



**Multi-level Training for Healthcare Workers in Surgical and Theatre Nursing Skills in East, Central and Southern Africa (ECSA) to Achieve Better Outcomes Following Emergency Surgery**

**UROLOGY MODULE**

**(22<sup>nd</sup> to 27<sup>th</sup> February 2015)**

**Nairobi Surgical Skills Centre (NSSC), Nairobi, Kenya**

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## **Acknowledgement**

I am thankful to Mr Bob Lane, Convener & Programme Director for International Affairs for his continued guidance and to Dr Andrew Ndonga for tireless efforts in facilitating this visit. I could not have done without the excellent support from Dr Maina Samson.

I would like to express my sincere appreciation to Dr Maina Samson and Dr (Col) Charles Ochieng for their help with the urology module. Thank you also to Edwin Bore and the team at the Nairobi Surgical Skills Centre for welcoming us and helping us prepare material and facilities for the course.

I would like to acknowledge Karin Plass, European Urology Office, The Netherlands for donating copies of European Urology Guidelines for participants and arranging shipment at very short notice.

I would also like to thank Joe Vaughan for the opportunity and excellent organisation of the course at Mater Hospital, Nairobi.

I am grateful to Mr Ru MacDonagh Chairman, UROLINK, for his continued support.

Finally, I would like to acknowledge Limbs & Things LTD, Sussex Street, St Philips, Bristol, UK for donating circumcision models for the workshop and sincere thanks to Mr Nick Gerolemou, Marketing Manager and Ms Clare Rangeley Sculptor Limbs & Things.

## **Urology Faculty**

Dr Maina Samson

Local Lead

Dr (Col) Charles Ochieng

Mr Shekhar Biyani

## **Itinerary**

## **21<sup>st</sup> February, Saturday 2015**

I joined Shirin and Judy at Heathrow and arrived in Nairobi late night. Unfortunately one of my bags was missing and that delayed our departure from the airport to hotel. We reached hotel around 01:00 hours.

## **22<sup>nd</sup> February, Sunday 2015**

At breakfast I met with the team (Bob Lane, Paul Gartell, Yogesh, Shirin, Fanus and Judy). Judy updated me about my teaching schedule at Matar Hospital on Monday. We left the hotel at 07:30 hours to reach the venue for TTT. Mr Edwin NSSC manager welcomed us. There were approx. 9 new trainees in various specialties (orthopaedics, CC, O & G, and General surgery). I met with Dr Maina and Dr (Col) Ochieng. Mr Lane provided an introduction about the course and gave a presentation on Art of Lecturing.



Mr Lane – The art of lecturing at its best!

This was followed by a lecture on Assessment by Mr Fanus Dreyer. After lunch each module lead provided information (contents and method of delivery) on their module. I presented details of the urology module. All trainees arrived at 15:00 hours. Mr Lane took the responsibility of registering all trainees and getting them to do pre-course MCQs. At the end of the afternoon session Dr Maina and Dr (Col) Ochieng and I checked all our models and room for module delivery. We left NSSC around 18:00 hours. Mr Lane decided to have a short meeting before dinner and handed us all relevant forms and suture materials. Mr Lane also planned a debriefing meeting on Tuesday after the critical care module. We decided to eat at the hotel and hit the

bed early as I was timetabled to do a teaching session at Mater Hospital along with Shirin.

### **23<sup>rd</sup> February, Monday 2015**

I along with Shirin and Judy left hotel for Mater hospital at 07:30 hours. We arrived at the hospital at 08:30. Mr Joe Vaughan, Hospital Manager, welcomed us. Joe gave us a tour of the hospital. I was impressed by the cleanliness and facilities. We reached the seminar room around 09:00 hours. Audiovisual facilities were very good and there was a flip chart. Ms Irani did a talk on Caesarean Section, Post partum haemorrhage and cervical cancer. I followed her with a talk on urethral catheterisation and troubleshooting with catheterisation. My second presentation was on how to read a KUB. There were approx. 60 nurses and doctors. We finished our presentation around 12:30 and decided to have lunch at the hospital. We came back to the hotel and I went through all my slides for the module. Late evening I got a message that my bag had arrived. I decided to go to the airport on Tuesday to collect my bag, as traffic in the evening is usually very bad.

