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<b>NHS Board:</b>
NHS Lothian
<b>Staff groups taking part:</b>
Doctors
<b>Name of the Project:</b>
Professionalisation of international medical volunteer work to maintain ethical standards: a qualitative study exploring the experience of volunteer doctors in relation to UK policy
<b>Location: (Town/City, Region, Country)</b>
Edinburgh, Scotland
<b>Short description of Project:</b>
Qualitative research project as dissertation for Global Health MSc from University of Manchester. Qualitative semi-structured interviews between April and May 2017 with seven doctors from different hospitals across NHS Scotland with experience of volunteering in low and middle-income countries. Thematic analysis of interview findings.
<b>Project Goals</b>
Use this section to describe the goals of your project in bullet points:
<p>Although volunteering can be mutually beneficial for the NHS and partners in LMICs, there is also the potential for harm in projects which do not meet ethical standards.</p> <p>Without external governance, international medical volunteering relies on self-evaluation for learning and accountability.</p> <p>Systematic reviews have found a lack of critical evaluation in the literature.</p> <p>This research aimed to understand influences affecting how volunteers develop their understanding and engagement with ethical standards in their activities and their experience of debrief and evaluation processes.</p> <p>These findings can inform further research and developing government policy as medical volunteering becomes increasingly professionalised to maximise benefit and prevent ethical harms to partners in LMICs and the NHS.</p>

<b>Activities</b> <p>Although ethical standards were valued by participants they were unaware of key relevant government policy indicating a potential gap between policy and practice.</p> <p>Professional development and leadership skills were perceived to increase volunteer's ability to uphold ethical standards.</p> <p>Role models and social networks are key influences on volunteer development.</p> <p>Evaluation and debrief is not prioritised and lacks structure and framing.</p> <p>Volunteers struggle to assess impact of their activities and share their experiences within existing academic forums.</p>
<b>Next Steps</b> <p>What happens next for the project? Will you still be involved? Will other colleagues take over delivery? How are the achievements you have made going to be sustained over the long term?</p> <p>Government policy must outline expectations for volunteers and develop training opportunities.</p> <p>Initiatives such as mentorship programmes and improved selection processes may facilitate volunteer development.</p> <p>Evaluative practice needs development to maximise learning and accountability.</p> <p>Further research may help to understand how volunteers can be supported to uphold ethical standards in their volunteer practice.</p>
<b>Contact details:</b> <p>Name: Dr Holly Eadsforth Telephone Number: 07929514140 Email: holly.eadsforth@outlook.com</p>
<b>Will you be attending the Conference?</b> <p>Yes</p>

<b>NHS Board:</b>
NHS Tayside + University Teaching Hospital (UTH), Lusaka
<b>Staff groups taking part:</b> e.g. Doctors, nurses, engineers, HR managers
<i>Answer here</i> Doctors
<b>Name of the Project:</b>
<i>Answer here</i> <b>Reflections on a novel method of delivering teaching in the operating theatre in Lusaka, Zambia.</b>
<b>Location: (Town/City, Region, Country)</b>
<i>Answer here</i> Lusaka, Zambia
<b>Short description of Project:</b> Describe your project in a short paragraph. Be sure to describe the type of work you are delivering and how the project came about and how you got involved. What was the needs assessment for the project?
<i>Answer here</i> Incident reporting is a fairly new concept in the Department of Anaesthesia at University Teaching Hospital (UTH), Lusaka, the tertiary referral centre for Zambia. Clinical demand is high and anaesthetists are rarely able to leave theatre to access teaching and training, or even lunch. A need for education and encouragement around incident reporting was identified and we set out to address this. This project was conducted jointly by a Zambian trainee and a Scottish trainee, both of whom have a strong interest in critical incident reporting, patient safety and improvement projects. We designed a twenty minute, interactive teaching package designed to explore attitudes around incident reporting, which we then took to all anaesthetists working at UTH during clinical working hours. Participants were asked to fill in a survey before and after teaching to explore attitudes and knowledge. The “tea trolley” trolley method of teaching was used; a simple two-tier trolley was set up with teaching material on one level and tea, coffee and biscuits on the other. Teaching took place in the operating theatre either in the anaesthetic room or nearby space. Two tutors were present at all times; one to deliver the teaching and another to look after the patient. After teaching, every clinician was offered a hot drink and a snack.
<b>Project Goals</b> Use this section to describe the goals of your project in bullet points:

*Answer here*

To pilot the 'tea trolley' method as a way of increasing access to teaching at University Teaching Hospital, Lusaka, Zambia.

To improve the understanding of the purpose of critical incident reporting

To ensure that participants should understand the types of incidents that should be reported

To educate participants so that they understand the physical process of reporting an incident at UTH

To encourage participation in the M+M process

To see M+M reporting as a method for learning and improvement and not as a tool for blame

**Activities**

Describe the different activities that were completed in response to the needs assessment and supported you to achieve the project goals.

Try to include facts and figures here. E.g if you delivered training, can you tell us how many local staff were trained?

*Answer here*

Over 5 days from June 18<sup>th</sup>-22<sup>nd</sup> 2018 we taught 17 people. This included consultants, anaesthesia trainees, a surgeon and a pre-intern. Overall the teaching was very well received. No participants had been exposed to the 'tea trolley' style of teaching before and most (15/17) said that they would want more teaching done in this style. The majority felt that the teaching was accessible or very accessible (15/17) and all felt that it was useful or very useful (17/17).

Understanding of the purpose of Morbidity and mortality (M+M) discussions improved after the teaching with all participants understanding that they were important for improved patient safety, a direct opportunity to influence care in a timely manner, and were useful for professional development. Participants reported increased confidence in their knowledge of how to report an adverse event with 16/17 being very confident that they knew how to do this after the teaching, increasing from 3/17 before the teaching. 16/17 were more likely to report adverse events after the teaching than they were before the teaching and 15/17 were more likely to attend M+M discussions after the teaching than they were before the teaching. There was overall good knowledge after the teaching of what sort of adverse events should be reported.

**Next Steps**

What happens next for the project? Will you still be involved? Will other colleagues take over delivery? How are the achievements you have made going to be sustained over the long term?

*Answer here*

The project is being reported at local, national and international levels.

Since the end of the project, a new online incident reporting form has been created to encourage incident reporting by improving ease of access.

Paper copies of the incident reporting forms have been located in every theatre.

A tandem project around presentation of incidents in the SBAR format at departmental M+M meetings is running and this will feed off the reports collected by the new and more robust incident reporting process.

The 'tea trolley' method of teaching that proved so successful will be used for other teaching subjects in the operating theatres in UTH.

We are still involved in supporting the Zambian anaesthetic trainee to progress with this project and improve their critical incident reporting.

**Contact details:**

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**Will you be attending the Conference?**

*Yes/No*

Yes

<b>NHS Board:</b>
<b>Greater Glasgow and Clyde</b>
<b>Staff groups taking part:</b> e.g. Doctors, nurses, engineers, HR managers
Doctors, nurses, midwives, health assistants, Ministry of Health civil servants, NGO staff
<b>Name of the Project:</b>
Medical record keeping and Health Information Management Systems in Malawi
<b>Location: (Town/City, Region, Country)</b>
Blantyre, Chikwawa and Zomba
<b>Short description of Project:</b> Describe your project in a short paragraph. Be sure to describe the type of work you are delivering and how the project came about and how you got involved. What was the needs assessment for the project?
Dr Alistair Tough (Glasgow) and Dr Paul Lihoma (Zomba, Malawi) carried out field work over 2 months to investigate the challenges affecting current medical record keeping and Health Information Management Systems. We are interested in viewing the situation holistically and seeking sustainable strategies for improvement. Our work was prompted by the realisation that externally-supported research and other health initiatives frequently result in the creation of short-lived islands of IT excellence which in turn lead to compartmentalisation and a lack of integration
<b>Project Goals</b> Use this section to describe the goals of your project in bullet points:
<ul style="list-style-type: none"> <li>• To seek a coherent strategy for the utilisation of intermediate and affordable technologies</li> <li>• To enable sustainable and affordable use to be made of IT</li> </ul>

- To work with key stakeholders to find ways of integrating intermediate and advanced technologies for the benefit of patients, health professionals and other interested parties

#### Activities

Describe the different activities that were completed in response to the needs assessment and supported you to achieve the project goals. Try to include facts and figures here. E.g if you delivered training, can you tell us how many local staff were trained?

