Join Our FUNdraising Challenge!

Join Our FUNdraising Challenge!

We Are Doing The Yorkshire 3 Peaks



Come and join us for a day in the beautiful Yorkshire Dales as we take on the Yorkshire 3 Peaks. **When?** The weekend of June 14-15th (the challenge itself will take place on Saturday

14th) **What?** The Yorkshire Three Peaks Challenge is a 24-mile circular route starting and ending in Horton-in-Ribblesdale. The route visits three peaks, Pen-y-Ghent (694 metres), Whernside (736 metres) and Ingleborough (723 metres). The aim is to complete the route in under 12 hours.**Why?** The ZADP is fundraising in order to continue the meaningful work they do in Zambia. Set yourself a fundraising goal and join the team. If you've worked with us before, or are thinking of working with us in the future, this is also a brilliant opportunity for you to meet the wider ZADP community.**What next?** Email **Erica (erica.morris@doctors.org.uk)** to express interest and get an information pack. We'd love you to join the hiking team!

The Global Anaesthetist Series: Dr Sonia Akrimi

The Global Anaesthetist Series: Dr Sonia Akrimi

Written By Dr Sonia Akrimi, Consultant Anaesthetist and ZADP Co Director | Read Time 7 mins

Welcome to the first of our series of articles by individuals working within Global Anaesthesia with links to the Global Anaesthesia Development Partnerships (GADP). Global Anaesthesia is still a relatively small entity and roles within organisations vary greatly. The aim of this series is to provide more insight into this field of medicine. We kick

off with Dr Sonia Akrimi, a Consultant Anaesthetist in the UK who works with ZADP, the WFSA and the RCoA's Global Partnerships team.



What Is Global Anaesthesia?

In my view, global anaesthesia is just anaesthesia. I think we get a little caught up in thinking that it applies only to overseas work or challenges commonly encountered in countries of low or middle income. There are global anaesthesia development needs in the hospitals in which we work, wherever we live (for example, dealing with patients who are migrants, practising in situations of low or changing resource access, practising in an over-stretched health system, and dealing with different workforce models providing anaesthesia care).

I think what makes anaesthesia "global" is the way we think in dealing with these development needs. Each healthcare worker and health system has specific skills and experiences that, by working collaboratively, can aid development, and for me, the global aspect of global anaesthesia is about appropriate ways to share and build together rather than being overseas or thinking only of low and middle-income countries.

Tell Us About How You Got Into Global Anaesthesia And What Your Career In It Looks Like?

My first experience was as a medical student when I undertook an elective in anaesthesia at Korle-Bu Teaching Hospital in Ghana. I really enjoyed it. Despite being junior, I felt like I was part of the team and that I was able to contribute to caring for patients alongside anaesthetists. I learnt a lot, including about practice limitations in a low-resource setting, and my enjoyment of this experience led me to explore anaesthesia further as a career.

During my early anaesthesia training in the UK, I volunteered through short placements teaching medical officers in Myanmar in a long-standing partnership. I knew I wanted to spend more time volunteering in anaesthesia partnerships overseas, however, for several reasons, I felt like this was better for me to do later in my training.

I joined the Zambia Anaesthesia Development Program as a senior fellow in 2016 and later academic lead of the Master of Medicine in Anaesthesia and Critical Care programme at the University of Zambia. At this point, I spent a year in Zambia, which was after I had my FRCA. I returned to the UK to start ST5 and was appointed Director of ZADP and a Trustee of GADP.

My time spent in global health in the years that have followed has been incredible. I continue as a co-Director of ZADP, enabling me to work very closely with Zambian colleagues in anaesthesia development. I have travelled to Zambia for many short trips since my first trip, spending time supporting training in the operating theatre, on courses and supporting partnership work.

My experiences with ZADP have enabled me to build links and

collaborate with other organisations supporting global anaesthesia. I sit on the education committee of the World Federation of Societies of Anaesthesiologists. I am also the clinical lead for a partnership between the Royal College of Anaesthetists (UK) and the anaesthesia department at the Ghana College of Physicians and Surgeons, meaning that I now work again with the same anaesthesia department I did my elective with back in 2008 and who sparked my career in anaesthesia!

I also co-lead some international courses developed specifically thinking about some of the non-clinical skills needed for anaesthesia development. These include Inspire through Clinical Teaching and the Overseas Healthcare Leadership Programme.