### **24<sup>th</sup> February, Tuesday 2015**

After breakfast, I left for the airport to collect my bags and returned around 13:00 hours. Yogesh, Shirin and I decided to have lunch first and then travel to the NSSC for a debriefing session. Fanus gave us feedback on trainees and highlighted that trainees from Burundi are struggling due to language. I along with Dr Maina took all our models to the veterinary lab (room for urology module delivery).

### **25<sup>th</sup> February, Wednesday 2015**

We reached NSSC at 07:30 hours. Edwin provided a laptop and projector to me for presentation. We had 4 trainees. Unfortunately Dr (Col) Ochieng could not join us due to some urgent commitment. Dr Maina and I looked at the trainees' experience. I also enquired about the urology module course booklet and was told that they have received it. We also handed the European Urology Pocket Guidelines to each participant. All four were medical officers and looking for a surgical residency. Dr Maina decided to go for harvesting scrotum and bladder with ureters. I started with my presentation on catheterisation followed by acute scrotum and circumcision. During my presentation we had a leak from a sink and that flooded the floor and required urgent attention. I used videos to demonstrate surgical steps. Dr Maina did a presentation on the GU trauma.



Dr Maina teaching management of ureteric injury

All delegates had hands on training on these topics. After finishing the session, Dr Maina and I went through the continuous assessment score and marked MCQ paper. I attended the debriefing meeting in the evening and came back to the hotel with the group.

### **26<sup>th</sup> February, Thursday 2015**

I arrived at the NSSC at 07:30. Today we had 6 trainees. I was very pleased to see Dr (Col) Ochieng. The session went very well without any hiccups. Dr (Col) Ochieng took the responsibility for practical session on acute scrotum. Dr Maina supervised ureteric repair and reimplantation and I did practicals on circumcision and suprapubic cystostomy. We did peer assessment of teaching.



Dr (Col) Ochieng and Dr Maina teaching scrotal emergencies

### **27<sup>th</sup> February, Friday 2015**

We had 6 trainees and all arrived on time. Dr. Maina and Dr. (Col) Ochieng also joined me. We reviewed the trainees clinical experience sheet and noted that the group is more experienced than previous 2 groups and therefore decided to have an advanced level of teaching. After initial introduction, I started the presentation on urethral catheterisation. In the middle of my presentation, Dr Maina informed me that

we are short on animal materials. We therefore altered contents and did all our presentation and videos before the coffee break. Our intention was to utilise time more productively allowing trainees to have more hands on experience. After a coffee break we covered the practical part. We divided them into 3 groups. Dr. Maina did bladder and ureteric repair, Dr.(Col) Ochieng covered scrotal exploration practical.