In rural clinics we interviewed the person in charge (usually a nurse, midwife or health assistant) and the person responsible for record keeping and data reporting (where these tasks were carried out by a separate person). In hospitals we interviewed senior and junior clinicians, nursing staff and people responsible for record keeping and data reporting. In addition we engaged a range of key stakeholders, both governmental and NGO, in discussion

#### Next Steps

What happens next for the project? Will you still be involved? Will other colleagues take over delivery? How are the achievements you have made going to be sustained over the long term?

A combination of circumstances has prevented us from taking this work forward as planned by seeking GCRF funding. I am happy to share information and to exchange ideas with colleagues

#### Contact details:

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#### Will you be attending the Conference?

Yes



<b>NHS Board:</b>
<b>RETIRED FROM NHS EDUCATION FOR SCOTLAND (JULY 2017)</b>
<b>Staff groups taking part:</b> e.g. Doctors, nurses, engineers, HR managers
<b>Answer here DOCTORS/NURSES/MEDICAL LIBRARIANS</b>
<b>Name of the Project:</b>
<b>Answer here STRENGTHENING EMERGENCY CARE COMMUNICATIONS IN CHITAMBO DISTRICT CENTRAL ZAMBIA</b>
<b>Location: (Town/City, Region, Country)</b>
<b>Answer here</b> <b>CHITAMBO HOSPITAL, CENTRAL PROVINCE, ZAMBIA</b>
<b>Short description of Project:</b> Describe your project in a short paragraph. Be sure to describe the type of work you are delivering and how the project came about and how you got involved. What was the needs assessment for the project?
<p><b>Answer here</b></p> <p>Chitambo Hospital, Central Zambia, was founded in memory of Scottish explorer, Dr. David Livingstone, who died in the area. Scottish Registered SCIO, Friends of Chitambo (FoCH) supports health projects in Chitambo District. The charity Chair grew up at Chitambo and founded FoCH in 2003. She is a trained nurse/nurse teacher who retired from a research post with NHS Education for Scotland (NES) in July 2017, in order to focus on this global health link.</p> <p>FoCH supports nurses training scholarships, ambulance maintenance and emergency care projects in Chitambo District. We have successfully managed 2 rounds of Scottish Government Small Grant funding for a project proposed by Chitambo health colleagues to '<i>Strengthen emergency care communications in Chitambo District</i>', including:</p> <ul style="list-style-type: none"> <li>• establishing an emergency care resource centre (decision support base) at Chitambo Hospital, equipped with books and downloads to tablet pcs, laptops, and desktop pc and linked by mobile phone and radio hotline to 11 Rural Health Clinics</li> <li>• Negotiating access to the Zambian national shortcode for health (992), to enable all community members to call the hospital free of charge, for vital emergency help and advice.</li> <li>• Training Zambian Medical Librarians/Information Specialists as Knowledge Brokers to support frontline staff in uptake and usage of</li> </ul>

emergency care information in practice.

The need for the project was highlighted by local clinicians. Needs assessment involved initial baseline consultation with them and community members.

### Project Goals

Use this section to describe the goals of your project in bullet points:

*Answer here*

Aim: To contribute to reducing mortality and morbidity due to common medical emergencies in Chitambo District

### Outcomes

- Healthworkers, especially at hard to reach RHC, using evidence-based information at the point-of-care in emergency decision-making
- Community members/healthworkers/transient visitors accessing effective emergency care help/advice via a free shortcode for health (992) and/or improved emergency radio service
- A robust Knowledge Broker (KB) network up-skilled to source, summarise, and communicate evidence to support emergency decision-making/train healthworkers to use this evidence at the point-of-care

### Activities

Describe the different activities that were completed in response to the needs assessment and supported you to achieve the project goals. Try to include facts and figures here. E.g if you delivered training, can you tell us how many local staff were trained?

*Answer here*

We have so far:

- Embedded decision support systems/processes in Chitambo District, including:
  - Establishing the emergency resource centre, equipped with
    - over 50 emergency care textbooks
    - 8 tablet pcs with emergency care downloads
    - 1 laptop pc
    - 1 desktop pc
- Distributed books and tablet pcs to all 11 Rural health Clinics, particularly those which are hard to reach and have no internet/mobile phone connectivity
- Established an emergency care hotline including
  - Providing 5 smartphones and 4 Very High Frequency (VHF) radios to facilitate emergency communications between hospital and clinics
  - Obtaining Zambian Government agreement to pilot the 992 shortcode for health in Chitambo District

- Collecting/collating 2yrs worth of emergency ambulance callout data, showing main reasons for calls, management and outcomes
- Created 10 + laminated emergency care guidelines, and posted these throughout the hospital and in all 11 clinics
- Provided 16 non-pneumatic anti-shock garments (Lifewraps) for control of haemorrhage in childbirth
- Provided 2 3-day First Aid workshops for ambulance drivers and frontline emergency staff (20 participants)

### Next Steps

What happens next for the project? Will you still be involved? Will other colleagues take over delivery? How are the achievements you have made going to be sustained over the long term?

*Answer here*

On request of Chitambo partners, and in collaboration with First Aid Africa and other partners, we are seeking further Small Grant funding to expand the emergency care work through:

- Implementing the 992 shortcode number in Chitambo District
- Providing associated call handler training to frontline staff
- Providing emergency room trauma training to all hospital staff
- Further embedding the Knowledge Broker model in Chitambo District and extending it nationally and regionally (to Malawi, Rwanda and Zimbabwe)

### Contact details:

*Name:* Dr. Jo Vallis, Chair

*Telephone Number:* 01968 673978; 07791262918

*Email:*

### Will you be attending the Conference?

*Yes/No*

YES

<b>NHS Board:</b>
<i>NHS Fife</i>
<b>Staff groups taking part:</b>
e.g. Doctors, nurses, engineers, HR managers
<i>Doctors and Nurses</i>
<b>Name of the Project:</b>
<i>Ungweru (ENT Fife Malawi Partnership)</i>
<b>Location: (Town/City, Region, Country)</b>
<i>ENT Services in Fife and Blantyre Malawi</i>
<b>Short description of Project:</b>
Describe your project in a short paragraph. Be sure to describe the type of work you are delivering and how the project came about and how you got involved. What was the needs assessment for the project?
<i>Our project aims to improve the standard of ENT Provision in Malawi through education primarily of the nursing staff and clinical officers. This involves exchange visits between the two units. We have created a curriculum and the nurses are given a certificate in ENT at the end of their visit (in conjunction with St Andrews University). This came about through discussions in Fife with medical suppliers involved in Malawi. We were able to visit and establish what was actually needed rather than what was thought to be needed.</i>
<i>Thus far we have improved the running of theatres and clinics by improving the management and throughput of patients. This has improved the safety of the service.</i>
<b>Project Goals</b>
Use this section to describe the goals of your project in bullet points:
<ul style="list-style-type: none"> <li>• <i>Improve the efficiency and safety of the ENT service</i></li> <li>• <i>Improve the facilities available by identifying needs which can be easily rectified</i></li> <li>• <i>Create a group of nurses trained in ENT which can be retained by the ENT service in Malawi</i></li> <li>• <i>Provide a reference service for the medical staff to discuss difficult cases</i></li> </ul>

