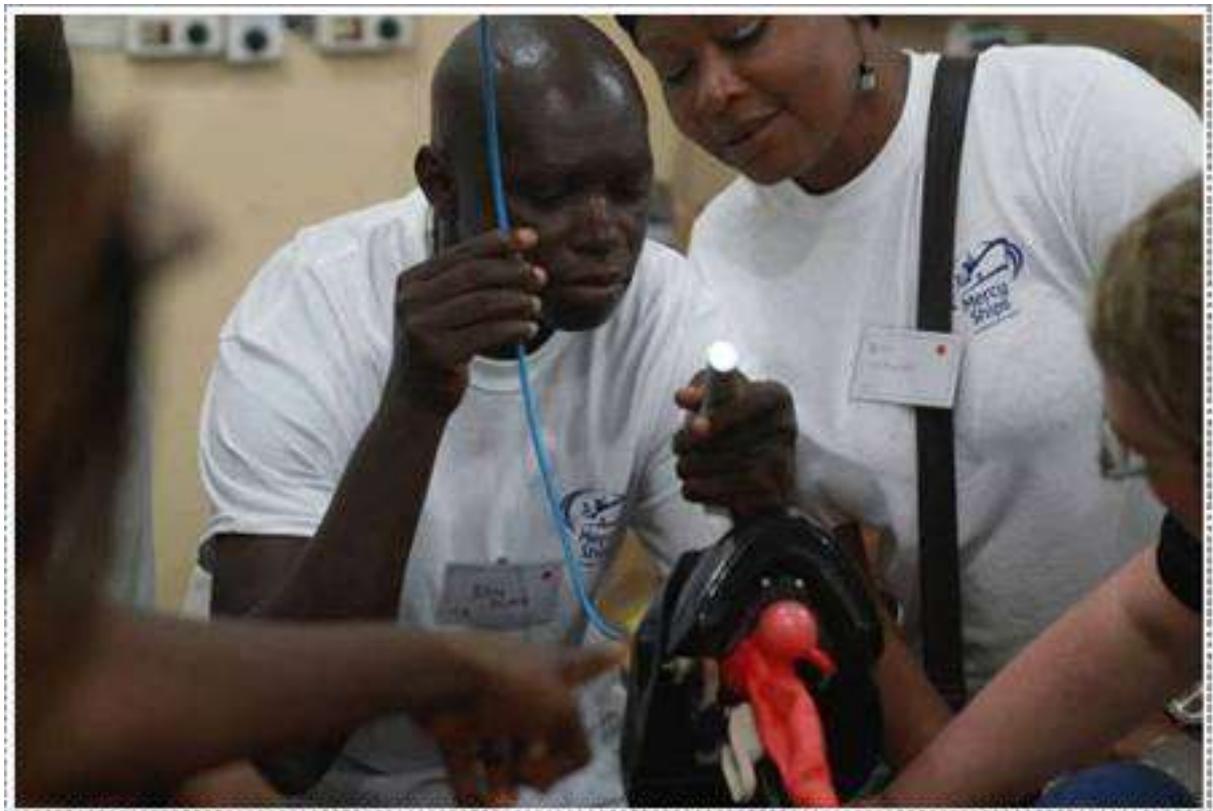




3rd Sierra Leone Anaesthetic Conference



May 13th – 15th 2014

Aim

To improve anaesthetic and midwifery practice through training, with the emphasis on safe sustainable care and to build on knowledge from previous conferences run in Sierra Leone in 2009 and 2011.

IRC Report

Background

Sierra Leone is located on the north Atlantic coastline in West Africa. The country gained independence in 1961 and has a population of 5.98 million.



Despite a civil war between 1991 and 2002, resulting in over 50000 deaths and millions displaced, it has a developing economy and the second largest GDP growth in the world.

There are currently only three permanent physician anaesthetists working in Sierra Leone. One of the physician anaesthetists is 73 years old and they are all based in Freetown. Approximately 100 nurse anaesthetists¹ work in hospitals across Sierra Leone and are responsible for the majority of anaesthetics delivered in the country.

Despite the economic growth, Sierra Leone is ranked 177 out of 186 on the Human Development index. 52.9%² of the population lives below the poverty line and there are some of the highest maternal (1100/100000)³ and infant mortality (50/1000)⁴ rates in the world. Life expectancy at birth is 46 years and literacy remains low (43%), particularly amongst women.⁴

The ACTs Team

This was lead by Dr Keith Thomson, consultant anaesthetist, who has a relationship with Sierra Leone that stretches back to his first trip with Mercy Ships in 1993. He has run previous conferences in Freetown in 2009 and 2011 in conjunction with Dr Michael Koroma.

