Applicants are requested to please limit your report to 500 words and complete all sections of the template. Pictures and patient information may be included where relevant, although patient consent is required.

<table>
<thead>
<tr>
<th>Applicant name:</th>
<th>Dr Colm Lanigan</th>
<th>Location of project:</th>
<th>Yaoundé, Cameroon</th>
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<td>Value of grant received:</td>
<td>£2,575</td>
<td>Date of travel:</td>
<td>1/10/2017</td>
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<tr>
<td>Name of Project:</td>
<td>SAFE Paediatric Anaesthesia Yaoundé Cameroon October 2017</td>
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**Brief outline description of the project (100 words)**

With the support of AAGBI, the Cameroon Ministry of Health, and Mercy Ships, 15 medical & 14 nurse anaesthetists attended a 3-day course on Paediatric Anaesthesia in a conference room outside the centre of the capital; the best ten then attended the Train the Trainers day. The faculty had two consultant anaesthetists, two anaesthetic trainees (all UK based), plus one anaesthetist each from Burkina Faso and Uganda (both of whom had been taught on TTT courses beforehand). Three of the faculty were fluent French speakers: we were ably assisted by three translators, Mercy Ships Medical Capacity Building Director and Manager.

**Feedback from local participants in the project: (100 words)**

Candidates rated the course very highly with median scores of 10 (range 1-10) for liking it, finding it helpful, increasing skills self confidence, potentially improving work practices and expressing a wish to share their knowledge with colleagues, Comments included the friendly attitude of the trainers and the practical nature of the course, particularly useful skills being neonatal resuscitation and intra-osseous access. Many said they would now adopt an ABCDE approach to the evaluation and resuscitation of a sick patient.

**Your evaluation of the project: (100 words)**

Advance contact with local anaesthesia providers proved impossible during this first Mercy Ships visit to Cameroon. Nevertheless relevant, high-quality knowledge and skills training was delivered with a limited faculty (half of whom unfortunately suffered gastro-intestinal illness). The course was held during the rainy season so communication was difficult due to the noise of several hours' torrential rain: this probably also contributed to delayed starts on most days, given that the venue was outside the city centre. Despite these problems, the feedback received (see appendices) confirmed that the course was considered very worthwhile. Mercy Ships was hugely helpful with organisation.

**Sustainable and long-term impact of the project: (100 words)**

Half cited the lack of equipment and the reluctance of other staff as obstacles to change. More optimistically, more than half said they would use an ABCDE approach to neonatal and paediatric resuscitation; several would create WETFLAG posters to assist such resuscitation; use the intra-osseous route if required; flush all intravenous lines and pass on the Train the Trainers approach to teaching. I was encouraged by the number who came to the latter course, and also by the practical tips that several had learnt and could apply immediately to improve teaching and safety in their clinical practice.

**Conclusions/recommendations for future engagement with local anaesthetists: (100 words)**

Both courses were well attended and at capacity for the size of faculty. Long term, two further similar courses are planned for Douala, and it is hoped that several of the recent candidates will become instructors on these courses. Given the cost of travel involved, and the loss of income by attending these courses as instructors, I would suggest that a travel bursary should be considered in the short term to help establish a core of local enthusiastic anaesthetic trainers for the future.
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**Appendix 1. The candidates.**
The candidates consisted of 17 doctors (8 anaesthetists, 5 interns and 4 residents in anaesthesia & resuscitation) and 12 nurse anaesthetists (including one nurse superior), all but one coming from the central region of Cameroon. Thirteen came from the Centre des Urgences Yaoundé; nine from the Hopital Central Yaoundé; five from the Centre Médical de la Police Yaoundé and one each from HR Sagemelima and Laquintinie (17 men and 12 women).

**Appendix 2. Quantitative results.**
Median scores for a 50 question MCQ rose by 23% over baseline values. At the start of the course, the minimum, 25th, 50th, 75th centiles and maximum were 24, 28.5, 31, 34 & 42. These rose to 33, 36, 38, 42 & 44 following the course – indicating improvements in the candidates’ knowledge at all levels of ability. The median value for a ten-point test of pre- and post-course skills rose from 5 to 8, a 60% improvement.

**Appendix 3. Qualitative feedback.** The candidates were asked “what did we learn?” and replied in no particular order: “analgesia – blocks for the relief of pain; the size of tubes and cannulae for children; paediatric anaesthetic dosages; that it’s important to keep things simple; many practical tips; airway management including laryngospasm; new formulae and tricks; how to manage respiratory complications and the complications of pain. In response to “what did you like?” they replied “the atmosphere; the practicals; the detailed explanations; the interactions between teachers and trainees; the short concise workshops; the workshops were in general good, although some of the explanations were in English – note that the interpreters did well explaining to us; everything; the method; the booklet. Suggestions for improvement included: more video demonstrations; a preference for doctors as translators; or that the translators should know more medical jargon; that everyone should do all of the workshops; increase the time allocated to workshops so that everyone can practise all the workshops; harmonise the teaching sessions so that we could go home earlier (!).