<p><b>Activities</b></p> <p>Describe the different activities that were completed in response to the needs assessment and supported you to achieve the project goals. Try to include facts and figures here. E.g if you delivered training, can you tell us how many local staff were trained?</p> <p><i>Initially we carried out a needs assessment visit to identify what was required. This led to a return visit of 1 nurse and 1 clinical officer who were trained in basic ENT provision in Fife.</i></p> <p><i>We then had a return visit which led to a reorganisation of the theatres in Malawi, the implementation of organised lists and WHO pause. Clinics were also run with teaching being delivered to clinical officers.</i></p> <p><i>The next visit involved 2 nurses attending Fife and completing our nursing curriculum. This embedded the WHO pause and gave them ownership of this. They have been able to implement this and maintain the improvements made.</i></p>
<p><b>Next Steps</b></p> <p>What happens next for the project? Will you still be involved? Will other colleagues take over delivery? How are the achievements you have made going to be sustained over the long term?</p> <p><i>Next step is to send another team out to Malawi (November). This will identify further nurses who can visit Fife for training.</i></p> <p><i>The ultimate aim is to establish a group of nurses who can deliver the ENT service in Malawi, can be retained by the ENT service and also deliver training.</i></p>
<p><b>Contact details:</b></p> <p><i>David Walker</i>  <i>07976308789</i>  <i>David.walker7@nhs.net</i></p>
<p><b>Will you be attending the Conference?</b></p> <p><i>Yes</i></p>

<b>NHS Board:</b>
NHS Lothian
<b>Staff groups taking part:</b>
e.g. Doctors, nurses, engineers, HR managers
Doctors, nurses and midwives.
<b>Name of the Project:</b>
Project Sachibondu
<b>Location: (Town/City, Region, Country)</b>
Sachibondu, Mwinilunga, North west Zambia
<b>Short description of Project:</b>
Describe your project in a short paragraph. Be sure to describe the type of work you are delivering and how the project came about and how you got involved. What was the needs assessment for the project?
<p>Global Emergency Medicine (GEM) is the global arm of the Emergency Medicine Research Group Edinburgh (EMERGE) first heard of project through Orkidstudio who were looking for assistance in the design of a new hospital they were building to replace a healthcare clinic called Sachibondu in north west Zambia. When approached by Orkidstudio to be medical advisors for the architectural design, GEM leapt at the chance to be involved. We believe that hospital buildings should be tailored to enable a health care system of patient flow and emergency care to work, in order to achieve this the design of the hospital must be appropriate from the start. However if healthcare workers on the ground lack adequate skills to instigate appropriate emergency triage, assessment and treatment of patients, no building or innovative design will ever truly improve clinical care. GEM staff visited Sachibondu in May 2016 and developed an understanding of the specific needs by observing practice, reviewing patient records and from discussions with staff. GEM then secured funding from Laerdal for volunteers to deliver a bespoke educational programme to staff in Sachibondu as they transition from a small health clinical to a remote hospital treating emergency medicine patients. This programme is to be delivered by volunteers who are staff from NHS Scotland in five two week visits (January, 2018, May 2018, September 2018, January 2019 and May 2019).</p> <p>It is important to understand the experiences of those directly affected by interventions such as these; in fact it is responsible and considerate to do so. We are conducting a qualitative research project to understand the impact on local staff, patients and the community. In parallel, we are</p>

also conducting a research project investigating the NHS staff volunteer experience.

### Project Goals

Use this section to describe the goals of your project in bullet points:

- To teach staff emergency medicine skills
  - Triage, assessment and emergency treatment of acute conditions
  - Recognition of the deteriorating patient
  - Basic nursing skills
  - Hand washing and hygiene
  - Waste management
  - Quality improvement and audit
- To support hospital design and infrastructure
- To research the impact of the new hospital and the educational programme on staff, patients, relatives and surrounding community
- To research the experience of the NHS Scotland volunteers

### Activities

Describe the different activities that were completed in response to the needs assessment and supported you to achieve the project goals. Try to include facts and figures here. E.g if you delivered training, can you tell us how many local staff were trained?

#### Educational Programme

The educational programme was designed to meet the needs of staff as identified in the assessment visit conducted in May 2016. Since January 2018, eleven NHS Scotland volunteers (doctors and nurses) have visited Sachibondu delivering the elements of the educational programme they helped to design. Local staff engagement in the programme was overwhelming from day 1 and included management, medical officers, nurses, domestic staff, pharmacy staff, environmental officers, midwives and students. So far we have trained over 20 staff with the majority attending more than one of the two week sessions.

#### NHS Staff volunteer experience research

All volunteers have been given a questionnaire about their expectations prior to their visits and are interviewed on their return. Interim analysis



will be available in November.

### Next Steps

What happens next for the project? Will you still be involved? Will other colleagues take over delivery? How are the achievements you have made going to be sustained over the long term?

The project is just over half way with two more two-week visits planned. Both research projects are underway; the qualitative interviews with local staff and patients are to be conducted in January 2018 and volunteers are being interviewed before and after their visits.

An unexpected outcome has been the development side projects. Firstly, a medical student from the University of Aberdeen has arranged for her elective placement to be held in Sachibondu. Her elective will start alongside our fourth visit and GEM staff will support her research project to be conducted during the elective. Secondly, pharmacy staff in the Royal Infirmary Edinburgh are seeking funding and designing their own project to be conducted in Sachibondu.

### Contact details:

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### Will you be attending the Conference?

A member of GEM will be attending



<b>NHS Board:</b>
<i>Greater Glasgow and Clyde</i>
<b>Staff groups taking part:</b>
Doctors, nurses, AHPs
<b>Name of the Project:</b>
Glasgow Lahore Children's Hospital Twinning project
<b>Location: (Town/City, Region, Country)</b>
Lahore, Pakistan
<b>Short description of Project:</b>
<p>The Royal Hospital for Sick Children in Glasgow (RHC) has been twinned since 2001 with the Children's Hospital and Institute of Child Health (CHICH), a then newly opened government hospital in Lahore, Pakistan. This arrangement links us to an important emerging institution in one of the poorest countries in the world. Since 2001 CHICH has grown in expertise and size and is the largest children's unit in Pakistan. It currently has 1100 beds and deals daily with thousands of outpatients on very limited resources. The staff have much expertise, but are intellectually isolated, for economic and world political reasons, so they use the education and consultancy we provide to drive quality improvement.</p> <p>The twinning is equally beneficial to the service provided at RHC. Visits to Lahore provide insights into the Pakistani origin community, which is Glasgow's largest single ethnic minority as well as helping us re-evaluate our key priorities for health care and exposing us to many conditions only rarely seen in Glasgow.</p>
<b>Project Goals</b>
<ul style="list-style-type: none"> <li>• Mutual education of the staff in Child Health services in NHS Greater Glasgow &amp; Clyde and Lahore.</li> <li>• Increase staff knowledge and understanding of the cultural origins of the Pakistani origin community</li> <li>• Advice and support for service development in Lahore</li> </ul>
<b>Activities</b>
Educational delegations visit Lahore roughly once per year where 2-6 staff take part in a range of activities, from outpatient clinics, teaching rounds and operations to lectures demonstrations and group work.

7- Charlotte Wright - Glasgow Lahore Children's Hospital Twinning project

Up to three staff from Lahore also come to Glasgow every 1-2 years for educational placements at RHC of up to 6 weeks, within the limitations of visa regulations and high accommodation costs.

We also bought equipment for a telemedicine link which has allowed us to meet with the staff there and contribute to symposia and lecture programmes.

Most recently we have embarked on an initiative to support the development of nutrition services and breast feeding in the hospital. Over a sequence of 3 visits in the last 5 years we have identified the educational and service gaps and planned an educational programme for the next year.

#### Next Steps

In 2019 we plan to send 2-3 separate delegation visits. In January 2019 four infant feeding advisors will run a 3 day training programme for breastfeeding champions in CHICH. In March we hope that 2-3 GGC staff will participate in the CHICH annual symposium which is attended by paediatricians from all over the Punjab. In September we plan to take another delegation including a dietician and a Neonatologist. To make thus possible we will need to fund raise as it costs roughly £700-1000 per delegate to visit Lahore and £1,500-2,000 per visit to Glasgow. The twinning has been mainly supported by charitable donations from the Glasgow South Asian community, but also from NHS endowment funds.