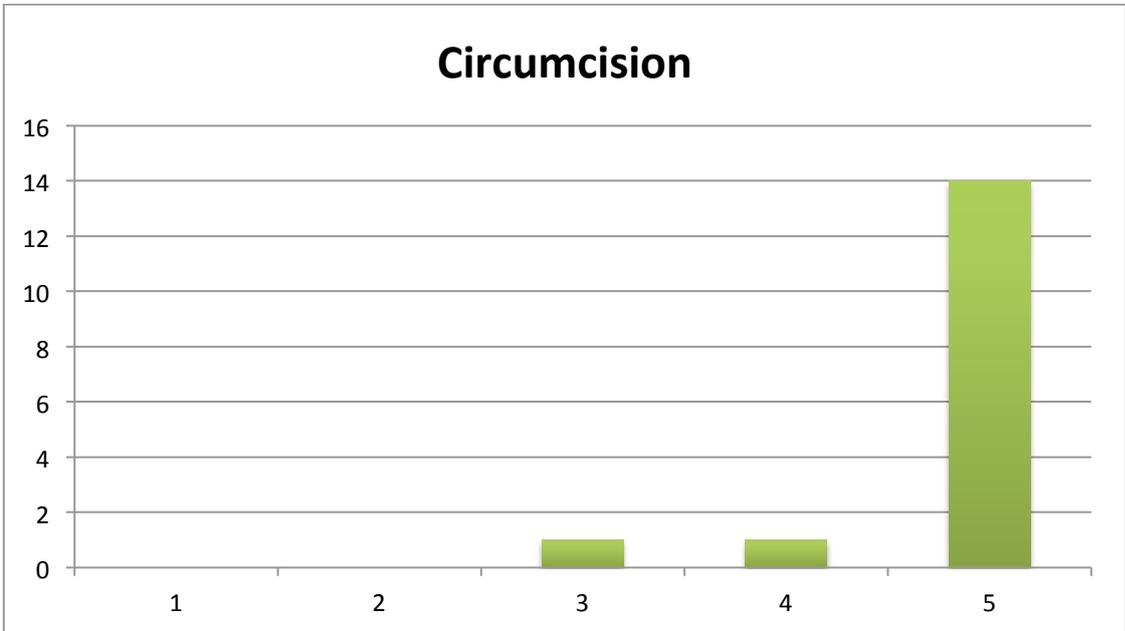
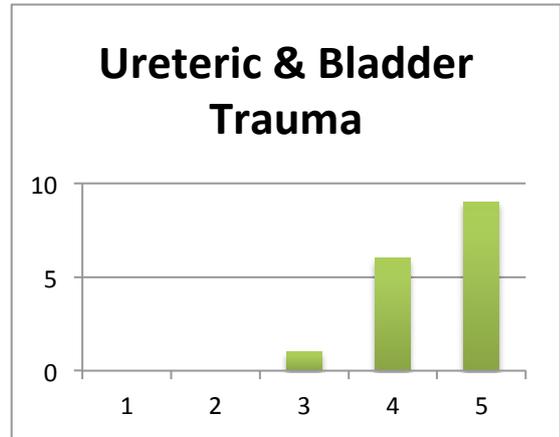
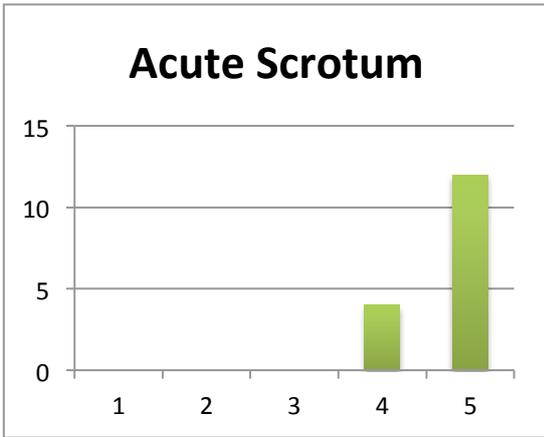
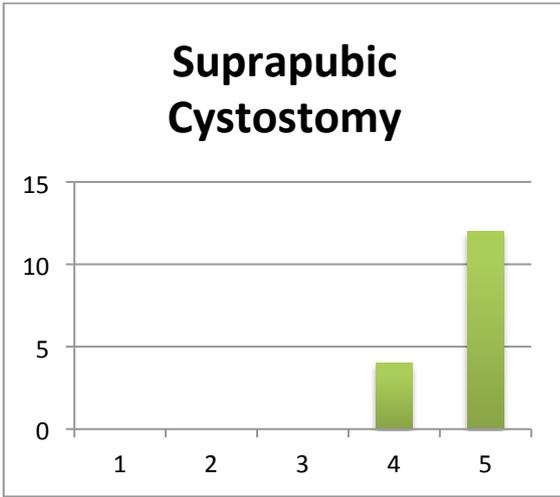
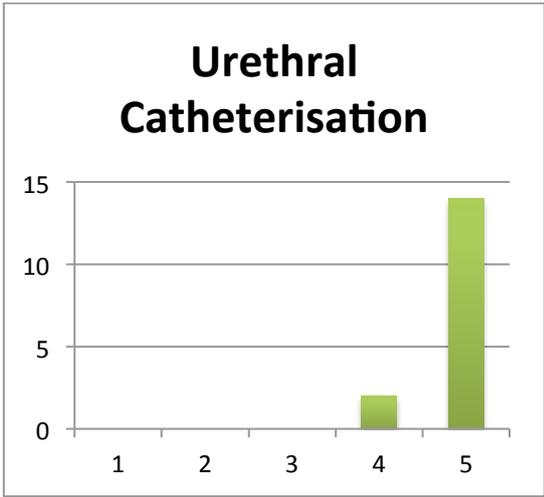
### **What went well?**

