



**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**

**(19<sup>th</sup> October to 25<sup>th</sup> October 2013)  
University Teaching Hospital, Lusaka, Zambia**

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## **Acknowledgements**

I am thankful to Mr Bob Lane, Convener & Programme Director for International Affairs for his continued guidance and to Dr Robert Zulu for tireless efforts in facilitating this visit. I could not have done without the excellent support from Nick Campain and Dr Nenad Spasojevic.

I would like to express my sincere appreciation to Dr Alex Makupe, Dr Michael Silumbe, Dr Bruce Bvulani for their help with the urology module.

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 shipment at very short notice and sincere thanks to Mr Nick Gerolemou, Marketing Manager and Ms Clare Rangeley Sculptor Limbs & Things.

## **Background**

Mr Bob Lane, Convener & Programme Director for International Affairs at the ASGBI submitted an application for a grant to the Department of International Development to deliver Multi-level Training for Healthcare Workers to improve emergency surgical care in COSECSA region and was successful. The pilot "Management of Surgical Emergencies" (MSE) course delivered in October 2011 consisted of five clinical teaching modules, these being: critical care; general surgery; orthopaedics and trauma; urology and obstetrics. The plan is to deliver 6 courses in the COSECSA region in next two and half years.

Mr Lane's office coordinated with all UK faculty members and the first course was organised at the end of February 2013.

## **UK Faculty**

**Mr Robert Lane, Convenor**, Mr Paul Gartell, Mr Russell Lock (General Surgery), Mr Fanus Dreyer, (Critical Care), Mr Yogesh Nathdwarawalla, (Orthopaedics / Trauma), Mr Shekhar Biyani, (Urology), Nick Campain (Urology, UROLINK Educational Fellow) Miss Malarselvi Mani (Obstetrics/Gynaecology)

## **Local Urology Faculty**

Dr Nenad Spasojevic  
Dr Alex Makupe  
Dr Michael Silumbe  
Dr Bruce Bvulani

### **Saturday 19<sup>th</sup> October 2013**

Faculty members from the UK arrived for the course in the early morning. Mr Lane arranged a meeting at 3:00pm. All faculty members attended the meeting and went through the programme.

### **Sunday 20<sup>th</sup> October 2013**

We reached the hospital early in the morning at 8:00am. Dr Zulu came to the hotel to pick faculty members up. The Training the Trainers session started at 9:00am after registration of new trainers. There were 14 trainers. Nick Campain (Urology, UROLINK Educational Fellow) also joined us. He arrived late on the Saturday night. After an initial introduction about the course, Mr Lane gave a lecture on the art of lecturing. This was followed by presentations by the module lead about the structure of their respective module. Mr Fanus Dreyer gave a talk on assessment and the importance of assessment in training. After lunch we had a session on roleplay. Local trainers were divided into two groups. The first group did the role play which involved how to deal with a difficult trainee. The second group was asked to teach knot tying to each other. After 45 minutes, the groups were swapped. This was followed by a talk on safe surgery by Mr Fanus Dreyer. His talk was very interesting and everyone enjoyed it. At the end of the session, at 5:00pm, we had a group photograph. We arrived back to the hotel at around 6:30pm.

### **Monday 21<sup>st</sup> October 2103**

I left the hotel early along with the critical care team and nursing team. I was asked to give a lecture to the nursing team from theatre. There were 20 nurses from the operating theatre. I gave a talk on Errors in Theatre. Before the talk, a short survey on safety aspects in theatre was done. I finished at lunchtime and came to the hospital to check over the equipment and instruments for the course with Nenad and Nick. I agreed to give a talk on how to read an x-ray to 5<sup>th</sup> year medical students on Nenad's request.