#### Contact details:

Charlotte Wright, Royal Hospital for Children Glasgow, Professor of Community Paediatrics / Honorary Consultant Paediatrician  
Sameer Zuberi, Royal Hospital for Children Glasgow, Honorary Professor in Paediatric Neurology / Consultant Paediatric Neurologist  
Charlotte.wright@glasgow.ac.uk

#### Will you be attending the Conference?

Yes

<b>NHS Board:</b>
NHS Lothian; NHS Greater Glasgow & Clyde; NHS Tayside; NHS Western Isles
<b>Staff groups taking part:</b>
e.g. Doctors, nurses, engineers, HR managers
Nurse colposcopist; consultant gynaecologists
<b>Name of the Project:</b>
Developing a sustainable programme of cervical screening using VIA (visual inspection with acetic acid) and HPV (human papillomavirus) testing in rural Malawi
<b>Location: (Town/City, Region, Country)</b>
Nkhoma Hospital, Central Region, Malawi
<b>Short description of Project:</b>
Describe your project in a short paragraph. Be sure to describe the type of work you are delivering and how the project came about and how you got involved. What was the needs assessment for the project?
83% of cervical cancers globally are in resource constrained countries. Malawi has the highest global mortality from cervical cancer, and indeed cervical cancer is the <u>commonest</u> cancer in women in Malawi. Government policy supports screening using visual inspection with acetic acid (VIA), but access to treatment was limited. Following discussion with Malawi colleagues we applied for funding to strengthen screening and treatment provision at Nkhoma Hospital and its surrounding health centres. The VIA approach used follows WHO guidance, and with Malawian Ministry of Health agreement, the project introduced thermal coagulation c.f. cryotherapy for treatment of early lesions.
<b>Project Goals</b>
Use this section to describe the goals of your project in bullet points:
<p>Aims:</p> <ul style="list-style-type: none"> <li>• Sensitisation of healthcare professionals and local population</li> <li>• Provision of a 'see and treat' programme of cervical screening, including treatment with thermal coagulation (through training by Scottish NHS clinicians)</li> <li>• Ensuring robust follow-up pathways for all non-negative VIA patients (including radical hysterectomy if appropriate, training given by Scottish clinicians, and palliative care)</li> </ul>

- Increasing robust data collection and analysis
- Exploring use of HPV testing for potential triage to VIA
- Developing a teaching module on cervical cancer screening and prevention

### Activities

Describe the different activities that were completed in response to the needs assessment and supported you to achieve the project goals. Try to include facts and figures here. E.g if you delivered training, can you tell us how many local staff were trained?

- Established daily screen and treat clinics at Nkhoma Hospital, and weekly clinics in surrounding Health Centres
- Trained 45 Malawian healthcare staff
- Provided screening to >20,000 previously unscreened women
- Treated >80% of early lesions on same day as screening
- Encouraged screening for women from ART (antiretroviral medication) clinics, together with HIV testing of those whose status is unknown
- Shared training with Partners in Hope, Ministry of Health, MSF, Female Cancer Foundation, etc, as well as a number of other sub-Saharan Africa countries
- Training Manual endorsed and adopted nationally
- Set up a large cohort of women treated with thermo-coagulation in an LMIC setting

### Next Steps

What happens next for the project? Will you still be involved? Will other colleagues take over delivery? How are the achievements you have made going to be sustained over the long term?

We have very recently received funding from the Scottish Government Malawi Development Fund, 2018 -2023 for a new project 'Moving towards sustainability: strengthening rural health facilities, upskilling providers and developing mentoring capacity to support roll-out of cervical cancer 'screen and treat' services across Malawi', due to start 1<sup>st</sup> October 2018.

This will support:

1. Roll-out of the hub-and-spokes model described above to additional sites and new partners across Malawi, with a focus on rural health centres.
2. Developing mentoring capacity – i.e. in-country leadership and skills to support national programme, and involve close working with the Malawi Ministry of Health and NGOs providing HIV services.

I am the PI on the project, working closely with Malawi partners, and with Prof Heather Cubie (Global Health Academy, University of Edinburgh) and NHS colleagues (those involved in the previous work and we hope new colleagues too).

<b>Contact details:</b>
Name: Dr Christine Campbell, Usher Institute, University of Edinburgh
Telephone Number: +44 (0)77347 13020 (I'm out of the office for much of October so giving mobile c.f. landline; email is best contact)
Email: <a href="mailto:Christine.Campbell@ed.ac.uk">Christine.Campbell@ed.ac.uk</a>
<b>Will you be attending the Conference?</b>
Yes

<b>NHS Board:</b>
Project was not undertaken while employed in Scotland; employed by NHS Grampian prior to project, subsequently by NHS Tayside
<b>Staff groups taking part:</b>
e.g. Doctors, nurses, engineers, HR managers
Doctors
<b>Name of the Project:</b>
Africa Health Placements: a Community Service placement in rural South Africa
<b>Location: (Town/City, Region, Country)</b>
St Barnabas Hospital, Libode, Eastern Cape, South Africa
<b>Short description of Project:</b>
Describe your project in a short paragraph. Be sure to describe the type of work you are delivering and how the project came about and how you got involved. What was the needs assessment for the project?
<p>South Africa has a crisis in human resources for health, and this is particularly pronounced in the rural parts of the country, where there is a 'quadruple burden' of disease, including the HIV/TB epidemic, maternal, neonatal &amp; child health, high rates of trauma, and additionally the growing burden of non-communicable diseases including diabetes and hypertension. Africa Health Placements (AHP) is a South African charity which recruits healthcare professionals from high income countries to work in underserved, rural areas in South Africa, in order to address health inequalities in the country and to support local healthcare professionals who may otherwise feel isolated and overburdened, and thus more likely to leave and exacerbate the human resources crisis.</p> <p>As two post-Foundation UK-trained doctors, we were placed by AHP in a rural District General Hospital in one of the poorest districts of the poorest province of South Africa, the Eastern Cape. We worked in the role of 'Community Service Medical Officers', equivalent to a post-Foundation Programme doctor in South Africa. We were not volunteers, but were employed by the South African Department of Health at a grade reflecting our level of experience.</p> <p>Prior to taking up our posts, we identified gaps in our knowledge-base and skill-set due to training in a different setting, and thus complete a Diploma in Tropical Medicine &amp; Hygiene via the LSHTM, in East Africa (Tanzania &amp; Uganda).</p> <p>We were placed in a hospital that was understaffed in a region that struggled to recruit South African doctors due to the challenging conditions. We wanted to work in this setting in order to address the skills gap between high income countries and low- and middle-income countries by moving counter to the traditional 'brain drain' without working outwith our competency, while giving us an opportunity to gain exposure to a broad range of</p>

clinical medicine that we would not necessarily encounter in our home context in order to develop as clinicians. We also wanted to show solidarity with local colleagues who chose to stay and work in such challenging conditions, despite the opportunity to migrate to less demanding settings.

### Project Goals

Use this section to describe the goals of your project in bullet points:

- Address the critical shortage of doctors in low- and middle-income countries by working in a clinical capacity in a setting which struggles to recruit doctors
- Encourage retention of local staff by sharing the workload and recognising the value of their work
- Work within our competencies by working within a health system that recognises and has capacity for a doctor of our grade/stage of training
- Bring transferable skills from the UK to the clinical setting such as Quality Improvement and audit projects
- Gain exposure to a wide range of clinical pathologies including HIV and TB that we would not see as commonly in the UK, and gain experience working in a less well resourced clinical environment
- Build professional and personal relationships within a low income health system in order to foster long-term bilateral partnership and solidarity

### Activities

Describe the different activities that were completed in response to the needs assessment and supported you to achieve the project goals.

Try to include facts and figures here. E.g if you delivered training, can you tell us how many local staff were trained?

AHP carried out a skills assessment during the application process to assess our suitability for particular placements, while liaising with hospitals in South Africa to assess needs. We were thus placed in a hospital which had adequate senior supervision but remained understaffed, with support from a nearby tertiary hospital for advice and referral.

The hospital had approximately 180 utilised beds, across two general medical wards, a TB ward, a High Care ward, a paediatric ward, and a Maternity Unit. It had a busy A&E and Out-Patient Department, and had a rehabilitation department with two physiotherapists and one dietician. While the number of doctors fluctuated over the time we were there, there were generally around 7 doctors employed full-time at any one time, with support from locum doctors for the on-call rota.