The team was made up of 9 doctors all with experience of teaching in Africa and 2 senior midwives:

Dr Mary Avanis – ST7 Anaesthetics, GOSH

Dr Adam Beebeejaun – FY2, Northampton; Lifebox Representative

Dr Rob Conway – ST4 Anaesthetics, BSUH, Brighton

Dr Sarah Davidson – ST4 Anaesthetics, St Mary’s Hospital, London

Ms Louise Emmett – Senior Midwife, St Peter’s Hospital, Chertsey

Dr Judith Highgate – ST4 Anaesthetics & ICU, BSUH, Brighton

Dr Joe Masters – ST4 Anaesthetist, St Mary’s Hospital, London

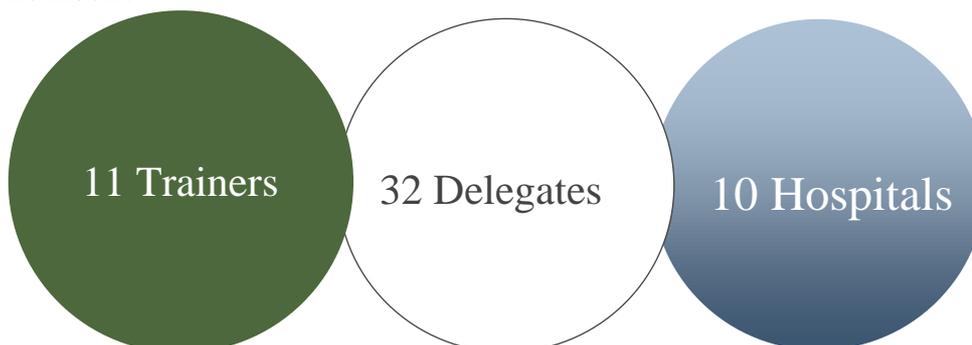
Dr Chirag Patel – Consultant Anaesthetist, QEH, Woolwich

Ms Nadia Pridmore – Midwife, St Peter’s Hospital, Chertsey

Dr Liz Shewry – Consultant Anaesthetist, Southampton

The Conference

The three-day conference was conducted with the support of the Sierra Leone Nurse Anaesthetist National Training Programme run by Dr Michael Koroma. Held at the Princess Christian Maternity Hospital in Freetown it was attended by 32 delegates (22 nurse anaesthetists and 10 student nurse anaesthetists) from 10 different hospitals located across Freetown and the regional provinces. Of the attendees, 13 had attended one of the two previous conference organised by Dr Thomson.



Introduction to the ACTS conference

After receiving a program, pens and notebooks, all participants undertook a pre course MCQ to assess their knowledge and provide an objective measure of the teaching programme. Dr Koroma and a representative of the UNFPA, Sr. Mannah then officially opened the conference.

Day 1: Obstetric Emergencies



Figure 1: Teamwork dealing with a major PPH (+ baby Keith in the background!)

The first day of the conference focused on recognition and treatment of obstetric emergencies including the management of maternal haemorrhage and pre-eclampsia, stressing the importance of teamwork. Lectures were reinforced by workshops covering the same topics and also maternal and neonatal resuscitation using training aids that had accompanied the team from the UK. The highlight of the day was a role-play by the team, demonstrating the management of a major postpartum haemorrhage, with Dr Rob as the labouring woman; providing much amusement for the audience.



Day 2: Airway management, Paediatrics + Trauma Care.

Day 2 started with lectures covering adult and paediatric airway assessment, difficult airway management and paediatric resuscitation. Delegates had an opportunity to practice on intubation heads, using airway equipment readily available in their hospitals, such as LMAs and bougies. They were taught new, life saving skills, such as a simple surgical airway. The faculty then demonstrated a trauma team in action and workshops allowed delegates hands on practice of cervical spine control, logrolling and pelvic splinting.

The midwifery team ran a separate session at the privately run Aberdeen Women's Centre. The session was run for midwives who had not been able to attend due to the clinical demands. They covered labour positions to aid natural birth and emergencies drills such as shoulder dystocia.

Day 3: Safe Anaesthetic Practice

To emphasize the over arching message of the conference, day 3 was spent emphasizing safer theatre practices including the WHO checklist, team working, and communication skills. In addition, in direct response to feedback from previous conferences run by the team, a session on problems that could occur during the post-operative period was very well received.

The final session was a lifebox course run as a 'refresher' for the candidates. 36 Lifebox pulse oximeters had already been supplied in 2012 to hospitals in Sierra Leone, but training had not been given. One of the issues identified both during the pre-course hospital visits and through a survey conducted by Dr Adam Beebeejaun was the lack of ongoing care and maintenance that had occurred over the last 2 years.

On the last day of the conference, the midwifery team (Louise and Nadia) visited the labour ward at PCMH to provide support and ward based training. While on the ward they helped the local midwives to examine a non-functioning CTG machine and to identify the reason for its failure (a lack of paper). In addition they were able to support the midwives during a successful vaginal delivery.



Feedback and Results

At the end of each day there was time for a round of Dr Keith's famous quiz (with prizes!) designed to reinforce learning points. The pre course MCQ was repeated at the end of the course and an average improvement of 9% was seen (69% to 78%). Feedback forms were received on all aspects of the course and have been closely analysed. Feedback was excellent and included useful suggestions for future training:

“It was very educative and a trigger to sensitive issues”

“Intubation and difficult airway solutions – it is useful because in managing the airway the patient can stay alive”

“I want you to be training us frequently so that we can practice and save more life to reduce mortality and morbidity”

At the end of the conference the delegates were given their MCQ scores along with a copy of the lectures on a datastick, a certificate of attendance and a copy of “Obstetric Anaesthesia for Developing Countries” kindly donated by the AAGBI.



Acknowledgements:

IRC of the AAGBI for financial support.

Dr Michael Koroma – Consultant Anaesthetist at PCMH and also responsible for the Sierra Leone Nurse Anaesthetist Training Programme.

Mrs. J. Thomson for financial support.



Report compiled by Dr Judith Highgate

With thanks to Dr R Conway and Dr L Shewry

References:

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2. http://webappmk.doctors.org.uk/Redirect/D26C5A4A/Anchor/cp_wdi/data.worldbank.org/country/sierra-leone
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