Malawi visit report 19-29th Sept 2017

Dr Adrian Stanley (together with Dr Christine Aiken & Dr David Colville for Lilongwe and Mzuzu sections)

Aims

- 1) Meet Hospital Director and Senior physician at Kamuzu Central Hospital (KCH), Lilongwe regarding Glasgow support for Internal medicine and tour medical, HDU and ITU facilities at KCH
- 2) Visit KCH endoscopy unit to meet staff and donate equipment
- 3) Travel north to Mzuzu Central Hospital (MCH) to assess their endoscopy unit and donate endoscopes and related equipment
- 4) Run two days of endoscopic skills update training at MCH for the lead endoscopist, provide initial basic training for a clinical officer identified for training in this area and provide endoscopy nurse advice and training.
- 5) Meeting with head of Medicine at MCH and tour of medical, HDU and ITU facilities at MCH
- 6) Run two days of training in Acute Medical Emergencies at MCH for their doctors, Clinical officers and nurses.
- 7) Meet MCH Hospital Director and head of Surgery at MCH to discuss further Glasgow support
- 8) Travel to Blantyre to help run a two-day Endoscopic Foundation training course at the World Gastroenterology Organisation (WGO) regional training centre at Queen Elizabeth Central Hospital (QECH) and donate endoscopes and related equipment
- 9) Help run a two-day Endoscopic Skills Enhancement course for regional endoscopists at the WGO training centre at QECH.
- 10) Meet senior medical and surgical staff at QECH to discuss further Glasgow support

Lilongwe

After arriving in Lilongwe, we visited KCH and met the local team at the endoscopy unit there. We donated endoscopic equipment from Glasgow and spoke with them regarding their current work, resources and requrements. We then had a prearranged meeting with the Hospital Director, Dr Jonathan Ngomo, together with a senor Physician Dr Mphanyasulu. We discussed potential Glasgow support for KCH in Internal Medicine and other specialities, via the RCPSGlasg and GG&CHB. We also discussed possible research links with the University of Glasgow.

We then were given a tour of the KCH Emergency Dept, Medical wards, HDU, short stay ward by Dr Mphanyasulu. Following this, we travelled north to Mzuzu, via our "Feet First" car and Kennedy our driver.

Mzuzu

On arrival at MCH we visited the Endoscopy unit and gave them the three endoscopes and large amount of related equipment donated by GGCHB. The two Pentax 'scopes linked without problems to their existing processor and

functioned well. Although the Olympus 'scope connected well with the previously donated (and shipped out) Olympus processor, this did not connect



with the Olympus monitor (also previously shipped out). None of the cables previously shipped out connected these together. Photographs of the connections and cables were emailed to the GRI Medical Physics Dept for advice. We discussed the planned two-day Skills Update course with the lead endoscopist Richard Nyahoda together with basic training for Aziel, one of the local clinical officers (CO) identified for training,

together with the ongoing endoscopy nurse training during the two days. We then had a prearranged meeting with the head of medicine at MCH, Dr John Chipolombwe. We toured the Medical wards, newly developed medical HDU beds and ITU at MCH and met senior clinicians there. We discussed the planned course in Acute Medical Emergencies (a one day course repeated the following day due to the high demand), aiming for 15-20 delegates per day. This course was run by CA and DC with input from AS.

Endoscopy training:

The Endoscopy training went well, with a list of a mixture of in- and out-patients each day. Cases included variceal bleeding, oesophageal and gastric cancer. Dr Nyahoda performed to a very high standard, including completion of the procedures, biopsies of suspicious lesions, guidewire placement and dilatation.





Aziel observed virtually all the procedures and discussions took place regarding indications,

consent, potential complications, diagnosis and therapy. The nurses performed to a very high standard led by Sister Martha Jumbo, with all patients having the procedure fully explained and informed written consent obtained. Preprocedure patient observations were completed, equipment checked and peri-

procedural care was to a high standard. The 'scopes were always cleaned, brushed, disinfected and stored appropriately as per the previously provided and agreed protocols. We obtained feedback from the GRI medical physics department, who indicated that a special cable to connect the Olympus processor and monitor was needed (and sent a photograph). Despite searching in many shops in Mzuzu for this, I was unsuccessful but promised to obtain one on return to Glasgow and post it to the MCH endoscopy team.

Acute medical training:

CA and DC led the one-day acute Medical training course (repeated a second day), covering sepsis, cardiac, respiratory, diabetes, metabolic and gastroenterology emergencies, together with interactive scenario discussions and practical training in patient monitoring, identification of the deteriorating patient and equipment use. 19 delegates attended on the first day and 18 on the second. These were a mixture of doctors, COs and medical/HDU nurses. Staff from the MCH medical wards, Emergency Dept and ITU attended. There was great enthusiasm for the courses, which were very well received by the delegates. At the end of each day, certificates were awarded and course feedback forms completed by all delegates.