We worked at the hospital for 16 months, rotating through these settings, with the exception of the Maternity Unit, where we felt we had insufficient experience to practice safely, and where our South African colleagues were willing to cover instead. However, we provided anaesthetic



support for Caesareans, after completing a placement in obstetric anaesthesia at a tertiary hospital in South Africa. We provided support to the Multi-Drug Resistant TB clinic on site, and initiated the introduction of a triage system to the A&E department, using the 'South African Triage Score' system used elsewhere in the country.

### Next Steps

What happens next for the project? Will you still be involved? Will other colleagues take over delivery? How are the achievements you have made going to be sustained over the long term?

In order to support the sustainability of AHP, we are continuing to assist in their recruitment efforts in the UK, for example by representing them at the RCGP conference in Glasgow and by assisting with their online communications with current and returned UK doctors.

Other doctors continue to work in South Africa through AHP, from the UK and elsewhere, but this is a constantly changing field with multiple challenges such as changing visa requirements and threats from the UK Government to charge UK-trained doctors who leave the UK after the Foundation Programme. These latter efforts specifically undermine Global Citizenship in the UK and Scotland.

We have continued to maintain our personal and professional relationships with our colleagues in South Africa, and believe this is an important source of solidarity and support for people working in some of the most challenging but high-need settings.

### Contact details:

**Name:** Benedict Warner & Katie Jobling

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### Will you be attending the Conference?

Yes



<b>NHS Board:</b>
<b>NHS Lothian</b>
<b>Staff groups taking part:</b>
<i>Nurses</i>
<b>Name of the Project:</b>
"THE STRESS IS ALL ABOUT SEX" Conceptualisations of intimate relationships amongst school attending youth in Sierra Leone
<b>Location: (Town/City, Region, Country)</b>
<i>Sierra Leone</i>
<b>Short description of Project:</b>
Describe your project in a short paragraph. Be sure to describe the type of work you are delivering and how the project came about and how you got involved. What was the needs assessment for the project?
Sierra Leone (SL) has persistently high levels of adolescent pregnancy and reducing this is a priority. Data that captures the experience of young people (YP) and the decisions that they make about sexual and reproductive health (SRH) is required to help inform education and public health interventions.
<b>Project Goals</b>
Use this section to describe the goals of your project in bullet points:
<b>Objectives</b>
This study aims to establish how YP at school in SL understand their rights and responsibilities around sex and relationships, and to find out what the facilitators and barriers to making positive decisions in this area are, with a view to informing locally developed SRH programs.
<b>Activities</b>
Describe the different activities that were completed in response to the needs assessment and supported you to achieve the project goals. Try to include facts and figures here. E.g if you delivered training, can you tell us how many local staff were trained?
<b>Methods</b>
An adapted version of the Participatory Ethnographic Evaluation and Research (PEER) approach was used to involve the YP throughout the research process. Six male and six female students were trained in research methods and met in gender group sessions (GGS) to develop the tools for data collection. Each then

interviewed 3 friends and fed these interviews back to the visiting researcher in debriefing sessions. Initial findings were discussed with the participants in GGS for clarification and interpretation. Key informant interviews and notes from the GGS also contributed to the data set.

### Next Steps

What happens next for the project? Will you still be involved? Will other colleagues take over delivery? How are the achievements you have made going to be sustained over the long term?

### Results

Evidence demonstrated the pervasive nature of gender inequalities between the groups. Expectations of the communities and pressure to achieve at school weighed heavily on the young women, and yet the power in relationships remained decisively with the young men. While romantic notions of “good” relationships and the acknowledgement of the benefits of equality were commonplace, sex was referred to negatively by both genders. It was described as a tool of control, with transactional sex and “sexual harassment” portrayed as normal. Relationships were kept secret from all but trusted friends, and the stresses that were associated with navigating them were vividly described as physical and mental illness. Anxiety surrounded pregnancy and there was strong pressure to abort in secret despite the danger this entails. There was no mention of contraception.

### Conclusion

The study demonstrates the need to consider the broad social context when considering SRH interventions. Messages about risks create anxiety amongst females in school, but structural factors significantly limit their ability to influence outcomes. This study suggests the need to work with boys, men and the wider community to share the burden of responsibility, improve knowledge and develop strategies for change.

### Contact details:

*Name:*

*Katherine Bethell*

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### Will you be attending the Conference?

*Yes/No*

*Not known*

<b>NHS Board: GGC</b>
University of Glasgow
<b>Staff groups taking part:</b> e.g. Doctors, nurses, engineers, HR managers
Health sciences students: medical, physiotherapists, public health
<b>Name of the Project:</b>
Women's health in rural Nepal
<b>Location: (Town/City, Region, Country)</b>
Dhungkharka, Nepal
<b>Short description of Project:</b> Describe your project in a short paragraph. Be sure to describe the type of work you are delivering and how the project came about and how you got involved. What was the needs assessment for the project?
<p>Twelve international and nine Nepalese health sciences students participated in the second Universitas 21 Global Learning Partnership programme in March 2018 focusing on the United Nations Sustainable Development Goals which aims to banish poverty to create inclusive societies around the world. The project began with one week of workshops on leadership, advocacy and research, followed by three weeks of community-led work involving women's health in Dhungkharka, a rural municipality within the Central Developmental Region of Nepal.</p> <p>This was a cross-sectional, community-based study among women aged 15-80 years. A community needs assessment was carried out to establish the health needs in distinct areas differing in altitude, ethnicities and proximities from the health centre. Self-designed questionnaires, a Pelvic Organ Prolapse Screening Score (POP-SS) and the International Consultation on Incontinence Modular Questionnaire for Urinary Incontinence (ICIQ-UI) were administered. Healthcare staff took part in semi-structured interviews while female health volunteers participated in a focus group.</p>
<b>Project Goals</b> Use this section to describe the goals of your project in bullet points:
<ol style="list-style-type: none"> <li>1. To recognise the common health problems of women living in the Dhungkharka community.</li> <li>2. Improve interdisciplinary communication to improve the health of the community.</li> <li>3. To aid the community in developing a set of shared outcomes that will improve sustainable health.</li> <li>4. To enhance leadership goals to assess community need and make plans accordingly.</li> <li>5. To improve welfare competence, communication skills and understanding and interaction.</li> <li>6. To understand cultural considerations to work alongside the women of the community.</li> </ol>

<p><b>Activities</b></p> <p>Describe the different activities that were completed in response to the needs assessment and supported you to achieve the project goals. Try to include facts and figures here. E.g. if you delivered training, can you tell us how many local staff were trained?</p> <p>Women had minimal health awareness, possibly resulting from the lack of formal education. A healthcare programme was implemented to educate women and staff. Colourful posters helped to teach symptoms of POP and UI and a Styrofoam pelvis model allowed visualisation of anatomical structures. We used a traditional Nepalese piece to create a song and dance about POP to disseminate our message.</p> <p>We implemented the health programme over 3 days to 8 out of the 9 areas in Dhungkharka. We contacted the health representative for each area to arrange a time to gather the local women to participate. In total, we delivered the teaching to over 400 women.</p>
<p><b>Next Steps</b></p> <p>What happens next for the project? Will you still be involved? Will other colleagues take over delivery? How are the achievements you have made going to be sustained over the long term?</p> <p>We made a video recording of the song and dance, distributing them to the healthcare staff. The local women recorded our performance on their mobile phones. We left pamphlets with information on menstrual hygiene, ergonomic lifting and WHO handwashing techniques with each area representative. Furthermore, to enable long term sustainability, we left recommendations with the healthcare staff at the outreach centre to propose to the local government.</p> <p>Next year, a group of students from around the world will carry out project on using the results we have obtained.</p>
<p><b>Contact details:</b></p> <p>Jun Yu Chen 07480492967 2174384c@student.gla.ac.uk</p>
<p><b>Will you be attending the Conference?</b></p> <p>Yes – for poster lunch session only as I have lectures in from 9-12pm and 2-4:30pm</p>

