

IRC REPORT
SUPERVISING CONSULTANT
BLACK LION HOSPITAL
ADDIS ABABA

8-19TH OCTOBER 2012

ANITA SUGAVANAM
anita.sugavanam@nhs.net

I taught anaesthetic MSc students in the main tertiary referral hospital in Ethiopia, the Black Lion Hospital, working with a curriculum set up by Health Volunteer Overseas (HVO). There is currently very few anaesthetists in Ethiopia and the vast majority of anaesthesia is delivered by nurses who have completed a two year degree in anaesthesia. The students had exceptional knowledge considering the time-frame of their training and the facilities available to them. My activities consisted of supervision in the OR Monday to Thursdays, usually assigned to two theatres and up to 6 students. I slotted into general, gynaecology and urology theatres and cases included TURP, percutaneous nephrectomies, pyeloplasty, hysterectomies, Thyroidectomies, Emergency Laparotomies, Cholecystectomies and occasional laparoscopic work. I also taught in the trauma theatres supervising cases such as External fixator applications, debridements, amputations, ORIF, exploratory laparotomy and this covered children and adults. On Fridays I was responsible for teaching a set curriculum in a classroom setting to around 25 students. I ran this as a mixture of powerpoint presentations, question and answer sessions and real case scenario discussions.

The students have a strong knowledge base and are competent at checking and using anaesthetic equipment safely. My role was more about fine-tuning their anaesthetic:

Having a plan A and plan B in particular for failed spinal, difficult airway

Better communication with surgical colleagues

Tailoring anaesthetic to the patient/type of surgery rather than having a blanket anaesthetic for everyone

Pro-active in estimating blood loss

Post-operative ward rounds as part of their duty and more active participation in post-operative pain relief and fluid balance.

Practically I did very little; the odd cannula, difficult intubation, a few simple regional blocks that do not require nerve stimulator or ultrasound such as caudals, fascia ilacus blocks, TAP blocks. My role was more about getting them to question their own practice. Challenging areas were sticking to an ABCDE approach in emergencies and better communication.

Ideally there would be simulation as part of their teaching and feedback from them about our teaching. Also, there were other volunteers at the hospital (Mount Sinai, Toronto, Seattle etc) but very little collaboration between the various charities which I found a shame. I have fed this all back to HVO. I had an enjoyable time and met some incredible people. I was well-looked after, staying in a university campus flat and students showed me around Addis Ababa and generally looked after me. I never felt in danger nor did I struggle with cross-cultural barriers. Ethiopia has grown accustomed to constant foreign presence and aid and people are relaxed and open to such help. I would recommend this to other anaesthetists but add that the system is well-run and self-sustaining at the Black Lion. People who have more time to spare and are looking for a bigger challenge are best off looking at other places in Ethiopia. I felt that as a 2 week project, the best way to get and give the most in such a short time would be to slot into a curriculum that already existed. I thoroughly enjoyed it and learnt a lot about myself as a teacher in a foreign environment. I am also very grateful to the AAGBI for financially assisting me into making this experience happen.