Has Your Role In Global Anaesthesia Changed Over Time And If So How?

Even though I have had the privilege of many overseas anaesthesia trips to different countries, most of my time spent in global anaesthesia roles in the last six years has been remote. Although partnerships incorporated remote ways of working before recent years, we have definitely improved our skills and learnt new ways to do this recently.

I think this is really important because we each can learn from global anaesthesia experiences, however the opportunity to travel overseas isn’t right or a possibility for everyone. We know now that you can access remote opportunities in global health from your home country, enabling this learning to be shared even wider and respective health systems to benefit even more.





How Do You Balance Your Clinical Work As An Anaesthetist With Your

Roles In Global Health?

This is really difficult, and I think we are all still learning here. I find that everyone volunteering in global anaesthesia does so differently. The key is knowing what strategies work for you and respecting and understanding that everyone will use the different strategies that work for them. Additionally, we need to understand that everyone is balancing competing demands, and we may need to re-shape plans and timelines based on what can be achieved when and where, and be honest about this with each other.

With my roles, I find using WhatsApp, phone calls, and meetings to organise and run global health work works well for me. I'm moving away from using weekends unless we have some deadlines or big pieces of work going on. Other people I work with though find it better balanced to do global health volunteering at the weekend. Gaining the support of your employer to use study leave where possible is helpful if you can, and going forward collectively, I hope we find more opportunities to incorporate time for global health into UK health roles.

Are There Any Particular Times In Your Global Anaesthesia Journey That Have Been Particularly Memorable Or Defining? Tell Us About Them.

To choose one experience, it's hard to talk about global anaesthesia in recent years without discussing the COVID-19 pandemic. This was an incredibly hard time for international partnerships.

As international travel ceased in March 2020, we brought our in-country ZADP volunteers home- an incredibly difficult decision at the time and something I still think about often. After doing that and needing to work out how to move forward, it felt like we were a very small partnership in a very big, complex, and uncertain problem. We were worried about protecting the health of anaesthetists, other healthcare workers and the community in Zambia, but how does a small partnership like ours do something meaningful towards that, especially in the absence of international travel?

Despite feeling very out-of-depth, we managed a lot. We identified the main concerns of our Zambian partners at multiple points in the pandemic and ran projects to address each in turn, achieving PPE resources for every anaesthesia provider in Zambia and other healthcare workers, significantly contributing to oxygen delivery capacity at COVID centres, supporting the wellbeing of anaesthesia partners and critical care staff, and we contributed to global campaigning for improved access to COVID-19 vaccines in low and middle-income countries and continued support for global health work. I will always be proud of the achievements our partnership had at such a difficult time.

What Advice Would You Give To Someone Wanting To Get Into Global Anaesthesia?

- Speak to everyone you can with experience in the area to find out what is best for you, what work is ongoing and how each organisation operates. Attending conferences and seminars of key global anaesthesia groups is a good

starting point for this. Each time you encounter someone with experience in global anaesthesia, ask them if there is anyone they could put you in touch with who has experience in the areas that interest you.

- In addition to looking for opportunities that meet your needs, look for long-standing partnerships and ask them how they operate to ethical values in partnership working. Long-standing partnerships have stood the test of time in relationship building between its members, and therefore, it is more likely they are operating in a way that is mindful and respectful of local needs. Ask how they remain aligned with the needs of their partners, the role partners have in the organisation and its leadership, and how they recognise and mitigate the negative impacts of international work.
- Check that the organisation or partnership you want to work with is currently active. With so many clinical and other pressures, it is easy for organisations to become inactive despite the best of intentions. An active partnership has regular communication between partners and, despite challenges, is slowly progressing towards its goals.
- Know that whatever your circumstances, there will be an opportunity somewhere that suits you, for example, whether you are junior or senior and looking for in-country, remote, full-time or less-than-full-time roles.

Head To Our Advocacy Page For More Information About Global Anaesthesia.