<b>NHS Board:</b>
<i>NHS Fife</i>
<b>Staff groups taking part:</b>
e.g. Doctors, nurses, engineers, HR managers
<i>Doctors, nurses, data managers</i>
<b>Name of the Project:</b>
<b>SURVIVAL RIGHTS SURVEILLANCE ON CHILDREN PRESENTING TO A LARGE REFERRAL HOSPITAL IN MALAWI</b>
<b>Location: (Town/City, Region, Country)</b>
<i>Blantyre, Southern Region Malawi</i>
<b>Short description of Project:</b>
Describe your project in a short paragraph. Be sure to describe the type of work you are delivering and how the project came about and how you got involved. What was the needs assessment for the project?
<i>This project was instigated in order to assess access to socioeconomic determinants of child health (survival rights), i.e. access to water, sanitation, shelter and maternal education, of children presenting to our health facility using routinely collected socioeconomic data. This was to effectively use locally generated data which the health facility can use to advocate for universal access to these important determinants of child health at the local level. This work involves collecting and analysing this socioeconomic data. I got involved as there was need to use this routinely socioeconomic data to improve child health outcomes, especially to prevent conditions which arise due to deprivation of these determinants of child health. This was also part of a Master in Medicine Paediatrics and Child Health research activity. The needs assessment was to use this data to advance child health outcomes in the community.</i>
<b>Project Goals</b>
Use this section to describe the goals of your project in bullet points:
<ol style="list-style-type: none"> <li><i>To analyse the routinely collected socioeconomic data of children presenting to the health facility to look at their access to the determinants of child health</i></li> <li><i>To get health workers to advocate for these important determinants of child health within their catchment area using locally generated data.</i></li> </ol>
<b>Activities</b>
Describe the different activities that were completed in response to the needs assessment and supported you to achieve the project goals.

Try to include facts and figures here. E.g if you delivered training, can you tell us how many local staff were trained?

1. *Routinely collected data was analysed to look at access to these determinants of child health*

### Next Steps

What happens next for the project? Will you still be involved? Will other colleagues take over delivery? How are the achievements you have made going to be sustained over the long term?

1. *Try to involve local health authorities (district health office) with the findings in order to find ways of addressing deprivation to these determinants of child health*
2. *In the long term this to help health workers to routinely collect and analyse socioeconomic determinants of child health within their catchment area in order to advocate effectively for children deprived of these determinants which in the long run will improve child health outcomes within their communities.*

### Contact details:

*Name: Dr Takondwa Chimowa*

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*Email: [tchimowa@gmail.com](mailto:tchimowa@gmail.com)*

### Will you be attending the Conference?

*Yes/ No, but Dr Bernadette O'Hare (co author) is a speaker at the conference and will place our poster*

<b>NHS Board:</b>
<b>NHS Grampian/NHS Highland</b>
<b>Staff groups taking part:</b>
Medical Student, Ophthalmologist
<b>Name of the Project:</b>
Retinoblastoma in Indonesia.
<b>Location: (Town/City, Region, Country)</b>
Cicendo Eye Hospital, Bandung, E Java, Indonesia
<b>Short description of Project:</b>
Describe your project in a short paragraph. Be sure to describe the type of work you are delivering and how the project came about and how you got involved. What was the needs assessment for the project?
Visits over several years revealed that there was a serious problem in the late presentation and then further unnecessary delays in the treatment of Retinoblastoma. A month long visit to the UK national treatment centre in London (for two doctors) was organised. Despite this, nothing seemed to change.
In large part, there were sensitivities regarding managerial hierarchies. Culturally it can sometimes be difficult for more junior doctors to make suggestions to their seniors.
<b>Project Goals</b>
Use this section to describe the goals of your project in bullet points:
A student elective confirmed the significant lag time in presentation, inappropriate investigations, and inadequate treatment.
At the behest and guidance of the doctors who had been exposed to international standards of therapy, a talk was delivered to the management of the hospital. This prompted an immediate decision to reform their existing pathways.
Whilst on occasions, outside “assistance” can create problems, this is an example of the reverse. Sometimes it is easier to get the “foreigner” to say things that are too difficult to manage!



<p><b>Activities</b></p> <p>Describe the different activities that were completed in response to the needs assessment and supported you to achieve the project goals. Try to include facts and figures here. E.g. if you delivered training, can you tell us how many local staff were trained?</p> <p>The local staff organised the launch of a National “White pupil campaign” and this involved the Minister of Health.</p> <p>A series of posters/leaflets were produced to distribute to various levels of Healthcare workers.</p> <p>A treatment facility was developed for the Eye hospital and modern treatment protocols adopted. This should significantly reduce delays and improve patient survival. (UK survival 95%)</p> <p>A multidisciplinary team to support RB patients was organised.</p> <p>Approval for funding of chemotherapy has been approved.</p>
<p><b>Next Steps</b></p> <p>What happens next for the project? Will you still be involved? Will other colleagues take over delivery? How are the achievements you have made going to be sustained over the long term?</p> <p>The first patient will be admitted for treatment in Cicendo on 23<sup>rd</sup> October, 2018.</p> <p>The hospital paediatrician is currently completing local training in oncology.</p> <p>Annual visits by a Scottish Ophthalmologist to encourage progress.</p> <p>Participation in International RB support network</p> <p>Completion of the Audit cycle</p>
<p><b>Contact details:</b></p> <p>Name: Anna Radwanska/ Andrew Pyott</p> <p>Telephone Number: 01463 706 140</p> <p>Email: <a href="mailto:anna.radwanska@nhs.net">anna.radwanska@nhs.net</a> or <a href="mailto:apyott@doctors.org.uk">apyott@doctors.org.uk</a></p>
<p><b>Will you be attending the Conference?</b></p> <p>Dr Radwanska is not able to attend, but Dr Pyott can deliver the poster</p>



<b>NHS Board:</b>
NHS Tayside/NHS Highland
<b>Staff groups taking part:</b>
Doctors/Nurses/Optometrists/Orthoptists
<b>Name of the Project:</b>
2020 Links Programme Dundee-Makassar
<b>Location: (Town/City, Region, Country)</b>
Makassar, South Sulawesi, Indonesia
<b>Short description of Project:</b>
Describe your project in a short paragraph. Be sure to describe the type of work you are delivering and how the project came about and how you got involved. What was the needs assessment for the project?
In 2005 visits (AP) began visits to Indonesia (on behalf of the International Disability Development Organisation CBM), to evaluate eye care programmes. Over the course of three years (and five more visits), it was apparent that the Eye care services in the country were far below International standards. In some places training of personnel was very weak. Through the Vision 2020 Links programme, a formal association was established between Ninewells hospital, Dundee and the University of Makassar. This has now been functioning for eleven years. Over the last three years there has been the involvement of The Royal College of Ophthalmologists in the delivery of "Train the trainer" programmes. Candidates attend from all Universities in the country, and local faculty is being developed.
<b>Project Goals</b>
Use this section to describe the goals of your project in bullet points:
<ul style="list-style-type: none"> <li>• Establishment of Public Health priorities in Eye Care</li> <li>• Improvement in standards of patient care</li> <li>• Development of Paediatric Eye services</li> <li>• Refraction training</li> <li>• Reform of Retinoblastoma treatment</li> <li>• Realistic management of the epidemic of diabetic retinopathy</li> <li>• Improvement in local resident training</li> <li>• Reform of local examinations</li> </ul>

- Encouragement to sit International qualifications

### Activities

Describe the different activities that were completed in response to the needs assessment and supported you to achieve the project goals.

Try to include facts and figures here. E.g if you delivered training, can you tell us how many local staff were trained?

- Two way visits - more than 30 doctors have made visits to Scotland and more than 12 visits of the Scottish team in the other direction
- 6 Presentations at National meetings in Indonesia, plus 6 local workshops in Retinoblastoma/Paediatrics/Diabetic Retinopathy/training
- Formal and Informal clinical teaching based around case discussion
- More than 40 doctors trained in refraction
- Five doctors have observed UK exams
- Examination reform has already taken place
- 30 delegates at "Train the trainer" workshops – next TTT November 2018

### Next Steps

What happens next for the project? Will you still be involved? Will other colleagues take over delivery? How are the achievements you have made going to be sustained over the long term?