At the end of the second day, Dr Chipolombwe took AS, CA and DC to meet the Hospital Director, Dr Sinyiza. AS also met Dr Judith Mkwaila, the head of Surgery at MCH for a prearranged meeting to discuss further potential support from GG&CHB and RCPSGlasg. He also met Dr Ken Johnson and Dr Charles Park, consultant surgeons at MCH.

On the final evening in Mzuzu, AS, CA and DC met with Dr Chipolombwe for dinner to review the courses undertaken and discuss potential further training and support from Glasgow. AS, CA and DC then travelled back to Lilongwe, which included a short tour of the very impressive newly completed Nkhata Bay Hospital. The following day, CA and DC flew home and AS travelled to Blantyre to help run planned regional Endoscopy training courses there.

Blantyre

After travelling from Lilongwe to Blantyre (via the Malawi-Liverpool Welcome Trust car and driver Dyson), I met up with the external faculty members (Dr Neil McDougall and Sister Wendy Yates) and internal faculty (Dr Peter Finch, Prof Melita Gordon, Anstead Kankwatira and Sister Rose Malamba) for the planned

two-day Endoscopy Foundation Training course starting the next morning at the WGO Training Centre at QECH. I also delivered two functioning Olympus 'scopes and endoscopic accessories donated by GG&CHB.

Endoscopy Foundation course:

The two-day Foundation course was attended by 13 delegates from all the main Hospitals in Malawi. The course consisted of lectures, lesion recognition and interpretation sessions, and practical training which included model based endoscopy training, and sessions on equipment and accessories training. Parallel endoscopy nurse training was undertaken during this period. At the end of the two days, a course dinner was held, feedback forms were completed by the delegates and course certificates awarded.





Endoscopic Skills Enhancement course:

This course was held over the subsequent two days and was a clinical "hands-on" course, attended by six pre-identified Malawian endoscopists. Parallel endoscopy nurse training was again undertaken during this period. Over the two days, four training endoscopy lists were run. The delegates rotated in turn as the endoscopist, closely supervised by one of the trainers. Parallel sessions were run on advanced model endoscopy training, accessory use and therapy. DOPS feedback forms were completed on each case for the delegates, with direct feedback also given by trainers. Certificates were handed out at the end of the course and feedback forms completed by all delegates.





Meetings:

I held a very productive meeting with Dr Jane Mallewa, head of Internal Medicine at QECH, with discussions covering Glasgow support for QECH and the MTI system whereby Malawian trainees could come to Scotland to work for 1-2 years. We also discussed the possibility of Consultants from QECH coming to Glasgow for advanced training and experience in certain specialities (eg neurology) although there was uncertainty regarding whether this would lead to a formal certificate of training or RCPSG approved qualification etc. This will be explored further in Glasgow.

Discussions with, Prof Melita Gordon, researcher Dr Alex Stockdale and my fellow external faculty endoscopic trainer Dr Neil McDougall led to the suggestion that a Liver Training Symposium could be organized later next year, under the auspices of the WGO training centre at QECH. This could be linked with the hosting of a further endoscopic training course and possible "point of care ultrasound" +/-Fibroscan training. Further discussions will be held regarding this over the next few months.

Notes:

- Accommodation was Korea Garden Lodge in Lilongwe, Chatonda Lodge in Mzuzu and Leslie Lodge in Blantyre. All were comfortable and clean
- We paid a brief visit to the impressive Nhkotakota Pottery on the route back to Lilongwe
- On our last night at Korea Garden Lodge we met a group of 12 Scottish dentists and dental assistants from the "Smileawi" charity who had also been working in Northern Malawi
- At QECH in Blantyre, we had a guided tour of the new Mercy James Paediatric Hospital, to which GG&C had donated a large amount of equipment (which was acknowledged on the entry hall notice board). I also met with Prof Eric Borgstein, the senior paediatric clinician there
- On the same week as my visit to Blantyre, a major international meeting ("MALPOP") was held, at which several senior University of Glasgow academics were present. Senior staff from the Glasgow Dental school were also in Blantyre to discuss setting up a Malawi Dental School
- On the journey home, I had very productive discussion with Prof Iain McInnes, regarding further University of Glasgow, RCPSG and GG&CHB training and research support for Malawi

Acknowledgements:

- RCPSG for funding travel & accommodation for AS, CA & DC to Mzuzu
- GG&CHB for donating five endoscopes & related accessories, and for their ongoing support for this training project
- BSG, WGO and MLW for their support in running the Blantyre endoscopy training courses and funding my travel to & accommodation in Blantyre