

UROLINK TURP Training Update - UTH Lusaka March 2018

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Aim: To focus TURP training on a key individual in the UTH Urology team. To review & reinforce nursing support in Urology theatres.

During two previous visits to Lusaka workshop teaching and general in-theatre teaching had introduced TURP to all members of the department and had allowed one consultant to develop independent delivery of TURP. Due to the dynamics of the department it is unlikely that training between the three urology teams would allow other consultants to develop into independent TURP surgeons.

We identified that for Victor Mapulanga to develop as a TURP surgeon a further teaching visit was required. In advance, through discussion with Victor, we decided on a focussed visit with a single surgeon offering 1:1 hands on teaching for 5 full operating days.

Two to three cases per day booked, small to moderate sized prostates chosen. The mentor did not scrub at any time. We timetable 3 days surgery - weekend break - 2 further days surgery. Nurse led teaching of theatre staff was delivered to two new nurses recruited specifically to the Urology theatre team.

At the start of the visit it was clear that some of the teaching from previous visits had embedded a change in practice. For example the theatre team were more motivated to work together. The handling of equipment & irrigation fluids by the theatre team was much more efficient and respectful. Engagement with the WHO Safer Surgery checklist, whilst by no means universal was improved over previous visits. Victor had made good efforts to ensure the equipment functioned and there was an adequate supply of disposables - TUR loops and irrigation fluid.

The nurse teaching from the previous visit had clearly motivated the theatre nurses to work more effectively with their surgeons. The new nurses were keen to develop their skills and worked well with Jerry over the 5 days. At the end of the visit they were comfortable with managing the equipment and process of TURP.

Victor performed 10 independent TURP over 5 days. His confidence increased over the 10 cases, as did his surgical skill and trouble-shooting. Co-operative working with theatre nurses increased.

I am comfortable after this third visit that Victor is safe to perform small to medium TURP independently. Since we left I have maintained contact and Victor has performed 2 TURP on his own without difficulty.

On a personal level, taking a gap in such an intense teaching visit was essential to maintain freshness and focus. I think it also allowed the department to reflect during the gap and improve during the resumption of training. I am grateful to BAUS and Urolink for allowing me the opportunity to contribute, in some small way, to this project.