### **Tuesday 22<sup>nd</sup> October 2013**

We left the hotel at 6:45am. There were 20 medical students. I gave a lecture on Imaging in Urology. We finished at 8:00am. After this, Nick and I joined Nenad for the ward round. There were patients with a variety of conditions such as urethral stricture, hypospadias repair, bladder exstrophy repair and a lady with bilateral cutaneous urethrostomy and colostomy for a bladder cancer, condylomata and post-op case of open prostatectomy. There were four residents in the urology department and we had a good chat with them. Nick agreed to talk to them separately for an hour just to give them a flavour of training in urology in the UK. We finished at nearly 2:00pm and came back to the hotel. I went back to the college at 4:30pm as there was a debriefing session for the critical care module. All faculty members joined this and Mr Fanus Dreyer gave his impression of candidates and new trainers from the last two days. We all came back to the hotel at 7.00 p.m. I went through our programme with Nick for Wednesday and showed him the circumcision model.



Dr Spasojevic with Nick and urology residents

### **Wednesday 23<sup>rd</sup> October 2013**

Nick and I left the hotel at 7:00am;. Nenad came to pick us. We drove to the skills centre at UTH. All participants arrived at 8:00am. Nenad went down to get bladder ureter and kidney from the pig. There were six participants for the urology module. Nick and I set up the models for a suprapubic cystoscopy and circumcision. There were five topics for the module. I gave a presentation on troubleshooting and catheters. This was followed by a video on circumcision. After presentation, participants did some hands-on training with models. Michael, Bruce and Alex joined us for the urology module as a future trainer. All three were involved in teaching along with Nenad and Nick. After an hour of hands-on training, I presented three videos: the first one was on acute scrotum and testicular fixation, second video was on end-to-end ureteric anastomosis and the last one demonstrated ureteric re-implantation. These were prepared at the education centre at Pinderfields General Hospital. Following these presentations, candidates did end to end ureteric anastomosis, ureteric re-implantation and testicular fixation on pig's bladder, ureter and scrotum. After the practical session, all candidates were asked to repeat the MCQ test. Nick managed to get some feedback on the circumcision model. We finished our session at 12:30pm. I sat down with all the trainers to mark each participant on the global ring scale.



Urology faculty members

There was an opening ceremony after lunch at 2:00pm. Dr Lisulo Walubita, Deputy Director- Clinical Care from the health ministry and Dr Laston Chikoya the President of the Zambia Surgical Society came for the opening ceremony. The opening ceremony lasted for 20 minutes. Dr Zulu, local co-ordinator, introduced guests to the delegates and faculty members. In the afternoon, I marked all the MCQs along with Nick and Nenad. We came back to the hotel around 4:00pm.

#### **Thursday 24<sup>th</sup> October 2013**

We arrived at the UTH 7:30am with Nenad. It was nice to see all local faculty members taking a lot of interest. Nenad took Alex for harvesting biological material from a pig. Nick helped Bruce and Michael to set up circumcision models and suprapubic cystostomy model. Only 4 delegates were allocated for this session. Although 24<sup>th</sup> October was Independence Day, they all arrived on time. I presented a talk on trouble shooting with urethral catheterisation. This was followed by a video presentations and practicals. All delegates managed to do various procedures. At the end post-course MCQ test was done. MCQ papers were marked with rest of the faculty members. We discussed how on Friday local faculty would be delivering the module. Michael agreed to do the presentation on catheters, Bruce opted for acute scrotum, Alex decided on circumcision and Nenad presented the video on ureteric repair.

## Friday 25<sup>th</sup> October 2013

On Friday we had 5 candidates. Nenad took the Lead and Bruce and Michael agreed to do harvesting. Nenad outlined the programme for the morning to all participants. All topics were delivered by local faculty including practical part. Nenad showed renorrhaphy to participants and allowed them to practice as there was enough time. It was delivered very well. At the end candidates were asked to do post-course MCQs. I had discussed with local faculty about peer assessment and they all agreed to do it (Appendix 1). We, therefore, did this at the conclusion. All candidates were marked by the local faculty.



Dr Silumbe teaching suprapubic cystostomy



Dr Makupe talking about acute scrotum



Dr Bvulani helping a candidate with testicular fixation



Mr Lane keeping an eye!



