**Dr Frankie Dorman**

**Report on Trip to Lira October 2023**

This was my 7th Trip to Lira

The team were mainly new again, which I am beginning to find a challenge. But they really rose to that challenge and within a couple of days they were all under way.

Frankie Dormon – Anaesthetics and Team Leader

Chloe Balderstone – Physician Assistant (ED) and Lecturer at Bournemouth University

Bethan Owens – Staff Nurse ED

Lillie Parker – Paediatric Registrar

Sophie Boot – Paediatric Ward Sister

Shonagh Gibb – Midwife and Early Pregnancy Counseller

Jo Gyngell - Midwife

During our pre visit meetings, we had identified that our strengths would be to highlight the importance of patient observations and A-E assessment for recognition of the sick patient. We hoped to be able to introduce a better patient observation chart that they would help us to develop, both paediatric and adult.

Timetable

As usual this was fluid, despite trying to make plans prior to the visit. We realised that sometimes it was not clear where the students were, hospital may have been LRRH or LUH! And the lecture rooms were sometimes fluid, as was the skills lab.

Our day 1, was independence day, so we had a good opportunity to revisit both hospitals and orientate the team. Day 2, I met with Felister and clarified a few points on the timetable. The team took the opportunity to attend ward rounds on the paediatric ward and adult wards. They soon developed relationships with ward staff and during our visit spent significant time on the wards.

Despite this, the following formal sessions took place.

Yr 1. 9 hrs of Communication, Observations, Oxygen theory and practical, Patient positioning, turning etc.

Yr 2 Timetabled for 16 hours of teaching, but this was mainly ward based, small groups. They had a complete mix from all our tutors in their allocated areas. Paediatrics, Maternity,ED,

Yr 3 7 hrs. Anaesthetics, and basic midwifery. Group was generally 50-60, and teaching was well received.

Yr 4 6 hrs Midwifery and Cervical Cancer formal teaching.

Master Students about 10 in total.

Tried to meet with them in the first week, had a couple of sessions during the 2nd week. Physiology of birth hypoxia, why we don't do suction! Some useful one to one discussions.

Other teaching.

We ran a shortened Primary Trauma course on the Friday afternoon and Saturday morning, which was as usual slow to start but once up and running, hugely successful. I was somewhat disappointed that the doctors need to be reminded that even if trauma is not their role this week, that there is always something to learn and that they should attend. There were 6 interns from Lira University and 19 from Lira Referral Hospital. We also had 8 Nurses/Midwives, and 7 Medical Students. In addition to 4 more senior doctors from LRRH. We covered most of the lectures and did demonstrations/practice of log rolling, pelvic binding, chest drains and a full scenario demonstration. Thanks to my whole team who all found a role to play.

Medical Students at LRRH - 200 in total

They were keen to learn and singled out team members for individual sessions, some came to the PTC course, others managed on the job teaching.

Other Nursing Schools

There are several other schools of nursing, doing diploma courses. The Referral hospital is overrun with these students, who attend ward rounds, and some are very good at engaging our teams. Whilst any learning is valuable, it is important that we remain focussed on our goals. The Lira University students are being educated to a higher standard and will be the leaders of the future. It may be better to focus our efforts in that direction.

The midwives were stunning, they not only went to the maternity wards but jelled with gynae and were able to help both wards to look at the importance of observations, which was our chosen improvement. They taught all students at the referral hospital

Sophie has been before and initially found the lack of progress on the paeds ward a little daunting but with the help of Lillie, a paediatric registrar they really made some inroads, demonstrating the importance of triage, sometimes in quite dramatic ways. They kept finding really sick children that needed urgent resuscitation and in several of the situations they were successful, to the surprise of the doctors and nurses on the wards

Bethan and Chloe are both ED staff. There is a new ED, built by the Japanese, big and spacious it has attracted many more patients and initially seemed rather chaotic. We found a strategy to go in , in a non threatening way and then they developed a good rapport. There is more work to be done, next time.

All these interactions were directed towards observations and triage. Recognising the acutely unwell patient and then doing something about it. Whilst the knowledge base is good, the application of that knowledge sometimes falls short.

We discovered that there is a defibrillator at the Referral Hospital, but nobody knows how to use it and they do not have the necessary disposables to use it. The staff were keen to know more about defib and AED. Lillie spent an afternoon doing a drop in session to explain how to use it. We had attempted to buy the necessary disposables in Lira, which was not possible. If further teaching is to be done, the Hospitals have to take responsibility for buying the necessary equipment. We did show how the defibrillator can be used to create a rhythm strip, which would be valuable in itself in the Intensive Care Unit. This could be a focus for the future.

Although the referral hospital is free for patients, they have so little in equipment and drugs, that families are frequently sent off to the pharmacy to buy things we would consider basic. Gloves, fluids, cannulae, antibiotics, dressings.

Achievements

We went out with the aim of improving observation charts. We have designed and modified a paediatric and adult chart that is liked by both the University and the Referral Hospital. Team 2 are putting the final touches.

We have developed a link with the Rotary, which hopefully will flourish in future.

