics, like clinics everywhere in Africa, were full to overflowing.



STOP THE RAMPANT JUMPING OF QUEUES

THOUGH IT MAY BE NECESSARY FOR STAFF WHO ATTEND HOSPITAL OR WHO BRING THEIR CLOSE RELATIVES TO HOSPITAL TO POLITELY EXCUSE PATIENTS WAITING IN THE QUEUES AND SEE THE DOCTOR IN TIME, SO THAT THEY TOO CAN GO BACK TO THEIR DUTY POSTS AND ATTEND TO OTHER PATIENTS, MANGEMENT HAS RECEIVED NUMEROUS COMPLAINTS OF RAMPANT JUMPING OF THE QUEUE BY STAFF WITH FRIENDS AND ACQUAINTANCES TO SEE DOCTORS AT THE EXPENSE OF OTHER PATIENTS. RUMOURS EVEN HAVE IT THAT SOME DUBIOUS STAFF EVEN COLLECT MONEY FROM PATIENTS IN ORDER TO ASSIST THEM TO SEE A DOCTOR QUICKLY. SUCH PRACTICE CAN NO LONGER BE TOLERATED.

MANGEMENT THEREFORE WISHES TO URGE THE OPD I/C, THE HEAD OF RECORDS AND INDEED ALL PRESCRIBERS TO TAKE STEPS TO STOP THIS PRACTICE, WHICH IS FAST DAMAGING OUR IMAGE AS A HOSPITAL. ALSO THOSE STAFF WHO HAVE TURNED THEMSELVES INTO CONTRACTORS ARE SERIOUSLY WARNED TO DESIST FROM IT BECAUSE, HENCEFORTH ANYBODY CAUGHT IN SUCH ACTS WOULD BE SEVERELY SANCTIONED.

FINALLY THE GENERAL PUBLIC IS ENCOURAGED TO REPORTS ALL SUCH ILLEGAL ACTS TO THE OPD I/C OR MANAGEMENT FOR PROMPT REDRESS

THANK YOU
BY MANAGEMENT

Please take note

We heard of plans for a major redevelopment of the hospital which, if all goes to plan, will produce a result which will be better than many hospitals in the UK. At 12:00 we went to the Afrikids hospital which was also of a high quality. Everybody was keen to show us their particular area of responsibility. We left at 12:45 and drove to the Regional Health offices where we had a further meeting with Peter Baffoe and Koku Awooner-Williams and this to discuss how we could, with everyone's approval, be of assistance in the future. They will discuss various options and let me know.

All of us felt that we had spent a very worthwhile time in Bolgatanga. All the participants knew each other, worked closely together in the various Hospitals in the Region and all were keen to learn and update their knowledge with regard to surgery. I do not think we have ever run a course whereby every single participant was so intent on increasing their knowledge and skills.

We went back to the hotel for lunch and later went out for dinner to an Italian restaurant and then back to the hotel for an early night. I paid for our accommodation and meals at the Hotel Comme çi Comme ça in Cedis. Earlier in the day I paid Peter for the cost of Starbow flights.

Thursday 26th January

We were up and ready to leave at 05:30 and were driven down to Tamale to catch the 08:35 plane back to Accra where we arrived on time and were met by Joseph who arranged transport for us to go back to the Aknac Hotel where I had booked a room for the day when we were there for our first night. We put all our bags inside this room and spent the day by the swimming pool which was very pleasant. Joseph and our driver collected us at 19:30 hours to get us back to airport where we checked in for the BA flight 078 back to London. The journey was uneventful and we arrived at 06:20 the following morning when we said our goodbyes and headed off for home.

Course evaluation

There were 15 replies. The average score was 9.5 with a mode of 10 and a median of 10. All found the course useful.

The ***most*** useful aspects quoted were anastomosis and suturing (6 each), practical aspects and all aspects (4 each), chest drain insertion, tracheostomy and knot tying (2 each), suturing, wound management, arterial repair, tendon repair and all the orthopaedic component (1 each).

The ***least*** useful aspects quoted were none (12), arterial (2), anastomosis and POP (1 each).

Aspects with regard to ***improving*** the Course were live operating in theatre (6), one more day to avoid rush (2), a copy of the DVD for each participant (2), Obs and gynae emergencies, using a stoma, ATLS course, splenectomy and dissecting a human cadaver (1 each).

Other comments included:-

“It is very commendable and a life changing experience”
“Many thanks for an excellent job done”
“One of the best workshops I have ever participated in”
“All facilitators are wonderful and have so much patience for all of us, we are very grateful to you all”.

Summary

What went well?

- Pre-course preparation was undertaken by Dr. Peter Baffoe which covered all aspects and made our introduction to Bolgatanga very straightforward.

- The area set aside for the animal dissection was ideal and close by, as was a fridge. The sheep was satisfactory although the guts were a little on the small side. Apparently, had we known it, a pig would have been cheaper!

- Having the introductory remarks the evening before the course started made a huge difference and meant that all the formalities with regard to registration etc could be undertaken at leisure.

- The AV equipment worked well and the DVD behaved itself!

- The participants were punctual and we were able to start each day on time.

- The Faculty worked extremely well together which allowed for easy progression from one exercise to the next.

- The formative assessment of individual skills worked well and has the advantage of highlighting outliers especially the weaker participants although there were none on this course.

- The evaluation process was informative and helpful.

- I remembered to take a course photograph!



Introduction to Surgical Skills Course

Bolgatanga, January 2012

- The hospitality was superb.

- The accommodation at the Hotel Comme çi Comme ça was satisfactory and we should be prepared to stay there again. The staff were very friendly. Items to remember for the future are a universal sink plug, hangers and string to keep the wardrobe door shut!.