- Facilities to deliver the module were good and AV support was excellent.
- Dr Maina and Dr Ochieng worked very hard to deliver an outstanding module.
- Each candidate was given a copy of Urology EAU Guidelines (Courtesy Karin Plass).
- Circumcision model worked well.
- Peer assessment of teaching was done and was appreciated by trainers. In addition did improve certain aspect of teaching.
- Teaching session at Mater Hospital very well attended and received.
- Pre-course experience information allowed us to tailor the module according to participants need.
- Teaching session at Mater hospital was useful and well organised.

### **What could have been better?**

- Dr Aberra could not make it due to health reasons and this reduced time for hands on training due to less number of faculty members.
- More biomaterial could have improved time for hands on training.

### **Feedback**



## Feedback

### What was good?

The demonstration with the dummies was very illustrative and educative

[Excellent](#)

The whole course was very good

Practical's suprapubic cystostomy and circumcision

[Practical skills](#)

Repair of ureteric injury

Both practical exercises and lectures were good

[The practical exercises](#)

Scrotal emergencies

Practical's and hands on practice

[Demonstration for ureteric and bladder injury](#)

New and simple technique were demonstrated

Very good instructor in lecturing and communication

[Ureteric injury repair](#)

Scrotal emergencies

Practical on ureteroureterostomy, neocystostomy & circumcision

[The practical's - very good directed](#)

Lectures were well simplified

Good training models

### What could be better?

*Too little time* allocated to urology, more time should be given

[More time to allow ureterourostomy, ureterocystostomy, bridging of ureteric injury with tubularised bowel](#)

*More time* for practical session

*More time* for presentations and practical's

[Organise other course of urology](#)

Ureteric and bladder injuries

[Better/longer time](#)

The morning tutorial session was continuous and most of us were not able to concentrate

All good

[Demonstration of penile fracture](#)

More interaction between staff (faculty) and students during lectures

*More time* scheduled for urology

### What would you want to learn more about in future?

More on orchitis and other scrotal emergencies

Anti reflux procedure

[Boari flap](#)

Ureteric trauma acute surgical intervention

Management of penile fracture s practical's

[Repair of bladder injury practical's](#)

Transurethral resection of the prostate using a scope

More lectures, demonstration & practice should be arranged

In the future demonstration for priapism would be nice

Priapism technique

[Renal injury repair technique](#)

Penile fracture management (surgical)

Keep it up

More on scrotal infections and management

Basic radiology in urology

Urological basic radiology

### **Other comments**

Please make urology module whole day for more hands on.

[Relevant content](#)