The management side of things as the University keeps changing;

- Anna Grace is now Dean of the Nursing Midwifery School.
- Felister is Head of Midwifery
- Christine is Head of Nursing and Managing Masters Students Yr 1 and University Interns.
- Samson Uddo is also involved with both Masters Students and Nursing/Midwifery Students.

I met with Professor Jasper during the second week, he has his usual optimistic self, he knows what is going on at both hospitals, but it is a challenge to solve the issues around not enough patients. It seems to me and several of the staff that part of the issue is the cost of coming to the University, which is some 10k out of town It is expensive on a boda boda and even more in a taxi. Staff also find it expensive. There must be a solution. We wonder whether a regular service between town with a small fee would be suitable, but patient and staff flows are not regular, and therefore would not be a reliable option for those coming to work. However, it would probably be good for patients who often have to return to town for various investigations. The pathology lab is still quite basic, although they are doing some tests and there was blood in the fridge.

He is aware of the need for additional equipment, but the challenge is deciding upon priorities.

There are 10 interns at the University.

There is a new medical school, with 40 students. Tom Otim is Dean of the Medical School. Luckily they are in class for the next 2 years, as there are still very few patients at the University Hospital, mainly due to the distance from town and the perception that it is expensive.

The skills lab is fully set up to run Zoom meetings. It would be useful to start running weekly teaching sessions between UK and either Midwifery Students,, Masters Students or Interns. Anna Grace could be the contact at the University, I would be prepared to run the rota at this end. I believe we have enough people to contribute, so that this would only involve a lecture every couple of months for each person.

The X-Ray department is now well up and running, with digital Xray. The ultrasound service is busy, with around 50 patients per day. I discussed any future requirements, apart from a good teaching machine, the equipment is adequate for now.

There is an ambulance and driver, , but no equipment, it is mainly used to collect blood from the referral hospital. If they need an ambulance they use the referral one, of which there are three.

The HDU, where I spent a significant amount of time last year is sometimes working, but they have inadequate staffing, so it is only used in extremis.

There is only one anaesthetic machine, the glostavent which we donated. It had been broken but was mended by the Biomedical engineer after contacting me and talking with the manufacturer. The University will need to purchase another anaesthetic machine.

There is also a need for more monitoring equipment and a defibrillator, an AED would be suitable in the first instance.

The interns at LRRH are not offered accommodation any longer, but Prof jasper felt this was inappropriate, so they are building a 30 room accommodation block, with kitchen and lounge area. This will be finished in 6 months and can also be used by visiting tutors, including us. There will need to be a solution for meals, as we cannot be expected to prepare our own food if we work at the level we currently do so. However, it means that if a trainee was to come to Lira there is an accommodation solution. There is a rapidly expanding infrastructure of restaurants and hostels around the University campus.

I managed to fit in some teaching between managing the team teaching, and networking, and enjoyed teaching the Yr 3 Anaesthetics, and the Masters Students. There are about 6 in yr 1 and 6 in year 2. Most of them are ex Lira University students, so it was fun to meet them again. In particular I discussed a blood loss project that we had started, that was struggling because of a few logistical issues, we talked through solutions and a yr 1 masters student, Peterson, he may take this on as his project. PPH is a major cause of maternal death, so anything that encourages early recognition and therefore timely treatment would be worthwhile.

Communication is often an issue, with sim cards expiring before we next go etc. The wifi at both hospitals is greatly improved and so team members can use their own phones and whatsapp. but this is not totally reliable . To use the University internet, you need to register for a University email, so this is not appropriate for first timers, and does not solve the problem of liaising with Arnold our driver. I have established two Uganda phones, which will stay with Arnold and he will ensure they remain active. The red phone and the purple phone. We can ensure that one phone is at each hospital, each day. The red phone has data, so can also do whatsapp anywhere. (the purple phone can be set up with data if necessary) From a safety point of view, it means that with phone access and whatsapp we were able to keep in contact during the day. However, carefully we plan the day there are often movements between the university and referral hospital during the day and we should be prepared for the unexpected.

The hotel was great as usual. Clean, food adequate and beer cold. Wifi was working most of the time, apart from a couple of power cuts due to electrical storms. It was pretty quiet, we were the only residents most of the time, so they are thrilled that we go. The prices are stable.

I discussed with Professor Jasper the challenges with providing surgical services for Judy's breast project. It has been hugely successful and the team she has built are very hard working and committed. Sometime the financial constraints make it challenging for the patients to get to Mulago for chemo or, to get their surgery when required We will continue to look for solutions.

Pasco's project starts in earnest. My discussions with Professor Jasper around the medical school facilities and the University Facilities were useful, there are opportunities for the two hospitals to work together and I hope this will happen. The lab at the University must up its game and provide more tests, but staffing is a significant problem Professor Jasper is looking to recruit, but the government have blocked any further recruitment at this time.

The same staffing issues affect other departments.  Until there are more patients they cant get the staff, but until there are more staff the rotas are too onerous.

Overall a very successful trip.  We achieved our main objective,  and provided many hours of teaching.  Arnold kept us safe.  The team have learned about Uganda and about themselves.

Dr Frankie Dormon

Medical Lead and Consultant anaesthetist.


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