- The UK team has been asked to be part of the Organising Committee for the 2019 Indonesian National Congress which Makassar will be hosting.
- Continue two-way collaboration and building of trust and friendship ( both sides report that termination would be "unthinkable")
- Costs are relatively low. International flights are subsidised through a SightSavers initiative with Emirates airlines. Our hosts in Indonesia meet all their visitors' accommodation costs, and we do likewise, in reverse.

### Contact details:

*Name:*

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;

### Will you be attending the Conference?

Yes

<b>NHS Board:</b>
<i>NHS Tayside</i>
<b>Staff groups taking part:</b>
e.g. Doctors, nurses, engineers, HR managers
<i>Medical and Nursing staff</i>
<b>Name of the Project:</b>
<i>Emergency Medicine Malawi Project</i>
<b>Location: (Town/City, Region, Country)</b>
<i>Dundee, Scotland</i> <i>Kamuzi, Mzuzu and, Zomba,, Malawi</i>
<b>Short description of Project:</b>
Describe your project in a short paragraph. Be sure to describe the type of work you are delivering and how the project came about and how you got involved. What was the needs assessment for the project?
Following a successful pilot at the Queen Elizabeth Central Hospital in Blantyre, Malawi, NHS Tayside are now also working to develop emergency and trauma units at all central hospitals in Malawi, with the aim of delivering a national emergency trauma network.
<b>Project Goals</b>
Use this section to describe the goals of your project in bullet points:
<ul style="list-style-type: none"> <li>• <i>Support the development of emergency and trauma units in all central hospitals in Malawi</i></li> <li>• <i>Develop and establish training programmes to deliver quality care in emergency medicine and trauma training.</i></li> <li>• <i>Improve clinical performance and reduce mortality of emergency admissions.</i></li> <li>• <i>To work in partnership with Emergency staff in Malawi to deliver training including, train the trainers, and to facilitate their development and autonomy.</i></li> <li>• <i>To establish an Emergency trauma network within Malawi.</i></li> </ul>
<b>Activities</b>
Describe the different activities that were completed in response to the needs assessment and supported you to achieve the project goals. Try to include facts and figures here. E.g if you delivered training, can you tell us how many local staff were trained?

### Next Steps

What happens next for the project? Will you still be involved? Will other colleagues take over delivery? How are the achievements you have made going to be sustained over the long term?

- *Support the development of emergency and trauma units in all central hospitals in Malawi: Kamuzu, Mzuzu and, Zomba*
- *The original strategy team are still the driving force behind the project and will be supported by Emergency department medical and nursing staff from Scotland and other parts of the UK.*
- *The staff from Blantyre, the first adult emergency department and trauma centre in Malawi, will participate with the development and training of the three sites.*
- *The objective is to develop local staff to take ownership of their own development and training and also of colleagues. Also,*
- *The establishment of a Trauma network within Malawi will facilitate ongoing staff development, autonomy ,in that they will direct their own development, values, philosophy and service provision.*

### Contact details:

Linda Imrie  
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### Will you be attending the Conference?

Yes

<b>NHS Board:</b>
NHS Lothian (University of Edinburgh & RCSEd)
<b>Staff groups taking part:</b>
e.g. Doctors, nurses, engineers, HR managers
<i>Surgeons, Scientists</i>
<b>Name of the Project:</b>
Impact of Online Surgery Masters Programmes on Surgical Training in Low and Middle Income Countries.
<b>Location: (Town/City, Region, Country)</b>
<i>Edinburgh, UK</i>
<b>Short description of Project:</b>
Describe your project in a short paragraph. Be sure to describe the type of work you are delivering and how the project came about and how you got involved. What was the needs assessment for the project?
In response to changes in surgical training, the University of Edinburgh in partner with the Royal College of Surgeons of Edinburgh launched in 2007 an online, 3-year part-time MSc in Surgical Sciences. This programme augments in-the-workplace training without trainees having to leave their country. This is especially important in Low and Middle Income Countries (LMICs), where <25% of patients have access to safe, affordable, and timely surgery. Four additional online, ChM Masters programmes have subsequently been developed to support advanced training in General Surgery, Trauma & Orthopaedics, Urology and Vascular & Endovascular Surgery. The programmes, which were developed by academic, and NHS surgeons based primarily in NHS Lothian intended to recruit trainees from the UK principally but these have now extended their reach to a global audience including trainees in LMICs.
This project assesses the extent of the global reach of the programmes in LMICs, by assessing patterns of recruitment, the extent and impact of scholarship funding and student success rates.
<b>Project Goals</b>
Use this section to describe the goals of your project in bullet points:
<ul style="list-style-type: none"> <li>❖ To assess the extent of the global reach of the Edinburgh Surgery Online masters programmes in LMICs</li> <li>❖ To assess patterns of recruitment from LMICs</li> <li>❖ To assess the impact of scholarship funding</li> <li>❖ To assess student success rates</li> </ul>
<b>Activities</b>
Describe the different activities that were completed in response to the needs assessment and supported you to achieve the project goals.

Try to include facts and figures here. E.g. if you delivered training, can you tell us how many local staff were trained?

Based on needs assessment, the programmes were supported by the provision of bursaries as well as partial and full scholarships to enable students to enrol on the programmes.

Full scholarship funding was provided by Johnson & Johnson, the Scottish Government, Physicians for Peace, the Commonwealth Scholarship Scheme UK, and the National Institute for Health Research specifically to support the academic and professional development of trainees in LMICs. In the last year, scholarship funding has been provided from programme income.

### Enrolment figures and global outreach

MSc in Surgical Sciences (early years of surgical training: 2007-2018)

- **1252** students in total
- **26-fold increase** in students from LMICs (from 8 in 2007 to 207 by 2018)
- **6-fold increase** in number of LMICs (from 4 in 2007 to 24 by 2018)

ChM programmes General Surgery; Trauma & Orthopaedics; Urology; Vascular & Endovascular Surgery (later years of surgical training: 2011 to 2018)

- **504** students in total
- **45-fold increase** in students from LMICs (from 5 in 2011 to 223 by 2018)
- **5-fold increase** in number of LMICs (from 3 in 2011 to 16 by 2018)

One of the key aims of our MSc in Surgical Sciences programme was to enhance success of Surgical Trainees at their own professional examinations and student feedback has indicated that this has been achieved. The academic goals of the programmes are evident from the strong publication record of graduates. (89 published articles to date from 467 students).

Trainee engagement has been strong with a low student dropout rate in LMICs.

The ultimate aim of the programmes is to improve patient care. It is difficult to measure impact on patients but experience in Malawi has shown that training surgeons can be academically and professionally supported without significant loss of the surgical workforce in that country (Smith P.J.W et al., 2018). It can be speculated that surgeons in training will be better equipped in their professional activities having been supported by online educational programmes.

