



## Feedback

### Day 1: Promoting Safer Obstetric Anaesthetic Practice

1 = Poor      2 = Average      3 = Good      4 = Very Good      5 = Excellent

Title of Lecture/ Workshop	Mean Feedback Score (Standard Deviation)
Physiology of Pregnancy	4.20 (0.78)
Pre-Operative Assessment of the Obstetric Patient	4.39 (0.63)
Regional Anaesthesia for Caesarean Section (Advantages, Conduct & Complications)	4.36 (0.58)
<u>Regional Anaesthesia Workshops:</u>	
1. Failed and Difficult Spinals	4.29 (0.67)
2. Hypotension, High Block and Total Spinal	4.24 (0.69)
3. Pain Relief in Labour and Post-Delivery	4.10 (0.73)
Anaesthetic Machines for Malawi	3.79 (0.73)
Communication The WHO Checklist, Handover & Challenging Unsafe Practice	4.26 (0.83)
General Anaesthesia for Caesarean Section (Preparation, Induction & Extubation)	4.44 (0.63)
Difficult Airways and Failed Intubation	4.32 (0.75)
<u>General Anaesthesia Workshops:</u>	
1. Airway Assessment & Preparation for RSI	4.29 (0.72)
2. Difficult Airways & Failed Intubation	4.29 (0.75)
3. Extubation and Recovery	4.34 (0.72)
Lifebox	4.3 (0.82)
Postoperative Recovery	4.38 (0.68)



## Feedback Day 2: Paediatrics for Anaesthetists

1 = Poor      2 = Average      3= Good      4 = Very Good      5 = Excellent

Title of Lecture/ Workshop	Mean Feedback Score (Standard Deviation)
Why Treat Children Differently? (Physiology and Psychology)	4.36 (0.71)
Conduct of Anaesthesia in Children (Drug Doses, Fluids, Assessment and Management of Pain)	4.36 (0.71)
Paediatric Airway Management (Anatomy, Equipment and Emergencies)	4.44 (0.64)
Paediatric Basic Life Support/ Structured Approach to the Sick Child	4.33 (0.66)
<u>Workshops:</u> 1. Paediatric Airway Management	4.28 (0.72)
2. Paediatric BLS & Choking	4.26 (0.72)
3. Paediatric RSI & Laryngospasm	4.24 (0.71)
The Child with Breathing Difficulties	4.11 (0.73)
The Child with Shock	4.31 (0.67)
Paediatric Major Trauma	4.29 (0.75)
<u>Workshops:</u> 1. The Septic Child	4.29 (0.70)
2. Paediatric Major Trauma	4.34 (0.71)
3. The Child with Breathing Difficulties (Stridor and Acute Asthma)	4.29 (0.69)
Infection Control & The Ebola Outbreak	4.55 (0.69)
Airway Adventures in Africa	4.52 (0.58)



## Feedback

### Day 3: Obstetric Emergencies

1 = Poor      2 = Average      3 = Good      4 = Very Good      5 = Excellent

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Title of Lecture/ Workshop

Mean Feedback Score (Standard Deviation)



## **Which sessions were particularly useful and why?**

*All the sessions*

*Difficult intubation/ new gadgets!/ group discussions*

*Workshops and practical. The group being small and being able to practice*

*All the sessions because they were presented in a brief manner and interaction was involved*

*Recognition of a sick mother/ Neonatal life support*

*Most of the sessions were particularly useful because we will be able to apply and reduce the neonatal and maternal death rate*

*Paediatrics for anaesthetists*

*Regional anaesthesia for caesarean section/ recognition and management of the sick mother/ paediatric and neonatal life support*

*Regional anaesthesia and neonatal life support*

*All, because they were quite relevant to the profession*

*All sessions but particularly obstetric emergencies*

*Recognition and management of the sick mother/ early warning scores*

*All. We will apply during service delivery*

*All sessions were useful and important areas were covered*

*All sessions were useful because I have gained some knowledge and skills*

*Practical sessions were more useful*

*All sessions were useful because they tackled the main problems and solutions for when they arise*