Dr Spasojevic talking about ureteric injury



Pig's scrotum for exploration

We had a closing ceremony at the end. Unfortunately Mr Lane could not attend due to important engagement. Mr Gartell took the Lead and distributed certificates to all trainees and new trainers. A debriefing session about the course along with new trainers was done after the ceremony.

We arrived at the hotel 7:00pm. Mr Jay Patel had arranged dinner with Mr Scott, Vice President of Zambia at the hotel. Mr Scott arrived with his wife and had a dinner with all UK faculty members.

### **Saturday 26<sup>th</sup> October 2013**

The return journey was uneventful.

#### **What went well?**

##### Course

- Better participation by new local trainers
- Improved awareness among local trainers about the course.
- Much better facilities to deliver the course
- Included training to nurses

##### Urology module

- Room to deliver urology module was adequate
- Support from Nick Campain was outstanding
- Audio-visual equipment worked well
- Excellent support from Nenad, Bruce, Alex and Michael
- Introduction of Peer Observation Feedback form
- Circumcision model worked well

#### **What can be done better?**

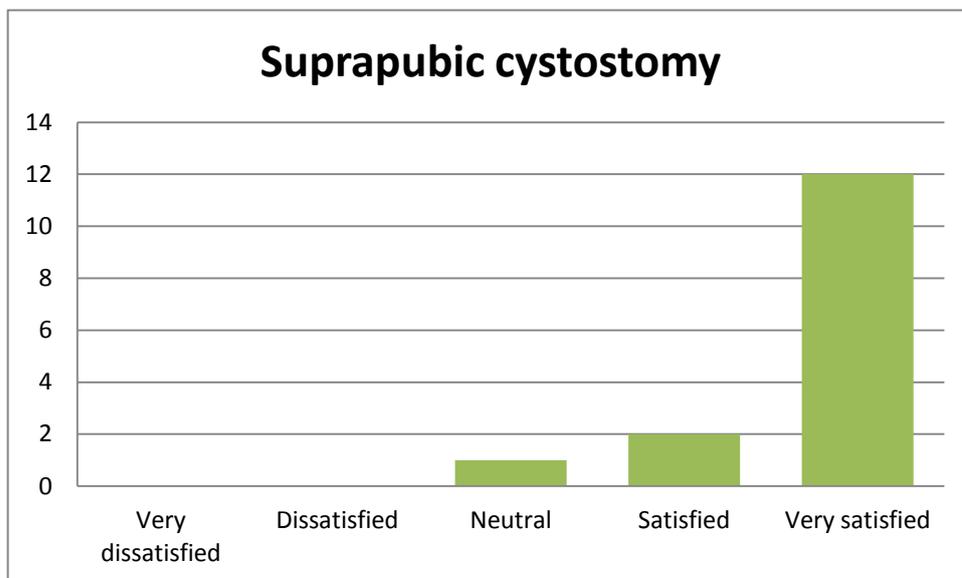
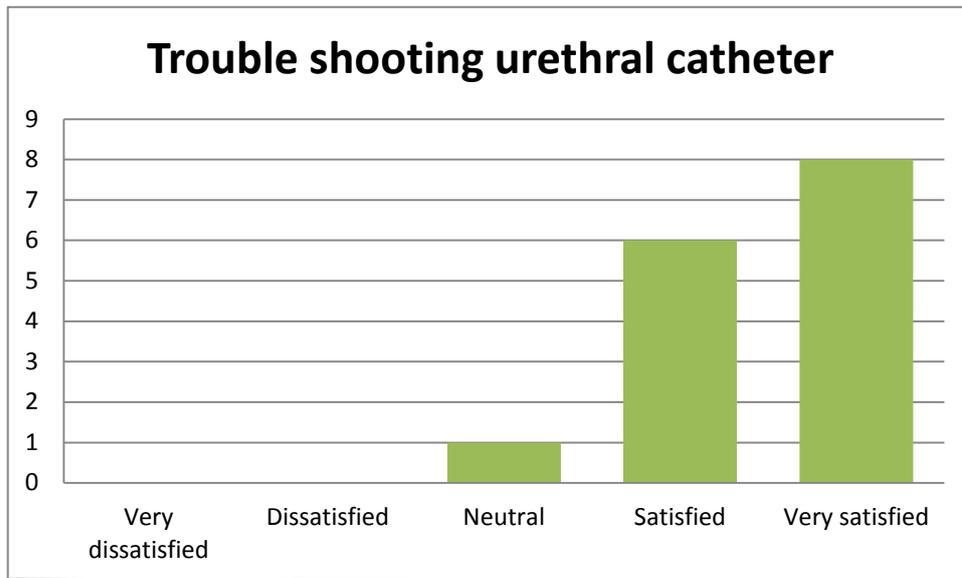
##### Course

