

Report on Postgraduate Course in Colorectal Surgery University of Rwanda (NUR)

Butare and Kigali
Rwanda
16 - 30.1 2009

Preparations

A good deal of preparation was required before starting the course. As I also arranged with flight-tickets, necessary vaccinations, insurances and visa-applications my estimate of the time needed for preparations for the two one-week courses was 70-80 working-hours even though I already had some presentations prepared since previous Swedish courses only in need of translation. This is something I was fully aware of when signing the contract but is important to take into consideration when informing coming teachers about the expected work-load for the course. According to my opinion it is also vital to try to adjust the presentations to sub-saharian African conditions which requires time for searching for new information on, for instance, the PubMed. As I suppose many of the recruited teachers are Scandinavians with experience from university-teaching in Scandinavia but in many cases not extensive experience from teaching or clinical work in Africa I would say this is one of the most essential issues to brief about before engagement for the course.

Realization

Not all residents appeared regularly which was sort of a disappointment. The reason to this was unclear - in some instances it seemed like not enough time was set aside for the residents to attend the course as they on some occasions were occupied in the operating theatre or the emergency department in the afternoon. According to the not fully ideal arrangements with rooms, computers and video-projectors the starting-hours for the course sometimes also were delayed. However - the residents had in general a good basic knowledge of elective and especially emergent colorectal surgery and were eager to learn. Some residents demonstrated theoretical knowledge way beyond and above what possibly can be expected for their level. Unfortunately there were not many proper patients available for demonstration of the most common colorectal procedures such as hemorrhoidectomy, fistulotomy or stoma-fashioning which would have been desirable. Difficulties in arranging this is however fully understandable as regards the short time of the course and the relative infrequency of, at least, intra-abdominal colorectal disorders. Concerning my own performance I think I was too elaborate when presenting some topics as some of the colorectal disorders discussed do not really exist in sub-saharian Africa and maybe can be dealt with more briefly. More focus should also have been spent on case-presentations and surgical technical issues which always is a good way of getting an open discussion started.

Suggestion for improvements

Maybe it could be a good idea to hold the course during three concentrated days or so (maximally 16-17 hours are needed) just once instead of twice - either in Butare or Kigali

according to what is most convenient. I can however recognize the problems it may cause by losing man-power from the absent residents in both hospitals during those days. Never the less it would assure all residents the possibility to attend the course and to be strict with hours. Also it would be an excellent way of first coming to know all residents and afterwards stay for some days in Butare as well as in Kigali having the opportunity to work together in the theatre or to discuss problematic patients in the wards in a more relaxed atmosphere. A major drawback is that the complete visit, in case of an arrangement like this, for the presumptive teacher probably has to be prolonged into three or at least two and a half weeks. As mentioned above, a large improvement for the course would be if patients for demonstrating some of the procedures were accessible. I also think the course should benefit from a closer participation of senior surgeons from the housing departments during certain parts such as, for example, when discussing management of surgical complications. This would also be a way of handing over the responsibility for the course sometime in the future to the local organizers.

When taking part in some of the surgical procedures performed by the younger residents I noticed that there seems to be a need for training in basic handling of surgical instruments in the theatre not the least to avoid injuries to surgeons or staff with risk for transmittance of contagious diseases. There consequently seems to be room for a closer supervision from senior surgeons regarding technical matters.

Travel and accommodation arrangements

Accommodation in Butare was excellent except for a missing lamp making it possible to read and work in good light also after dusk. Unfortunately the housing conditions in Kigali could be better as the hotel there was not entirely clean and the water supply unreliable. Breakfast was served too late to be convenient according to the start of the morning-report at the hospital CHUK (7.00 and 7.30 respectively). Conditions were acceptable but some improvement would not harm. The arrangement with a personal driver was good and especially in Kigali necessary according to the late served breakfast.

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Peter Andersson MD, PhD
Consultant Surgeon
Dept of Surgery
University Hospital
Linköping
Sweden
peter.andersson@lio.se