

# Report of experience

## University Teaching Hospital, Lusaka

Higher Training (Optional Unit) Developing World Anaesthesia Module  
3<sup>rd</sup> August 2017 - 6<sup>th</sup> February 2018  
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### Introduction

From August 2017 I spent 6 months OOPT in Zambia as an unpaid visiting lecturer at the University Hospital, Lusaka with the Zambian Anaesthesia development Project. I am incredibly grateful for assistance from the Belfast and Sargent funds to help support me during this period.

The purpose of the role was to participate in the anaesthesia training programme in East Africa to help produce independent Zambian anaesthesia practitioners. Training is of importance to address the shortage of anaesthetic personnel in this underdeveloped country, a shortage so severe that in some areas only 10-15% of the surgery that should be performed, can be performed. The job itself was a mixture of classroom teaching and a supervisory role in theatres and intensive care.

### Clinical Experience

UTH has limited resources despite being a tertiary referral hospital and the case mix is uniquely different from the UK with many patients presenting late with advanced disease. I worked alongside Zambian anaesthetic trainees dealing with huge oral cancers, airway tumours, as well as major trauma cases. Paediatrics ranged from infants with enormous teratomas to VP shunts for hydrocephalus and cleft lip repairs. In obstetrics, I saw and dealt with major haemorrhage as well as the complications of preeclampsia.

### Teaching

During my time in Lusaka I have helped teach on a number of courses including SAFE Obs and Lifebox as well as being the course joint-lead for four Neonatal Resuscitation courses. In theatre, I worked alongside MMeds (Zambian anaesthesia trainees) in a supervisory role and outside of theatre I lead MMed anaesthesia teaching sessions. This is based on a curriculum which is very similar to that of the Royal College in the UK.

In January this year I co-led two 2-day trauma courses where we taught a total of 50 members of staff.

### Audit and QI Projects

My audit of paediatric theatres recovery demonstrated dangerous practices and led to a new guideline being developed alongside a number of educational posters.

In terms of QI projects, the Neonatal Resuscitation Course pre-and post-course assessments of participants demonstrates a clear improvement in knowledge and skills.

70% of Lusaka hospital inpatients have HIV and I initiated a Safer Sharps Campaign taking the form of posters, bedside sharps boxes and raising sharps awareness at team briefings at the beginning of each list.

## Management

As the co-chair for the Neonatal Resuscitation Group, I helped organize a monthly meeting for a committee of paediatricians, midwives and theatre staff. Our group has created a number of service development and improvements in post-birth immediate care for neonates in addition to organizing multidisciplinary Neonatal Resus Courses.

In October I was invited by Vision Volunteers International to be the lead anaesthetist for their twice yearly ophthalmology camp. I was responsible for liaising with the tiny local hospital to organize equipment and anaesthesia staff for this busy two week project. Together with a senior SHO, I safely delivered GAs to a number of children. After two months at UTH I felt that was becoming more confident in providing safe anaesthesia in a challenging environment with limited resources and that the camp enhanced my experience of team management.

Daily anaesthetic list management and direct supervision of MMed trainees has encouraged me to become an independent practitioner and provide a vital intermediate step between being a UK registrar and consultant.

Delivery of anaesthesia in resource poor environments is a clinical challenge for UK trained anaesthetists and it was necessary to overcome a number of hurdles. The project has given many opportunities for teaching, research and managerial experience as well as being a great learning opportunity for myself. My time in Zambia was not easy but overall very positive, and again I am incredibly grateful to NIAA for their financial support.