Advocacy

My Southern African Anaesthesia Adventure

My Southern African Anaesthesia Adventure

Written By Fatu-Amie Kalokoh and Erica Morria, ZADP Fellows | Read Time 6 mins

I’m Fatu-Amie Kalokoh and in August 2023 I completed a 6-month fellowship with the Zambia Anaesthesia Development Program (ZADP). Prior to this fellowship, I had just concluded my second-year registrar posting at Connaught Hospital, a tertiary hospital and the largest government hospital in Sierra Leone. I’m going to tell you about my anaesthesia journey so far with emphasis on my recent fellowship with ZADP.



At What Point Did You Decide That Anaesthesia Was For You?

I first got exposed to anaesthesia when I was in medical school, I really liked my teacher. He was so supportive, approachable and calm. At the time I didn’t think much about it except deep down I knew anaesthesia would become part of something bigger for me.

During my general surgery internship, one of the months was dedicated to either ophthalmology, paediatrics or anaesthesia, and I opted for anaesthesia. It was an opportunity for me to learn more about it. On starting the rotation, I immediately

liked the anaesthesia department. One particular doctor, Blessed Memory took me under his wing and was so nice to me. I felt supported. The department was a great place to be. It’s paramount to me that wherever I am spending a lot of my time, it has to be very good, considering I’m not getting to spend that time again.

Tell Us About The Anaesthesia Department Where You Work In Sierra Leone

Although Connaught Hospital is big, our department is very small. Physician anaesthetist training only started in Sierra Leone quite recently, perhaps 2018 or 2019. That is when the anaesthesia residency program started. Prior to this we have always had, and still have a heavy presence of nurse anaesthetists who have done their diploma or BSc in Anaesthesia. Currently, in Sierra Leone we don’t have physician anaesthetists in any other facility outside of Freetown, everywhere else is manned by nurse anaesthetists. Our department has three consultants and we have about seven trainee physician anaesthetists. So, we are increasing and are hopeful that it will get better.





What Made You Apply To The ZADP?

I was actually in one of the provinces on a project with Kings College London and partners in health. It was my second time working on this project and I knew the coordinator from Kings

College as she had come to our anaesthesia department a few times. She asked me whether I had ever considered doing anything with anaesthesia outside of West Africa because she knows that for us trainees in Sierra Leone we predominantly stay here.

This conversation happened after many tea breaks together where we would just have conversations about work. I had actually already thought about looking for opportunities elsewhere, but I had no idea about how to go about it. She told me that she would keep an eye out for me. The very next morning after we had had that conversation, we were having breakfast and getting ready to leave for the project when she showed me a Twitter post advertising a fellowship with ZADP. It was the last day of the project and we were meant to be returning that day. The deadline was at midnight that night! With some guidance from the team, I managed to get my application in just in time!





What Were You Hoping To Achieve By Joining The ZADP Fellowship In Zambia?

I went for both personal and professional reasons. The greatest percentage, was for me to learn how anaesthesia is done in a place that is not West Africa. Also, I knew that there would be a heavy presence of UK-based trainees and I thought that this would be a perfect opportunity to learn a lot from fellows coming from the UK. I also knew that I was going to be the most junior trainee of the fellows so I would learn a lot from others. The lesser percentage, was that it was time for me to see Southern Africa, to have a personal adventure.

What Did You Learn During The

Fellowship?

I’ve learnt so much, I’ve grown personally and professionally.

I didn’t appreciate it at the time but my professional learning started before my ZADP fellowship by learning from my work colleagues at Connaught Hospital. My two main bosses truly lead by example. They don’t just tell you how to do something, they also enact it. Sadly, our department lost an anaesthesia trainee, a brilliant man who had been like a mentor to me. He had guided me and I’d often stood in his shadow, learning from him. When he passed on I saw myself taking on new roles and taking up more responsibility. I started doing the weekly rota without being told. I started doing cases that I previously had stepped back from. My role with ZADP gave me the platform to enact what I had learned in Sierra Leone, as I was now a teacher and a leader of more junior trainees. I didn’t realise it but I already had the foundation from my home department. It’s been so important to me to represent ZADP professionally and to be my best self. You have to act like you are representing something and not just turn up for yourself, but for other people.

Specifically, ZADP allowed me to develop my time management and my communication skills. Time management was something I was lacking prior to the ZADP experience. Now I find myself getting up and going to work early. This fellowship was an opportunity, and I believe that to whom much is given, much is expected. I knew that I was going to be in charge of people and I had to show up and lead by example. I hope this leading by example will be with me for the rest of my life.

