

#### **REST REPORT**

# RWANDA ESSENTIAL SURGERY TRAINING & LAUNCH AT RUHENGERI REFERRAL HOSPITAL, MUSANZE DISTRICT

**26<sup>th</sup>-28<sup>th</sup> February 2015** 

<b>Programme Name</b>	Rwanda Essential Surgery Training		
Reporting Period	April 2015		
<b>Partner Institutions</b>	RSS, RSCI & COSECSA		
<b>Project Coordinator</b>	Mercy Kamukama		
Date	15 <sup>th</sup> April 2015		

#### 1. Over view of the program:

The Royal College of Surgeons on Ireland (RCSI) in partnership with the College of Surgeons of East, Central and Southern Africa (COSECSA) established the Essential Surgery Training program in basic surgery and referral techniques for general medical officers.

This program is aimed at training the general medical officers (GMOs) in rural areas who are not sufficiently equipped with the surgical skills necessary to address the shortage of qualified specialist surgeons in rural areas. They require training in awareness of conditions which they are unable to undertake, advanced referral techniques and solutions that will result in patients being referred to higher level hospitals / specialist surgeons in better condition.

Six missions will be conducted per year making it 12 missions in 2015 and 2016

#### 2. Project Management:

In line with the EST programs, the project co-coordinator Mercy Kamukama fully participates and is responsible to perform the following duties;

- Coordinate and implement EST program, including assessing needs in liaison with the Committee.
- Participate in the project budget planning and development.
- Establish project work plan and calendar or schedules.
- Assist in making sure that monitoring and evaluating process is adhered to.

- Act as a resource person by providing documentation, information needed for the project and prepare reports.
- Manage and file records for the project
- Source information required to embark on the projects i.e. venue, participants, catering, practical consumables etc.
- Prepare publicity and promotional materials for project
- Provide administrative support to COSECSA secretariat

#### 3. Aims and Objectives:

## The Rwanda Essential Surgery Training (REST) program is aimed;

- At training and transferring essential surgery skills to non medical doctors at district hospital level and to support the surgical services in rural hospitals.
- To support the development of surgical services in the new referral hospitals
- To teach essential surgeries to non-surgeon doctors in the districts.

## **Key Objective for Rest program;**

- To train non-surgical medical officers from the district hospitals in the surgical management of essential surgery and anesthesia serves in the rural hospitals.
- To support the development of the referral hospitals in the region

**Key targets for the REST program:** Key objectives for the year 2015 include;

- To increase the number of non-surgical doctors with the knowledge in Essential surgery management
- Equip knowledge on surgery to the medical officers who are not practiced surgeons
- Management of surgical emergencies
- There were changes in the original work plan to the program because the Ministry of Health insisted on increasing the number of missions to 12 per year and to begin with the newly established referral hospitals, this changed the original work plan and hence starting in February instead of January 2015

#### 4. Projects Output:

Essential Training in was succefully planned and implemented in Ruhengeri Hospital from 26<sup>th</sup> to 28<sup>th</sup> February 2015, up to 7 trainees attended the training for 3 days, however 1 participant could not make it to the training since we were expecting 8 trainees The training was conducted by two senior surgeons; Prof Rwamasirabo Emile and Dr Georges Ntakiyiruta, one senior surgeon Allen Ingabire and one theatre nurse Cyprien Nshimiyimana, the training focused on management of surgical patients and surgical emergencies. Trainees gained knowledge; of knot tying, use of diathermy, use of drains, delayed primary closure, debridement of open fractures, hernia repairs and choice of suture material

#### 5. Project Outcomes:

In Feb, one training was conducted successfully and was delivered at Ruhengeri Hospital, new referral hospital in the Northern Province of Rwanda. A total number of 6 trainees were trained under the program of 2015 and 14 cases were operated during the training. This training will help the medical officers trained to manage surgical patients in their respective district hospitals they work from.

#### 6. Lessons learned: lessons learned by the trainees were;

- knot tying
- use of diathermy
- use of drains,
- delayed primary closure,
- debridement of open fractures,
- hernia repairs,
- Choice of suture material.

## 7. Challenges and constraints:

- Target 6, it was delayed because there were misunderstandings between the trainees and the hospitals directors because they thought RSS could carter for their accommodation and transport which is not budgeted for in the REST budget hence a delay them to confirm the number of trainees to attend the training at Musanze
- Target 7, this too was delayed because some of the trainees trained at Musanze never sent back the feed back in time.
- **8. Budget:** See the attached budget for 26<sup>th</sup>-28<sup>th</sup> Feb 2015 training at Ruhengeri Hospital in Musanze District

#### 9. Next steps/steps forward:

Trainees expressed the wish to extend the duration of the training up to 2 weeks in order to allow more hands-on. For this to happen, the trainers schedule can be arranged in such ways more surgeons can alternate at the teaching site and trainees would stay longer and be involved in the postoperative care of the patients they have operated on.

#### Written summary of the REPORT

Target 1	Develop training programme agenda in Musanze	Complete
Target 2	Organise Accommodation, Venue and Catering for Training in	Complete
	Musanze	
Target 3	Implement three day training in Musanze	Complete
Target 4	Issue payment for Per Diem to Trainers and support staff	Complete
Target 5	Prepare training report and accounts for Musanze	Complete
Target 6	Recruit Trainees/Trainers to attend Training in Musanze	Delayed
Target 7	Compile feedback from participants of training in Musanze	Delayed

# **Cases operated in Musanze (EST Musanze)**

No	Names	Age(year s)	Se x	Diagnosis	Intervention
1	NgendahimanaEv ariste	35	М	Left Inguinal Hernia	Herniorrhaphy,Bassini repair
2	Uwamahoro Clementine	20	F	Enterocutaneos fistula	Laparotomy,colonresection,fistule ctomy
3	KananiPrefefect	36	М	Right Inguinal Hernia	Hernia Mesh repair
4	Mano Francois	36	М	Right Hydrocele	Hydrocelectomy
5	RukundoAime	16	M	Left Tibia distal epiphysiolysis Salter I	Closed Reduction+Immobilisation
6	Nduwayezu JMV	38	М	Right femur fracture	Transtibial Traction
7	NtirivamundaLib eratha	55	F	Right shoulder lipoma	Lipomectomy
8	NzabonimanaJ.Cl aude	23	М	Left Epididymal cyst	Cystectomy
9	NiyibiziDelphine	30	М	Left Flank mass	Excision biopsy
10	HabimanaJehova nis	35	М	Urinary retention on Paraplegia	Supra pubic catheter
11	NtamukunziJaja	21	М	Right Inguinal Hernia	Herniorrhaphy, Bassini repair
12	Sebudiri Samuel	45	М	Right Index open fracture dislocation middle MP joint	Debridement+Reduction+ Immobobilisation
13	HaguminshutiShe nan	51	M	Left open Tibia and Fibula fracture Gustillo II	Debridement+Reduction+ Immobobilisation(POP)
14	Ngabonziza Jean	58	M	Left open Tibia and Fibula fracture GustilloIIIA+Popli teal fossa wound	Debridement+Reduction+ External fixation(FESSA)

# Names of the Participants/Trainees

No	Names	Address
1	Nkurunziza Fabien	Byumba DH
2	Faustin Munyaruguru	Nembe DH
3	Bissangilwa Sally Ken	Kabaya DH
4	Hudson Mumbere	Ruli DH
	Baguma	
5	Ndisebuye Thacien	Shira DH
6	Ngirimana Jules	Ruhengeri
		Hospital
7	Munyemana Philbert	Kinihira DH