

Report on the WFSA Lecture Tour 2009 Blantyre, Malawi and Kigali, Rwanda

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Malawi and Rwanda are countries that have previously hosted WFSA refresher courses with great success. It was a great honour to receive an invitation to join the Faculty on the 2009 lecture tour to these two countries. The rest of the WFSA lecture team consisted of Dr Roger Eltringham, Consultant Gloucester Royal Hospital, Sister Jeanette Pearce, Paediatric resuscitation officer at Gloucester Royal Hospital, Dr Lena Dohlman, Attending Anaesthetist, Harvard University and Richard Tully, Chief Engineer Diamedica Ltd. who was constantly available for advice and technical support relating to anaesthetic equipment.

Following a tortuous journey of eighteen hours from England we arrived in Llingonwe Malawi where we met Dr Dohlman before boarding our fourth and final flight to Blantyre in Southern Malawi. We were met at the airport by Cyril Goddia, Chief Anaesthetic Officer at the Queen Elizabeth Medical centre and taken to our hotel for a welcome rest. Early the following day we arrived at the Queen Elizabeth Medical Centre (QEMC) anaesthetic department to commence teaching. QEMC is one of three central hospitals in Malawi serving one of the most populous cities. It is an attractive single story campus surrounded by meticulously tended gardens. The University of Blantyre runs the national medical school and students would rotate for six weeks through Anaesthesia during their third of four years training. The Anaesthetic department at QEMC has responsibility for six theatres and a four bedded ITU/HDU (three adult and one dedicated paediatric bed) as well as providing anaesthetic service in obstetrics. There are two consultant physicians funded by a German organisation, but the vast majority of anaesthetic and critical care is delivered by the highly motivated and capable Clinical Officer anaesthetists both in the central hospital and exclusively in the district hospitals.

The course in Blantyre had received financial support from the WFSA but due to local budget constraints we were unsure how many delegates would be able to attend. To our delight we were greeted by over 20 Malawian clinical officers from all around Southern Malawi keen to learn and participate. The three day programme of lectures, tutorials and workshops included lectures on recovery room complications, Obstetrics, Paediatric assessment, treatment and resuscitation, airway assessment, management and complications, regional anaesthesia, trauma management and head injuries. A daily Anaesthetic open forum session was particularly popular as it provided the opportunity to discuss difficult and or interesting cases with surprising and challenging results. There were also workshops on airway management and regional anaesthesia. At the end of the third day an interactive quiz was held with the opportunity to win prizes and this was keenly contested amongst the candidates. Due to the abundance of prizes virtually no-one was empty-handed at the end!

The enthusiasm amongst the delegates was something we could not have predicted. Many of the delegates had travelled long distances to attend and seemed determined to make the most of their opportunity to learn. Some remarkable tales of individual commitment emerged. One candidate travelled from a town some 80km south of Blantyre each day, returning each night to look after her family, a journey that takes over two hours and started at 0530 each day. Another candidate was

only able to attend as his colleague agreed to cover the district hospital in which they worked for four days, on call 24 hours a day! Humbling indeed.

After a tiring but enjoyable three days we had a day off prior to heading to Kigali, Rwanda. Unfortunately at this point we had to say goodbye to Dr Dohlman who had to return to Harvard. Despite arriving at midnight we were met in Rwanda by the head of anaesthetics at Centrale Hopital Kigali (CHK) Dr Willy Kiviri. We were immediately impressed by his organisational skills since he had assembled a very large group of participants, this initial impression was reinforced throughout the course.

Our hopes for an early start to the course the following morning were scuppered by the late arrival of a coach load of delegates from Butale in Northern Rwanda, but eventually all the students arrived safely. Over 50 people were able to attend all or part of the programme. The venue for the course was the local nursing college and the busy campus provided a vibrant backdrop for a great three days. Teaching on this course presented a different challenge to the course in Malawi for a two reasons. Firstly the mix of candidates was more varied including physicians, trainees and consultants, clinical officers and critical care nurses. This meant there was a wide variation in theoretical knowledge amongst the delegates. Secondly, although English is now the official language of Rwanda this is a relatively recent change and the majority of people still primarily speak French and Kinyrwanda. The delegate's grasp of English was still far better than the lecturers French though!

The content of the course was very similar to the course in Malawi and again it was equally well received. The candidates had a good basic level of knowledge and consequently some fairly advanced discussions occurred on some of the subject matter. The 'students' stretched the faculty on a number of occasions with their piercing questions! The lectures on Obstetrics in particular seemed to produce lively debate.

Once again the quiz at the conclusion of the course was a lively affair and keenly contested. Victory was eventually claimed by one of the clinical officers who outscored all the other candidates by some considerable margin.

Overall the lecture tour to Malawi and Rwanda was a worthwhile and enjoyable experience. My initial trepidation as a novice soon gave way to pleasure at teaching such an enthusiastic and receptive audience. In Malawi it was obvious that the students really appreciated dedicated and targeted teaching without distraction of clinical duties. It was my impression that, since their initial training, many of the delegates had received little further formal training. Rwanda offered a glimpse of what may be possible in Malawi in the future. The collection of young physician Anaesthetists appeared motivated, mutually supportive and eager to develop the anaesthetic service. I felt there was a real desire to improve teaching and training within the speciality and with the guidance of an experienced teachers such as Dr Kiviri I was left feeling that the future of Anaesthetics is in good hands in Rwanda.

I felt that I personally gained a great deal from my involvement in this course. Teaching to such a varied audience improved my confidence in delivering lectures and practical sessions. It was a challenge working in a poorly equipped environment, technological failures were common and the power supply was frankly scary. I also learnt to be flexible and adaptable in my approach to teaching. Indeed 'be ready for anything' was the motto of the lecture tour!

I was slightly surprised to discover that prior to the courses many of the candidates had no idea who or what the W.F.S.A. are. By any standards the courses were extremely successful and from the standpoint of a first time lecturer I believe they were a great credit to the W.F.S.A. and certainly greatly appreciated by the delegates.

In both centres the delegates were keen to have the courses repeated preferably at frequent intervals. Following discussions with local organisers and delegates in both centres the following suggestions were put forward as a guide for future W.F.S.A. refresher courses.

- 1) Prior consultation with the delegates to allow them input into the content of the course.
- 2) More emphasis on equipment and practical aspects of anaesthesia.
- 3) Inclusion of critical care subjects in the syllabus.
- 4) An emphasis on paediatric resuscitation and anaesthesia.
- 5) Distribution of paper handouts, these need to be pre-prepared as they are difficult and expensive to produce locally.
- 6) Donation of electronic hard copies containing lecture material (memory sticks for example).
- 7) Extension of courses to four or five days (to allow inclusion of all of the above!)

I would like to express my gratitude to the AAGBI for their generous donation that enabled me to accept this invitation. I benefitted a great deal personally and I know that the courses were greatly appreciated by the departments in Malawi and Rwanda.