<p><b>Next Steps</b></p> <p>What happens next for the project? Will you still be involved? Will other colleagues take over delivery? How are the achievements you have made going to be sustained over the long term?</p> <ul style="list-style-type: none"> <li>❖ To secure additional funding to widen access to masters programmes in LMICs.</li> <li>❖ To establish an annual capacity building retreat in sub-Saharan Africa in 2019 to further support the professional development of the training surgeon with partners, (including Commonwealth Commission Scholarship, College of Surgeons of Central, Eastern and Southern Africa, Johnson &amp; Johnson)</li> <li>❖ To understand whether and where there is an increasing need for online educational support in LMICs</li> <li>❖ To determine the potential role of a new online MSc in Patient Safety and Clinical Human Factors in supporting all health care professionals in LMICs.</li> <li>❖ To develop individual modules for continuing professional development.</li> </ul> <p>I and my colleagues will develop a strategy to deliver these key steps in extending the global outreach of the Edinburgh Online Surgery programmes in LMICs.</p> <p><b>Reference:</b></p> <p>Smith P.J.W., Garden O.J., Wigmore S.J., Borgstein E., Dewhurst D. The effectiveness of an online, distance learning Masters in Surgical Sciences programme in Malawi. Afr J Health Professions Educ 2018;10(3):159-165. DOI:10.7196/AJHPE.2018.v10i3.1020.</p> <p><b>Contact details:</b></p> <p><i>Name: Dr Oluseye A. Ogunbayo</i></p> <p><i>Telephone Number: 01316514936</i></p> <p><i>Email: oogunbay@staffmail.ed.ac.uk</i></p> <p><b>Will you be attending the Conference?</b></p> <p><i>Yes/No</i></p>
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<b>NHS Board:</b>
<i>NHS Lanarkshire</i>
<b>Staff groups taking part:</b>
e.g. Doctors, nurses, engineers, HR managers
<i>Consultant ENT surgeon</i>
<b>Name of the Project:</b>
<i>Project Gambia</i>
<b>Location: (Town/City, Region, Country)</b>
<i>St John's School for deaf, Serrakunda, Gambia</i>
<b>Short description of Project:</b>
Describe your project in a short paragraph. Be sure to describe the type of work you are delivering and how the project came about and how you got involved. What was the needs assessment for the project?
<i>Answer here</i>
We are helping many deaf children in St John's school for deaf in Gambia . We have collected & donated more than 2000 recycled hearing aids from NHS Lanarkshire which help not only the kids, but even adults in Gambia & around. I am also trying to help a child with no external ears by doing a bone anchored hearing aid surgery. NHS Lanarkshire has agreed to sponsor the surgery & Oticon the manufacturer of implant and hearing aid will give these for free.
<b>Project Goals</b>
Use this section to describe the goals of your project in bullet points:
<i>Hearing rehabilitation for children in Gambia</i>
<i>Project Gambia charity based in Lanarkshire is also helping to feed the children and provide uniforms &amp; other educational aids</i>
<b>Activities</b>
Describe the different activities that were completed in response to the needs assessment and supported you to achieve the project goals. Try to include facts and figures here. E.g if you delivered training, can you tell us how many local staff were trained?



*More than 2000 recycled hearing aids donated*  
*Bone conduction hearing aids for children with no external ears*  
*Planning to do surgery soon in these group of children*

### **Next Steps**

What happens next for the project? Will you still be involved? Will other colleagues take over delivery? How are the achievements you have made going to be sustained over the long term?

*Travel to Gambia and assess the children directly*  
*Train the audiologist in Gambia if possible by bringing them to Scotland*

### **Contact details:**

*Name: Arunachalam Iyer*

*Telephone Number: 07886927963*

*Email: Arunachalam.Iyer@nhs.net*

### **Will you be attending the Conference?**

*Yes*

<b>NHS Board:</b>
NHS Lothian
<b>Staff groups taking part:</b>
e.g. Doctors, nurses, engineers, HR managers
Local doctors and academics from across different disciplines
<b>Name of the Project:</b>
The Global Health Academy – a cross disciplinary academic community showcasing and supporting global health research
<b>Location: (Town/City, Region, Country)</b>
Edinburgh
<b>Short description of Project:</b>
Describe your project in a short paragraph. Be sure to describe the type of work you are delivering and how the project came about and how you got involved. What was the needs assessment for the project?
<p><b>The Global Health Academy has three main objectives:</b></p> <ol style="list-style-type: none"> <li>1. Leadership in learning – to support and develop educational resources to empower global health professionals, and especially those working in LMICs. We facilitate students in developing career pathways to deliver improved healthcare.</li> <li>2. Leadership in research – to enable and promote collaborative research programmes across different disciplines.</li> </ol>
<b>Project Goals</b>
Use this section to describe the goals of your project in bullet points:
Following the recent Global Showcase event we have forged new links with local healthcare professionals and students in Edinburgh. We are now organising a student led Global Health event linking doctors who have experience in global health projects with undergraduate students from both medicine and social sciences. We are also establishing a database of national global surgery projects.
<b>Activities</b>

Describe the different activities that were completed in response to the needs assessment and supported you to achieve the project goals. Try to include facts and figures here. E.g if you delivered training, can you tell us how many local staff were trained?
The Global Health Academy strives to achieve better health for all through establishing networks and supporting research. Activities such as the recent Global Showcase help us to achieve these underlying goals. We want to reach out to health professionals, academics, students and researchers in Scotland who share an interest and passion for global health.
<b>Next Steps</b> What happens next for the project? Will you still be involved? Will other colleagues take over delivery? How are the achievements you have made going to be sustained over the long term? We continue to support many regional and global projects in global health. Our next big event is a student global health evening in November 2018.
<b>Contact details:</b> Jenny Reid 07934390613 Jenny.reid.jr@gmail.com
<b>Will you be attending the Conference?</b> Yes

<b>NHS Board:</b>
NHS Lanarkshire, West of Scotland International Primary Care Network, RCGP, Bwindi Community Hospital Uganda
<b>Staff groups taking part:</b>
e.g. Doctors, nurses, engineers, HR managers
Doctors
<b>Name of the Project:</b>
RCGP - Bwindi Community Hospital Partnership
<b>Location: (Town/City, Region, Country)</b>
UK and Uganda
<b>Short description of Project:</b>
Describe your project in a short paragraph. Be sure to describe the type of work you are delivering and how the project came about and how you got involved. What was the needs assessment for the project?
An ongoing partnership between Bwindi Community Hospital (BCH) Uganda and the Royal College of General Practitioners (RCGP). It involves two GPs spending one year working at the hospital. This partnership was requested by the hospital's management board as a way to support Ugandan colleagues and promote patient care. UK doctors provide clinical care with in patient wards, outpatient services and chronic care clinics. They also support quality improvement activities such as teaching, writing guidelines and managing projects such as the U-SHAPE family planning training. All activities are undertaken at the request of and alongside Ugandan colleagues.
<b>Project Goals</b>
Use this section to describe the goals of your project in bullet points:
<ul style="list-style-type: none"> <li>• Maintain an effective partnership between the RCGP and BCH</li> <li>• Provide high quality clinical care</li> <li>• Support chronic care clinics and mental health services</li> <li>• Promote family planning activities</li> <li>• Provide medical education to clinical staff</li> <li>• Support Bwindi in its goal to become a research centre</li> </ul>

<p><b>Activities</b></p> <p>Describe the different activities that were completed in response to the needs assessment and supported you to achieve the project goals. Try to include facts and figures here. E.g if you delivered training, can you tell us how many local staff were trained?</p>
<ol style="list-style-type: none"> <li>1. Continuous volunteer presence in Bwindi - 10 GPs present over last 5 years</li> <li>2. Direct clinical care provided to over 8,000 patients</li> <li>3. Guidelines - over 10 produced and revised covering acute care, chronic disease and mental health conditions in accordance with Ugandan Ministry of Health policies</li> <li>4. Clinical teaching sessions over 100 have been delivered</li> <li>5. Alcoholics anonymous groups currently have 52 active members</li> <li>6. U-SHAPE family planning over 100 staff trained and over 3000 members of the public engaged with spread to 3 other hospitals</li> <li>7. Research published includes 5 papers in peer reviewed journals to date</li> </ol>
<p><b>Next Steps</b></p> <p>What happens next for the project? Will you still be involved? Will other colleagues take over delivery? How are the achievements you have made going to be sustained over the long term?</p>
<ol style="list-style-type: none"> <li>1. Partnership ongoing with annual recruitment of two GPs to build in continuity to the clinical and QIA work</li> <li>2. RCGP and BCH looking to focus on non communicable diseases and mental health as a strategic interest</li> <li>3. Teaching of clinical staff with view to supporting new Clinical Officer training school</li> <li>4. Supporting the hospital's activities on U-SHAPE family planning</li> <li>5. Support of operational</li> </ol>
<p><b>Contact details:</b></p>
<p>Name: Dr Kieran Dinwoodie          Telephone Number: 01698 828 868/ 07732106343          Email: kieran.dinwoodie@lanarkshire.scot.nhs.uk</p>
<p><b>Will you be attending the Conference?</b></p>
<p>Yes</p>