- The internal and external flights went without a hitch.

- The Aknac Hotel has great promise and will come into its own once the spur road is built to the highway. At present 30-35 minutes is a long time from the airport. The staff were very welcoming and the rooms and food were good.

What could we have done better?

- It seems rather impudent to say nothing but this course ran like clockwork!

- We could have supplied the participants with the DVD at the end of the course and I shall investigate this possibility for the future.

- The sheep's skin was not suitable for grafting whereas the pig would have been ideal. I was reluctant to ask for a pig because I assumed that it would be much more expensive.

- Two participants suggested that the course should be held over three days to avoid rushing but infact because we held the introduction the evening before the course started it wasn't particularly rushed. It is sometimes difficult for participants to get two days leave let alone three.

Suggestions for the future

In many ways this course was unique in that all the participants were experienced doctors undertaking a variety of roles including, of necessity, surgery. They would have valued some basic surgery being performed in the operating theatre such as a hernia repair. They also require more training in managing trauma. Discussions are underway to see how we could help in the future.

Conclusion

This was a highly successful visit to Bolgatanga and I thank, once again, G.A.S for making this possible. We should be more than happy to co-operate with G.A.S in any future endeavors and look forward to a long lasting and fruitful relationship.

Appendix 1.

Theatre Nurses and Recovery Workshop

23 – 24 January 2012

Sister Judy Mewburn

We flew to Accra, Ghana on Saturday 21st January on a British Airways flight. We arrived late and so stayed at a hotel fairly near the airport. This hotel was new and they were keen to attract customers and so were very obliging and allowed us a late dinner. We set off early the following morning to get to the airport and take the flight to Tamale. This was instead of the 14 hour drive and proved to be comfortable and safe. We were met by Munumi on arrival and taken to the Mamma Laadi guest house. They had mislaid our bookings so we went to the Comme çi comme ça hotel where we were given some perfectly adequate rooms.

We then went to the Regional Hospital. They have a lovely new building, courtesy of the Chinese, but the rest of the hospital was as it was eight years ago! There are plans to demolish this and build a new hospital with money from the Middle East. We were shown two very good conference rooms. Mine had a huge table round which all the nurses could sit and the other was enormous with all the tables and chairs that were needed. We re-arranged the larger room and set up the Surgical Skills Course.

On Monday Munumi took us to the hospital and we were met by Peter Baffoe. Both he and his secretary were extremely helpful and provided us with all the paper and photocopying that was needed. Nurses journeyed in from surrounding hospitals, (Zebilla, Bongo, Navrongo and Bawku) so the start was delayed. Damien had very kindly organised for all the nurses to journey in and was most efficient. I should like to say a very big thank you to him.

I had twenty two nurses to teach and we started with a SWOT analysis. This proved to be very thought provoking and the conversation soon escalated!

I always hand the results of these analyses to the person in charge, Peter Baffoe in this case, as they are a record of the wants and needs of the nurses. We also went through the entire training course. Again, lots of questions about practice and practicalities. I feel this is an ideal way to learn as it is not dictatorial and requires input from the participants. They then feel empowered to take their ideas back to their theatres.

After this we looked at infection control, universal precautions, sterilizing and maintenance of equipment. I then did a short quiz which everyone enjoyed and there were prizes for the two top scorers! Always a popular part.

After a very good lunch provided by the hospital, when every one had what they had requested, we did a session on cardiopulmonary resuscitation.This is always hugely enjoyed by all the participants and there is lots of merriment and photo taking.



Cardiopulmonary resuscitation



Suturing exercise

We then did a suturing workshop. The nurses learned interrupted, mattress and subcuticlar continuous suturing and by the end had all really become most adroit. We finished at 5pm as most of the participants had to travel home.

I taught exactly the same programme on Tuesday 24th Jan but to twenty two different nurses. Again the day was judged a big success and all felt that they had learned a lot.

Here are some comments from the feed back forms:

- The experience was very useful and up to date Thank you very much for a good job done.

- The whole lesson was glamorous and fantastic!

- Workshop should be extended to other staff because of its numerous benefits. I have really learned from this workshop and wish it could be repeated every year, God bless you.
- The workshop was practical and exactly on the job. In all it was my best learning experience and fantastic This workshop really has been eye opening.

- I wish more workshops could be organised to help us in giving quality care to patients This has really motivated some of us who work in theatre Madam Judy is very jovial and lovely!

The nurses all received Certificates for attending the course. They were very grateful for these and it meant a lot to them.

Total expenses for the course in Bolgatanga - January 2012

	Bob Lane	Paul Gartell	Koye Odutola	Sarah von Roon	Judy Mewburn
VISA	£50	£50		£50	£50
					£5.90
Taxi, Trains UK	£82	£88	£82.70	£18	£100
Taxi, Accra,	£55.00				
(no receipt)					
Porters Accra Airport		£14.76	£3.69		
(no receipt)					
Starbow					
Internal flights	£608.82				
XS Bag - Tamale			£7.38	£18.45	
XS Bag - Accra					£11.07
Commeçi Hotel	£322.15	£53.50			
(Accommodation)					
Certificate Paper	£42.43				
Aknac Hotel					
1x Room 26/01/12	79.69				
TOTAL TO BE					
REFUNDED BY					
ASGBI	£1,240.09	£206.26	£93.77	£86.45	£166.97

ALREADY PAID BY ASGBI	
BA Tickets for Faculty	£3,280
AKNAC HOTEL 21.1.12	£452.60
TOTAL COST of Bolgatanga Course	£5,446.80

Exchange rate: **20.01.2012** **1£ = 2.71 GHS (Cedis)**
1$ = 1.74 GHS (Cedis)
1£ = 1.556 USD