*Resuscitation/ Pre-assessment*

*Anaesthesia for haemodynamically unstable patients/ recognition of the sick mother*

*Almost all the sessions were useful because we have gained some tips to be used in our daily practice*

*Workshops, the tactics, the scenarios*



*All sessions*

*The workshops*

*There was easy interaction, good interaction and hands on practice*

*Infection control and the Ebola outbreak – since it's a new disease I was able to know the preventive measures even though there is no cure*

*Airway adventures in Africa – how difficult cases were intubated was great*

*All, because they have revisited what I have learnt in college*

*Neonatal resuscitation/ paediatric airway workshop/ airway adventures in Africa*

*Difficult intubation*

*WETFLAG/ Extubation and recovery/ Practical orientated topics*

*Obstetric analgesia*

*Paediatric major trauma*

*Workshops because I was actively involved*

*Obstetrics, neonatal and trauma*

*Trauma management*

## **What was particularly good about the course?**

*Because we had presenters from Europe where we had some new ways to think about things (different experiences)*

*Appraisal of halothane!/ WETFLAG/ AVUP*

*To know the approach of the pre-operative challenges of failed intubation and how to manage (FAILED INTUBATION WILL NOT KILL BUT FAILING TO VENTILATE)*

*I have learnt lots of new things like early warning scores*

*We have learnt other things like catheter and condom to control PPH*

*Paediatric doses (WETFLAG)*



*The arrangement and organisation of the entire course*

*Standard of teaching and explanation/ selection of topics*

*Group sessions were interactive*

*We have learnt daily practical issues*

*Well organised*

*Presentations. All presenters/ facilitators were friendly*

*Both practical and theoretical areas were covered*

*Information was clear and well understood*

*It was beautifully organised*

*There was interaction between the participants and the facilitators which was quite good*

*The workshops*

*The workshops because they really reflect everyday cases and scenarios we meet at our workplaces. Easy to remember*

*Time management*

*The arrangement – theory with practice exercises*

*The workshops*

*The presentations and workshops were interactive*

*Experience sharing among the presenters from the UK compared to what we do here. An encouragement from the presenters because here in Malawi anaesthetists are not really recognised as being life savers*

*ICU care session was very good/ It has taught me how to handle difficult airways and to recognise the early warning signs of sick mothers*

*All questions regardless of time were taken on board*

*The way the review of the covered areas was done*

*Most lecture sessions were straight to the point/ the hands on workshops were fantastic*

*The workshops*



*I have learnt more on how to help the mother and baby not to die*

*It was an interactive session where we had chances to discuss the real situation*

*Organisation, time-keeping*

*Lectures. Food*

*The way the presenters presented their topics. Straight to the point*

*Well organised – all in order (relevant topics, refreshments and T-shirts)*

*Sharing of knowledge and experiences in the field of anaesthesia*

### **What did you not like about the course and how could it be improved?**

*There was nothing wrong*

*The tea break should have tea and coffee as well as soft drinks*

*Very tight programme and some of us had to work in our respective OR/ ICU*

*Some lectures were not long enough*

*I liked all only that on workshops there is a need to add time so that all participants are able to practice*

*Practical sessions had very little time for hands on*

*Little allowance*

*Nil*

*Time for workshops not enough*

*Each topic was not given enough time to be covered*

*The time was too short so we need more time to learn*

*Nothing*

*Everything was good apart from the allowance. It was little compared with what people spend on lodgings (especially those who came from far)*

*Accommodation was not provided/ Good allowances should have been provided*



*Everything was fine*

*Too much information in a short period*

*More time needed*

*Duration of the course – full week needed*

*All was well*

*The time allocated was very limited*

*Time was short/ Moving up and down stairs for a drink/ Only soft drinks provided – some people who do not like them were forced to take because there was no alternative or second choice*

*The arrangement of the chairs – for adult learning you need a circular way of sitting*

*More case scenarios in the future*

*Duration was short. Increase the number of days*

*No accommodation. You need to find the accommodation for us*

*Time for topics was too short – we need at least 1 whole week*

*The allowance for the course was very little because my hospital failed to give allowances for accommodation and transport*