I learned so much about communication and active listening. My ability in both improved tremendously because I was meeting people from different backgrounds and I knew that my approach had to be different to the way that I deal with people I am familiar with in Sierra Leone. I’ve learnt how to listen to

other people’s perspectives and that all you have to do is listen and you will gain so much from others. I gained a new perspective about how sometimes things that are said can be misinterpreted. It’s so important to take your time when communicating in different languages or to find a different way to communicate with others.

What Have You Learned Clinically?

I’ve learned so much, where do I start? The first thing is, I have been exposed to neuroanaesthesia. For me to do a neuro case at home I have to go to a private institution to do a rotation there for a week or two or I have to wait to go to Accra in Ghana. In Zambia, I found the opportunity to do neuroanaesthesia. I no longer just had to read about it in a book, I actually got to do it! I also got to do a lot of paediatrics and obstetrics. The obstetric department in Sierra Leone is not based in the facility that I work in so I don’t get frequent exposure to it. Working in Zambia was a brilliant opportunity to do obstetrics as it is in the same complex as the other theatres. My obstetrics has improved significantly and my phobia for obstetrics has also reduced!



Do You Think Working In Zambia Is Similar Or Different To Sierra Leone?

Similar to an extent, but it’s different to a larger extent. The similarity is the fact that you see the common trend of diseases such as the advanced disease processes. In both countries people present very late with advanced diseases, everything that I have seen in Zambia are things that I have

seen in Sierra Leone. The main differences relate to the man power and supply chain. In Zambia the man power is significantly more than in Sierra Leone so it was interesting for me to see how such a big department manages and allocates its staff. Additionally, whilst both countries are LMICs there were more times in Zambia that we ran out of consumables in theatre. We don't have advanced medications or equipment in Sierra Leone, but we do have a constant supply. The need to adapt to inconsistent supplies in theatre was a big difference for me. So, in summary, the similarities were the disease processes, but the actual running of the department was very different.

Tell Us About Your Experiences Teaching In The Classroom And Facilitating Simulations.

We already do presentations at home so doing online teaching was not new for me, but I appreciate as with anything the more you do the better you get. I used to get nightmares about doing presentations, but now it feels easier as I have now done so many. With regards to simulations, I have previously done the SAFE paediatric course as a candidate and so I had experienced simulation as the learner. I hadn't been the person facilitating simulation before so I found that doing the simulation sessions with ZADP have been so useful. I can appreciate how useful it is to rehearse these critical events, it has helped me significantly. You can never compare the adrenaline pump of a real-life event to a simulation session. My boss actually got to know that I had been doing simulations in Zambia and he asked me to be simulation lead for our department in Sierra Leone.

What's Next For You?

I want to increase my exposure to research, how to write abstracts and manuscripts. I want to complete more training such the 18-month long virtual Critical Care Research Academy Course supported by the WFICC. I will also continue to prepare for my exams next year. I also want to continue my yoga journey, one that I continued whilst I was in Zambia. My dream is to be a yoga instructor, and this dream I shall make a reality.

Finally…

I would recommend anyone do the ZADP fellowship at some point in their life, a lot can happen in six months. My entire life has changed not just my professional but also my personal. I have a different perspective on so many things, I've also really enjoyed living in Southern Africa. I had thought that I would be homesick by the end of the first month, but I wasn't even by the end of the fourth month. I actually only got homesick when there was a particular dish that I needed to eat and this dish can only be prepared by my Mum!

Head To Our ZADP Page For More Information About Our Fellowship.

ZADP PROGRAM

An Inside View From The

Anaesthesia Speciality Training Program In Zambia

An Inside View From The Anaesthesia Speciality Training Program In Zambia

Written By Dr Farai Chiyenge, First Year Trainee and Dr Erica Morris, ZADP Senior Fellow | Read Time 6 mins

Hello, I'm Dr Farai Chiyenge and I'm currently a first-year resident in Anaesthesia and Critical Care at University Teaching Hospital (UTH) in Lusaka. My base hospital is in Kafue. I'm going to tell you about how I discovered the specialty of anaesthesia and what led me to apply to the training program.



Why Did You Apply To The Anaesthesia Specialist Training Program?

