

Trauma and Orthopaedic Training in the Developing World

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Amputations are seen relatively frequently in parts of India and Africa

Who does it Benefit and Why?

There are many charities currently set up to provide medical and orthopaedic aid in the developing countries in particular Africa and parts of India. This not only provides help for the developing country in the form of medical/surgical aid but also education and further training for those both in the host country and those doctors visiting, the rewards are therefore two fold.

There are many orthopaedic trainees visiting hospitals overseas with positive reports of experiences in Zambia, Malawi, Kenya and Southern India. Experiences such as these help to develop the important qualities that a surgeon should have, in particular leadership skills, teamwork skills and an ability to work under pressure.

Exposure to a huge number of cases and varied pathology develops surgical technique and demands careful decision making especially taking into account the resources that are available.

The European Working Time Directive and shift away from training towards service provision within NHS Trusts mean trainees are losing a lot of their training opportunities in the UK.

A recent analysis of e-logbooks from Orthopaedic ST3 trainees working as part of the Kenyan Orthopaedic programme confirmed that over 1 week 70 patients were seen in clinic and 18 operations were performed under supervision. E-logbook statistics for ST3 trainees in the UK revealed significantly fewer operative procedures, 6 elective and 3 trauma cases. (Palan et al).

On top of this exposure to conditions such as clubfoot, neglected trauma, end stage Osteomyelitis and tumours is invaluable experience for trainees. The opportunity to engage in practically applied research is also encouraged.

Improving Healthcare Provision and Training Opportunities

The Crisp Report on Global Health Partnerships, published in 2007, sets out the role for UK health services in helping developing countries improve their healthcare provision. As part of Lord Crisp's recommendations, one key factor was the need for NHS trusts to recognise the training opportunities available for both medical and other allied healthcare workers when volunteering their services abroad.

Here is one of the key recommendations from the report: "In order to enable health workers to gain international experience and training an NHS framework for international development should explicitly recognize the value of overseas experience and training for UK health workers and encourage educators, employers and regulators to make it easier to gain this experience and training. Medical, nursing and healthcare schools should work with others to ensure work experience and training placements in developing countries are beneficial to the receiving country. The Postgraduate Medical Education and Training Board (PMETB) should work with the Department of Health, Royal Colleges, medical schools and others to facilitate overseas training and work experience."

Unfortunately hospitals and deaneries do not always share these ideas and so progression of this has been slow, especially in the current financial climate.

The Edinburgh College has for some time had concerns that links with developing countries should be maintained and several years ago David Pitts (rcsed educational development) initiated some work to try and establish a resonance between training programmes as the new curricula and tools were being implemented in the UK, and as a result of this it is likely that it will be increasingly difficult for trainees to gain recognized overseas training experience unless the overseas centre can demonstrate its links to that trainees curriculum. All overseas attachments now have to be approved prospectively by the Deanery and PMETB. This work resulted in a Training the Trainers programme being initiated in partnership with the College of Surgeons of East Central and Southern Africa (COSECSA). Chris Lavy OBE is one of the founders of COSECSA. The aim being to enhance surgical services within the sub-Saharan region by increasing the number of appropriately trained well qualified surgeons and trainers.

The second Training the Trainers programme was held in Rwanda. The project is known in the College as the Surgical Training in Africa Network (STAN).

Thus trainees who work abroad in developing countries should not be operating without the appropriate support of senior colleagues. The standard of surgical care should not be compromised, irrespective of the country. It is a great opportunity for trainees to support more senior surgeons as they provide operative and educational sessions, and to be a part of a team that could leave a long-lasting impression on patients with little access to healthcare.

The Future

We believe that with refining we could develop a system that incorporates for short periods of time the training of our orthopaedic/surgical trainees in the developing countries. With the threat of ever increasing natural disasters in the world and the increasing poverty in many parts of the developing world such a system would be of huge benefit to all.

Our aim is to gain approval for Trauma and Orthopaedic training in certain institutes in developing countries, thereby making it much easier and more attractive for trainees to undertake. In turn this would mean a much larger number of trainees providing support overseas.

Motec Life-UK, a multi national medical charity was founded by Mr Ofori-Atta initially set up to mobilize Ghanaian health professionals trained overseas to provide education, training and healthcare services for colleagues in their home country Ghana. In October 2011 a working group including Professor Nigel Standfield (director of the London school of postgraduate surgery) collaborated with representatives from the teaching hospital of Accra, Ghana medical school, the board of directors of the Ghana Health service and the offices of the president of Ghana to define the scope of assistance required.

An education scheme was developed and next year Ghanaian post-fellowship surgeons will begin a 2 year training programme in London Hospitals. This is a very positive step and depending on the success of this further teaching programmes may be developed all over the world.

For our UK trainees there is a lack of sufficiently trained trainers overseas, but where trainers are lacking teams with senior surgeons could visit and provide support both in a training capacity and surgical support. As training improves overseas more surgeons will develop appropriate skills to supervise and teach UK visitors in the developing countries.



23 year old farmer impaled by a plough blade. The flexor retinaculum and carpal tunnel were intact and there was no neurovascular injury. He required extensive debridement and skin grafting



Replant



Machete injury

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