*The time of finishing the course, particularly on the last day, should be early*

## **What additional topics would you like to cover in the future?**

*Medical and surgical conditions e.g. trauma management*

*Contraception practice in different countries*

*APH/ PPH – Induction and maintenance of anaesthesia*

*Anaesthesia and medical conditions*

*Gynaecology topics because most of the patients come with septic abortions*

*General trauma management plus adult CPR/ management of burns/ tetanus management*



*Presentation of clinical experiences*

*Management of head injury/ management of multi-organ failure*

*The use of inotropic drugs*

*Intensive care to be given more time*

*Sickle cell diseases*

*Cases and ICU management (ICU ventilators and ICU machines)*

*Oxygen delivery because anaesthetics are all about oxygen/ Patient monitoring*

*Difficult intubations*

*Head injury*

*Trauma/ Medical conditions and anaesthesia*

*Trauma*

*Head injury*

*More intensive care medicine and monitoring*

*Emergency situations and how to handle them*

*Epidural anaesthesia*

*More intensive care of surgical patients*

*Heart failure management in pregnancy*

*Intensive care management of patients/ Mechanical ventilation/ Head injury management*

*Anaesthetic management of obstetric patients with underlying medical conditions*

*To do blind intubation*

*Some basic ICU ventilation*

*Regional anaesthesia in developing countries*

*Trauma management and head injury*

*Same topics but with practical sessions*



*Conflicts between surgeon and anaesthetist in an emergency or an elective case*

*New drugs in anaesthesia*

## **Additional comments**

*It would be a good idea to continue with such workshops/ congresses annually if possible please*

*Period of more than 3 days for the congress*

*The workshop should have been for the whole week and we need such types of course at least once a year.*

*Such training should extend to other departments e.g. surgery*

*Quite a relevant course – refreshing our minds indeed. I keep learning every single day*

*Think of sustainability of the course like training trainers so the course can continue long after you guys are gone*

*It is very good and important to have these conferences almost every year because it updates our knowledge and skills*

*All the sessions were fantastic and useful/ The food was good but the cooks were treating us like children (didn't like that)/ Please keep coming to Malawi. Please!*

*The course was well organised and the teachers were dedicated and well presented. Very useful information. Keep it up.*

*We don't take this for granted but we really thank you that you were here in Malawi to teach us. We learn a lot from you guys. We have challenges here which on our own we can not manage. We need support from you to improve the quality of anaesthesia provided to our patients.*

*Thank you guys for considering us for this refresher course. God bless you. Please come again to Malawi.*

*More of these courses to be done once or twice a year*

*Where can we source video laryngoscopes for our hospital?*

*Request to sponsors to consider increasing the allowance as the allowance we got from our DHOs was not enough with the high cost of living in Lilongwe*



*Very useful course, should continue to have such regularly*

*Very well organised course. No time wasting. Lovely and friendly presenters. I would like you to come again.*

*It was a timely conference. Presenters were able to keep time on their presentations. We need a yearly conference so that we can do more to reduce deaths unnecessary for mothers and neonates*

*Conference of this nature should have fully booked accommodation at a hotel away from the working areas (e.g. KCH) to allow everybody to attend the conference fully without any disturbance. You saw it yourselves – staff of KCH attended irregularly*

*The conference should be conducted every year in Malawi. It's an eye opener.*

*The set up of the whole course has been very productive to me and it was well organised (good time keeping). I have learnt some skills and knowledge even though I have practiced as an anaesthetist over 14 years.*

*These course should continue. They are really good and helpful.*

*Hopefully you will again come to impart more knowledge in Malawi rather than concentrating on visiting West African countries only.*

*Very good topics, well organised and very educative*

*I have enjoyed the course and have picked up some new tricks which is very excellent*

*The course was useful and we enjoyed having you guys*

*These workshops are very nice. KNOWLEDGE IS POWER! Do it again.*

*The content is too much and time is little*

*Need for communication in all hospitals when there is an important anaesthetic update*

*The course has been conducted on time. Will help improve the services*