After I finished medical school, I became a house officer in

Kafue Hospital. Initially, I really wanted to do obstetrics and gynaecology, it was my passion. Then, during one of the hospital briefings, our medical superintendent made an announcement saying that the whole of Zambia needs more Anaesthetists and that they were looking for more people to join the profession; clinical officers, nurses or doctors. I had never thought of anaesthesia before, I knew almost nothing about it at that point. I knew that it was about making a patient sleep during an operation and that spinal injections could be given, but that was it. To find out more I asked Google. Another way I found out more was by talking to one of my friends who had done medical school with me in China as her husband is on the anaesthesia program in Lusaka. At the time she didn't tell me but she put my name down as someone interested in the program. Not long after I got a call from the Academic lead for anaesthesia, Dr Hazel Mumpansha. I had no idea that she was going to call me that day! I was just seeing my patients and then I get the call, 'Hi Farai, I hear you're interested in Anaesthesia!' I was honest and said that I had another passion but that I was also interested to explore what a career in anaesthesia would entail. In truth, I think that conversation changed my life.

It did take me a few weeks to make the decision but two things pushed me to take the leap towards anaesthesia. Firstly, I felt that so many people are in the more common specialties such as paediatrics, surgery and obstetrics, so it would be interesting to try something different. Secondly, due to the need for anaesthetists, hospitals were encouraged to let you go without any difficulties. I was being given the opportunity to be released without being held back. At that time, this was an incentive for me.

What Is The Process For The Application?

The first thing to know is that there are two programs to apply to; the Specialist Training Program (STP) run by the Ministry of Health or the MMed program run by the University of Zambia (UNZA). I am on the Specialist Training Program and for this program there is an online application on the STP website which was fairly simple complete. When you click on the link everything comes up, you fill in the form, attach some required documents, press submit and you're done. There is no interview. The thing that you need that is really important is a recommendation letter. In terms of the criteria for application, you needed to have a medical degree, and also to have done your internship.

I chose the STP program based on the timing of the intakes as they are slightly different. The MMed program starts in August through to October whereas the STP program starts at the end of the year, around December. There are some fees for the STP program such as your registration fee and an application fee. After that there are examinations fees for the first and last training years, the other two years are free.





Tell Us About The Program

For both STP and the MMed programs the training takes four years. The focus in first year is basic sciences such as physics, physiology, anatomy and pharmacology. As you then

proceed training is all about applying what you have learnt during your basic sciences year to clinical practice.

The exciting thing about anaesthesia training is that you learn on the job. This also means that it is also quite tiring as I spend most of my time at the hospital. It’s a very practical specialty but there is also a lot of theory to learn. My average day starts at 0700hrs or 0730hrs, this depends on whether I have class before theatre starts which is typically once or twice a week. There are sometimes more of these teaching sessions if there are visiting consultants or registrars. The theatre list starts at 0800hrs and then I finish after my last case is done, that can be very variable. Typically, it’s 1600-1700hrs but can be as late as 1900hrs. Twice a week I also have classes in the afternoon.


orbis
orbis
SURGERY
Stryker

Tell Us About Some Highlights Of The First Year Of The Anaesthesia Program

My highlights mostly relate to learning so many new skills. Everything that I've done this year is like nothing I've ever done in medicine before. That has been really exciting particularly if you're an individual like me who loves to learn. I've learnt a different side to medicine. It's been interesting to care for a patient in a different kind of way. As a senior house officer or intern I would be on the surgical side. Now I am on the other side and it's not just about cutting the patient. I've learned that anaesthetists are the key people who protect the patient, the people who keep the patient alive throughout the operation. This does also mean that it can be a little scary at times but it is also very fulfilling to know that I am the protector of the patient whilst they are under anaesthesia.

What Are The Challenges Of The Anaesthesia Training Program?

The biggest challenge that I've encountered is that it is a very involved specialty, it is very hands-on. This sometimes means that if you haven't had time to learn about the theory of anaesthesia, you may not be running your anaesthetic correctly. At the start this can be nerve racking as it's a case of you don't know what you don't know. This is why it's so important to have seniors present who can guide you.

Another challenge is that most of my time is spent at the hospital. On this course you have to have a lot of motivation to study when you return home after a day in theatre. It's difficult to get a balance between the in-theatre duties and keeping up-to-date with studies. It's hard if you are

motivated and you want your knowledge to be as good as your technical skills as they often don’t increase at the same rate. Currently I feel that my technical skills are good but my knowledge is lagging behind at the moment, so I am trying to correct that balance.