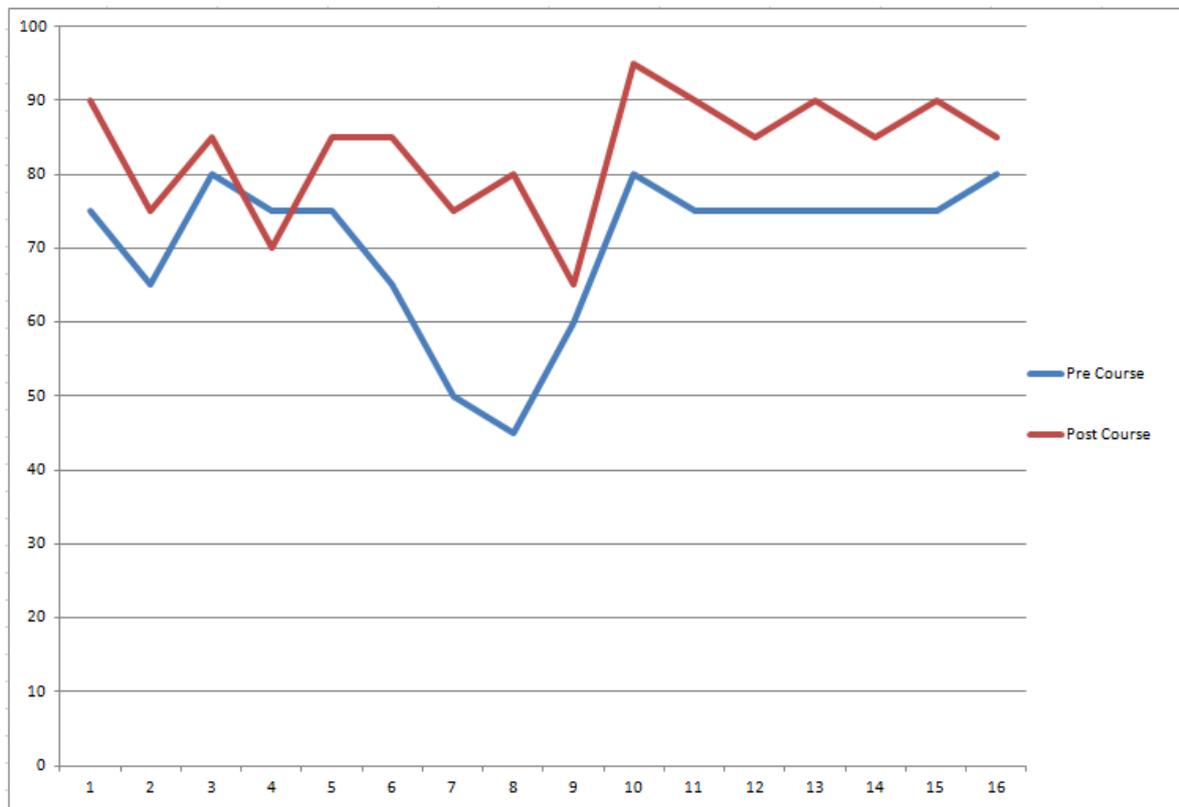
Very satisfied with the course

The course is good

[Very good course, I would encourage all my fellow residents to attend](#)

None

## Pre and post course MCQ score



## Reflection

I joined this long journey with all my urology co-faculty (Mr Jaimin Bhatt, Mr Bhaskar Somani, and Mr Nick Campain) and other course faculty members in 2011. In the last 4 years, we have delivered 7 courses and all were very well received. During this time, I have gained valuable experience in course delivery, assessment and expanded a new perspective on the teaching-and-learning process. I have become more aware of social, cultural and economic factors important in delivering a training session. This programme has enabled me to form long-term friendships that have been immensely useful to sustain future links. The friendship with Dr Nenad Spasojevic has opened further channels for training in urology at University Hospital, Lusaka, Zambia. We also managed to form a core group of local urology faculty (Dr Nenad Spasojevic [Zambia], Dr Aberra [Ethiopia], and Dr Maina [Kenya]). I feel this “organic” network would be helpful in improving local urological care and training. I do feel very fortunate to meet faculty members from other specialities (UK and local) and from different regions.

Over time I have met a large number of trainees from COSECSA region. It appears from the feedback that they all enjoyed the course and benefitted from it.

Our experience in MSE Course has taught us that in order to inculcate a comprehensive outlook about surgical emergencies in students; we require a multidisciplinary, interdepartmental and integrated learning approach.

Finally, I felt privileged to be able to make a small contribution to this course.