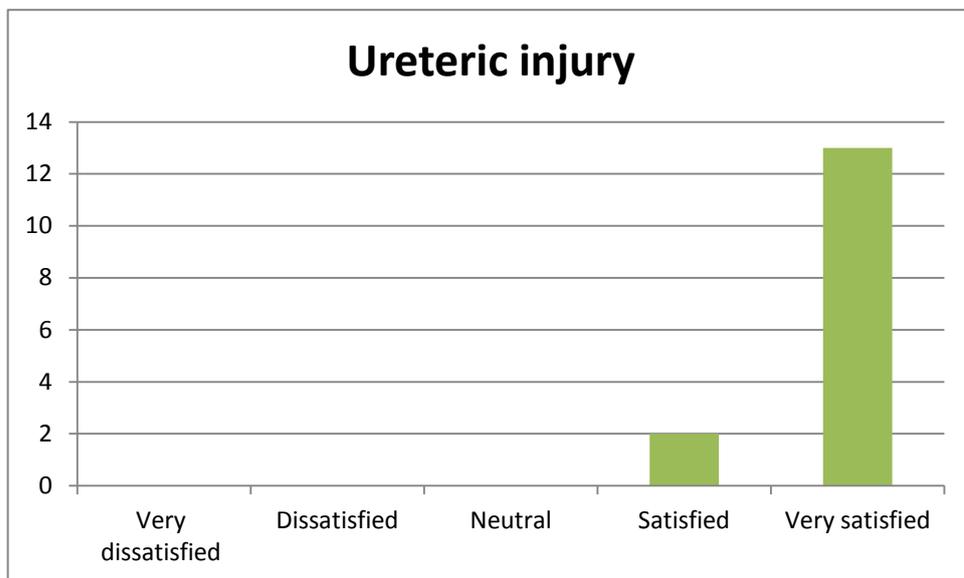
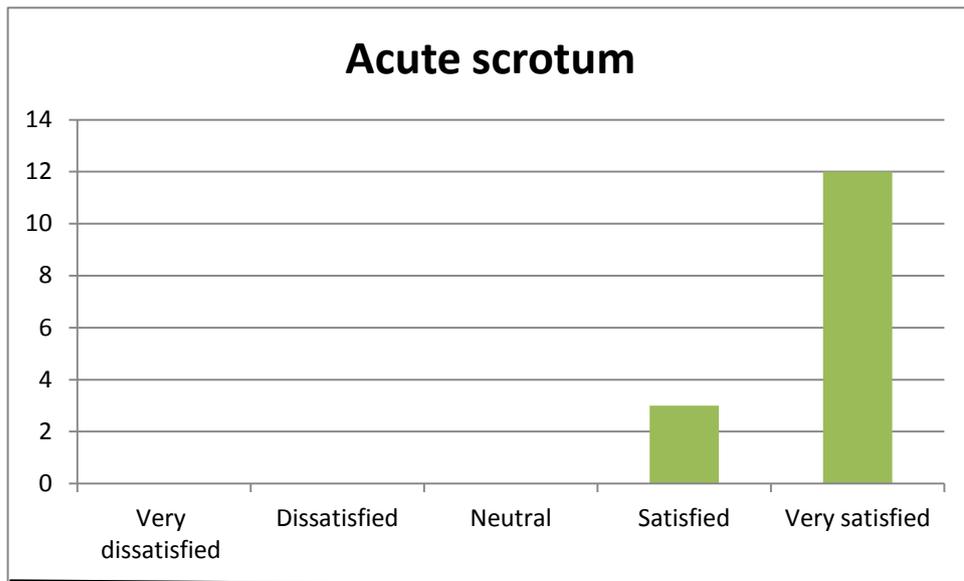
- Active participation of local faculty members in organisation
- To improve room facilities e.g. chairs
- To email module contents to delegates at least 6 weeks in advance
- To consider introduction of peer assessment for a session

