Report on Delivery of the SAFE Obstetric Anaesthetic Course to Ghana 2012 for the AAGBI International Relations Committee

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On the back of funding kindly granted by the AAGBI, THET (under the Strengthening Surgical Capacity Project) and G.A.S. I was able to run 2 programmes which delivered SAFE Obstetric Anaesthetic training to Nurse Anaesthetists in the Upper Regions of Ghana.

The first course was in June of this year and was directed by Dr Alison Carling, to whom I am very grateful for her experience and organisational skills and immense support. Together with another consultant colleague (Dr Preet Gill) and ST3 trainee (Dr Paul Stevens) - both from Southampton, we trained 23 nurse anaesthetists (NA’s) from these northern regions. We were also assisted significantly by the faculty support of Dr Thomas Anabah, to whom I also wish to express my gratitude for the hard work in Ghana. Dr Anabah is the only medical anaesthetist in this area of Ghana and as such took on much of the local co-ordination and infrastructure preparation to run this programme. He also helped us to understand the opportunities and limits of resources that are available in this area, though I do have first hand knowledge of this for the upper east region of Ghana (included in this training programme) since I pay regular visits to these hospitals to provide 1:1 training, mentorship and plenary education to their 10 NA’s.

The programme was then repeated for a further 16 candidates in September, this time where I worked as course director with the assistance of Dr Anabah, 2 consultant anaesthetists (Drs. Ollie Ross and Tsitsi Madamombe), a trainee anaesthetist (Dr Laura Tarry) and a resuscitation offer (Ms Katie Baker). These latter 4 were from Southampton. Each course lasted 3 days.

Also after each course we ran a Training of Trainers (ToT) course for 7 –8 selected candidates on the 4th day.

On the advice of colleagues who have run similar skills-based courses we arranged for registration and skill testing of as many candidates as we could on the Sunday evening prior to the 3-day course. This was to minimise valuable time being taken up on the 1st formal day of training – it also ensured safe arrival of candidate since travel can often be hazardous (see “learning points” below). Typically up to 50% of candidates were able to arrive on this day, the remainder arriving at staggered times on the Monday morning. However all candidates were able to arrive by the start time of 9am since prompt starts were stressed with the pre-course details.

We were fortunate to have a relatively large lecture theatre plus 3 other breakout rooms. We had the help of a local administrator who acted as timekeeper and organiser of meal breaks (very important).

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1 Southampton Hospital has a Memorandum of Understanding with Ghana Health Services and Afrikids, an NGO Charity (G.A.S.)

2 Safe Anaesthesia from Education
Dr Carling warned me of the time needed before each course for preparation and we kept in weekly communication by phone (never having met each other till the day before we flew out). Good time management and regular communication were pivotal to being well prepared by the time we left the UK. This is particularly important when training in a country like Africa where IT facilities, including photocopying are either rare or expensive.

Knowing that our candidates were used to lecture theatre-style learning we took time at the beginning of the course to set the scene and lay down some ground rules. Therefore they knew to expect........

1. Brief periods of training before moving onto another room (e.g. 20 – 25 minutes)
2. Prompt starts for each day were imperative if they were to receive certification of completion of the course
3. Mobile phones were to either be switched off or put on mute and that only urgent clinically based calls should be taken. Ideally we would have insisted on all phones being turned off. However the reality is that many of these NA’s work solo and as such the surgical services relied heavily upon them and plans for return to work at the end of the course needed to be discussed on occasions.
4. Food and drink would be made available at regular timely intervals throughout each day. This was found to be imperative to help them keep up with the busy and challenging sessions. These breaks were much appreciated by faculty and candidates alike since the heat was at times very uncomfortable since the AC systems did not always work and there were frequent power cuts during the June course.
5. “Audience participation” would be the order of the day.

From the start of the courses to the end every candidate was absorbed and participated enthusiastically in each session. Informal feedback confirmed how much they appreciated the multimodal form of teaching. Also they played scenarios with sincerity. One 60-year-old male took the role of a 21-year-old pregnant woman with antepartum haemorrhage as well as any actor and his colleagues treated him with appropriate respect and clinical professionalism. This was an attribute that surprised me given the fact that in the UK I have found certain ethnic groups struggle with scenario learning on ALS courses.

The SAFE course was superbly designed and whilst we have fed back a few minor changes, based on our experiences, generally it could not be bettered. The supporting teaching material was fit for purpose and the list of teaching aids required for each session were very helpful.

At the suggestion of Dr Carling we also ran an essay competition with the title “What inspired you to become a nurse anaesthetist” – 2 X A4 writing limit. Moved by the sincere and inspirational stories that came out of this we were able to award 2 prizes each of $25 on each course.

With the help of Dr Anabah and observations by faculty throughout the 3-day course, suitable candidates were invited to stay a 4th day for the ToT course. All but one could make this. The individual who was unable to attend fell ill (see "learning points” below).

We then invited one of these trained trainers to join the September course as “Shadow Faculty” and he will now be invited as full faculty on future training programmes planned for 2013.
On each course we obtained pre- and post-course MCQ assessments (see attachments 1,2) and we tested 12 –13 candidates with a skill station assessment, once more before and after the course. Some of the post-course MCQ results were disappointing. An analysis of the incorrect responses which were frequent helped us to direct our teaching for the September course. MCQ scores were much improved, though themes of incorrect answers remained and these will help to formulate future training programmes.

Feedback was overwhelmingly positive from all delegates (see attachments 3,4) Quotes from this included:-

"I am extremely happy and hope this programme will be held every year to update our skills and knowledge in the practice of anaesthesia”

"It has been a good experience and should be replicated in others like the update in anaesthesia conferences”

“This should not be the end!. It should be an annual affair”

Learning points included:
1. Registration on the evening before the course
2. Minimise the use of local stationary or projection facilities since each item can be costly
3. It is difficult to predict the number of candidates before the course starts. In the September course 10 candidates were unable to attend at the last minute because there was no suitable transport from distances of 100km in the rainy season (and we had some heavy rains during that week). Therefore we will plan to hold courses outside the rainy season.
4. Build into the financial plan money to cover costs of shadow faculty. Not anticipating this at the beginning resulted in only 1 trained trainer being able to return as shadow faculty and this is pivotal for future self-sufficiency in training.
5. Some of the NA’s attending were also required to work night shifts. It was after one such shift that the NA was unable to return to the ToT course, having contracted a cold on day 3. Ideally all attendees should be protected from this and it will only be a risk for local candidates.

Finally I would like to comment on the impact upon the faculty. I believe I can speak for each of us in saying that we all returned to the UK tired but elated. We found opportunities to feedback to each other on our teaching styles, the trainees honed their skills noticeably during the four days and developed the ability to adapt to change when, for example the electricity cut out for hours or the programme was altered at late notice due to local constraints.

In conclusion we feel privileged and grateful to all fund-donors and to the GAS partnership in supporting us in this worthwhile programme. Evaluation and monitoring will be taking place with local or remote communications through logbook reviews and repeat MCQ for those candidates who have the Internet.