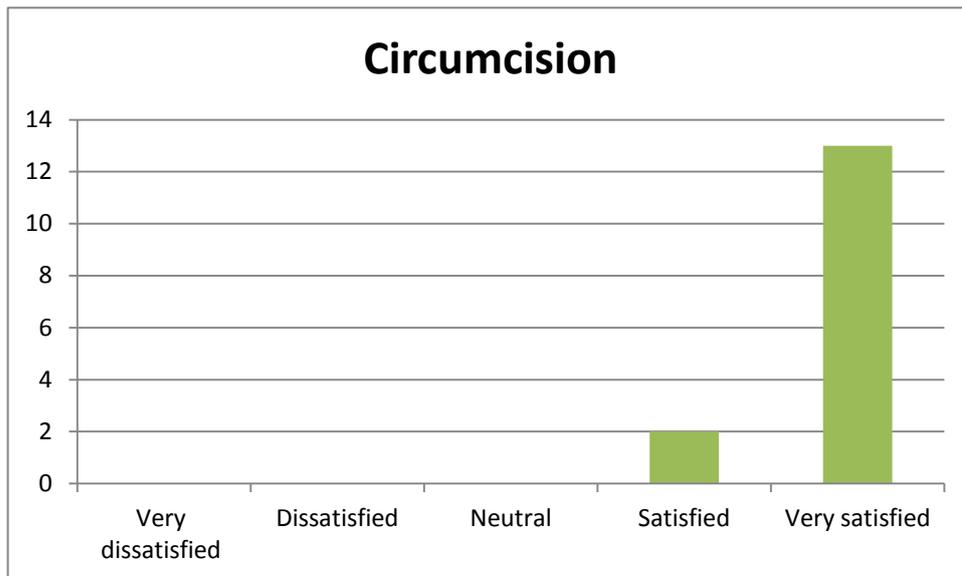
##### Urology module

- More biological materials to allow each participant to do complete procedure.
- To improve model for a suprapubic cystostomy
- There is a lack of storage facilities. We should have shelves in the room to keep equipment and instruments properly after the course.

## Feedback







#### **What was very good?**

Practical part of the course

Everything

Faculty was very good

It was very practical and relevant, most common urological emergencies

Circumcision and practice from the lectures

The practical aspect of the module has been very helpful, detailed and informative

Tutors were clear and elaborate

Practical application on dummies and scrotum and ureter

The module was adequately covered

The arrangement of first having to watch demonstration then followed by a practical session

The most informative, educative talk of all the MSE course

Very practical and reproducible

Teaching with good practice for all trainees

Models were good

Everything was good

Teaching methods

The demonstration and practical session was very useful

More practice than tutorial

Very relevant and common topic covered

Ureteric and bladder injury anastomosis and reimplantation

Videos prior to practical sessions

Demonstration and videos of the procedures

Lecture on scrotal exploration

**What could be better?**

Course materials to be sent in good time ie 3/12 before the course  
None  
If suprapubic cystostomy model could simulate the normal anatomy better  
More time and more surgical emergency course  
Some modules did not have the practical aspect  
For now I can't think of anything  
Nothing  
Include renal and bladder trauma  
More video demonstration  
May be more time and topics on urology  
More time to go through all the components of the module plus more hands on  
More time allocated to the practical session  
More time allocation for the session  
Practice on the suprapubic model

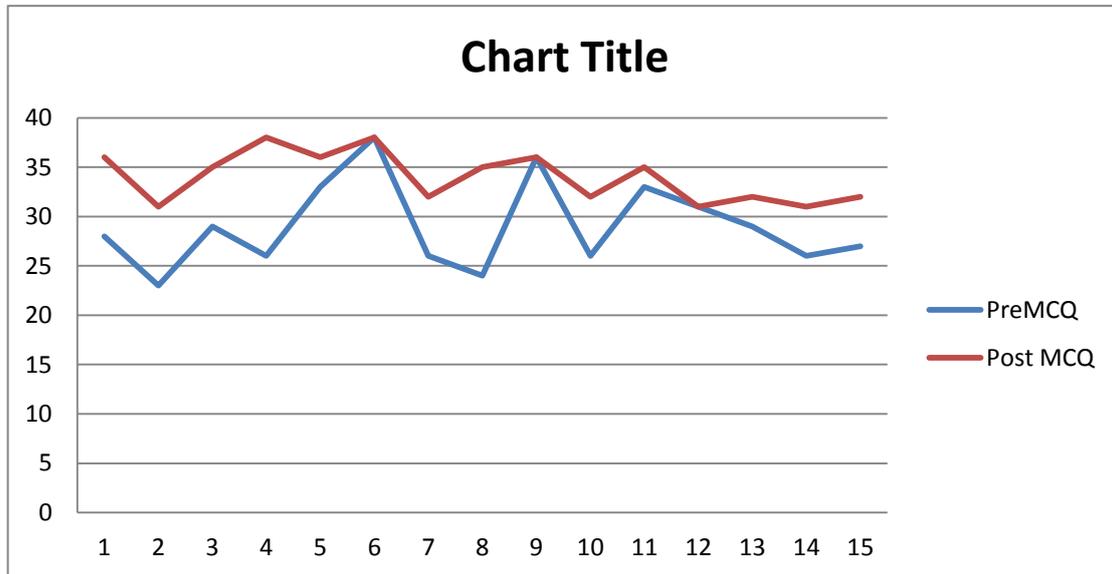
**What would you want to, learn more about in future?**

Ureteric bladder anastomosis  
Prostatectomy  
More scrotal emergencies  
Catheterisation is another important procedure that could be included in the module  
Many are the times when patient develop strictures due to trauma to the urethra  
An inclusion of kidney laceration and how to handle it in emergency, how to repair kidney laceration  
More initial management of genital mutilation eg "traditional circumcision"  
Management of priapism  
Ureteric reimplantaion more methods  
Nephrectomy  
Kidney transplant  
Bladder trauma and management  
Priapism and bladder injuries management  
Urethral injuries  
Other urological procedure eg orchidectomy  
Bladder and ureteric reimplantation

**Other comments**

It was a very good course. I can handle a lot of emergencies as they come  
Well done  
The course was very enjoyable and fulfilling  
The lectures were produced and presented well  
Well done and well demonstrated  
Urology to run the whole day  
This was a very beneficial teaching, thank you very much

Learnt a lot. More confident now to manage urological emergencies. Need to continue these trainings and if possible refresher course after some time  
Thank you very much. This is totally great  
Overall good experience and learnt quite a lot  
More time for practice session



Appendix 1

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**Peer Observation of Clinical Skills Teaching/Training  
Feedback Form**

Name Clinical Skills Trainer	
Organisation/Department	
Name Observer/Title	
Observation Date	
Observation Length	
No of Learners & Professions	
Skill Taught	
Venue Details	
Teaching Method/s	
Resources used	

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Summary of:	Comments: e.g. Strengths & Weaknesses
Planning of Session	
Organisation & Approach	
Delivery & Pace	
Appropriateness of Level	
Currency of Content (e.g. incorporates local/regional policies).	
Learners Participation	
Use of Resources	
Evaluation of Session	
Assessment Procedure	

***Evaluation of Training and Suggested Development Priorities***

Observers General Comments	
Trainers General Comments	

Observer's Signature	
Trainer/Educator's Signature	
Date:	