What Do You Want To Do After You Finish Your Training?

At this stage, I haven’t worked out what I want to do after I complete the program. There are many subspecialties now available in Zambia for example paediatrics, obstetrics and regional anaesthesia. The paediatric fellowship that PATA runs does sound very interesting and I do enjoy paediatrics, it has definitely caught my attention. Equally, I am also I’m interested to be on the other side of obstetrics and do the anaesthesia because of the passion I had for obstetrics before I started my anaesthesia training.

Currently, there aren’t many physician anaesthetist in Zambia, so it does mean that we have opportunities to work in many different places when we finish. This also includes the private sector as there is a big demand for us. Also relevant to me being a female, I’ve heard about some surgical teams wanting to have an all-female crew. There are also some opportunities to do observerships outside of Zambia. Prior to Covid the WFSA had an observership in South Africa that Zambians frequently went on.



What Tips Would You Give To A Trainee Who Is About To Start The Anaesthesia Program?

1. **Take the risk and try out anaesthesia.** At least think about it, it’s actually not so far off from the other specialities. For example, there is a lot of internal medicine, the only difference is that you have to apply this knowledge to your anaesthetic and that’s why it’s so interesting. I didn’t think that I would be interested in it until I got into it. I took a risk and now I feel like it was a good risk, a risk that I don’t regret. Doing anaesthesia changed my whole world, sometimes you have to let a passion grow from zero to something and for me, my passion has flourished over time.

2. **Be patient with yourself.** At the start of training you will learn a whole new skillset, not just practical skills like intubation and spinal injections but also leadership skills like how to communicate with and lead a theatre team. At the start of the program I found intubation very difficult and there were days that all my attempts at spinal anaesthesia were unsuccessful. It's so important that on these days you are kind to yourself and don't beat yourself up, you will get better. For me as a shy person, speaking out to the theatre team was also very difficult, but I've learnt by doing the anaesthesia program that it is paramount. I have found a voice because it is my job to protect the patient and I am passionate about doing this. The anaesthesia program has taken me outside of my box which means that has been essential for me to be patient with myself.
3. **Find a balance.** We currently only train in a tertiary hospital so it does mean that we are doing many cases, some of which are very long. Sometimes this means that your studies lag behind so strive to find a balance. Aim to learn one fact every day, just read one small page. There is so much to learn and limited time to study so use the technique of little and often. I got a shock when I found out what adult learning was all about. It is not like medical school where you are told what to learn. The program is self-directed, and therefore you need to be your own motivation and your own guide.
4. **Speak up!** There will be hard days on the program so if you are stressed make sure that you talk to people, share the hard days as well as the good days. Do not be afraid to talk to someone about what you are going through. I wish I had learnt this sooner. I could have spoken to someone about what anaesthesia was instead I waited to talk to Dr Mumpansha when she reached out to me. It would have also been so helpful for me to speak to people during my first year. My difficulties were

likely to have been my seniors' difficulties at some point.

By speaking up I have found that anaesthesia is a big supportive family where people are always there for you, someone always wants to guide you. This is one of the best things about anaesthesia, you don't have to feel shy or scared to call for help, it does not make you any less of a person. It's such a healthy environment to work in in this respect. There are so many people around you who can be there for you emotionally and physically.

To Find Out More About Anaesthesia Training Get In Touch With Society Of Zambian Anaesthetists

GET IN TOUCH

My Experience of the EADP-CASIEF Fellowship in Ethiopia

My Experience of the EADP-CASIEF Fellowship in Ethiopia

Written By Dr Christopher Stone, EADP Senior Fellow | Read Time 4 mins

The Ethiopia Anaesthesia Development Program (EADP) is a partnership between Addis Ababa University (AAU), The Canadian Anaesthesiologists Society International Education Foundation (CASIEF) and Global Anaesthesia Development Partnerships (GADP). The EADP provides educational support to the anaesthesia training program at Tikur Anbessa Hospital in a number of ways, one of which is through the work of in-country fellows. Dr Christopher Stone spent 6 months working in Addis Ababa as part of this Fellowship. In this blog he tells us about his time there.



Working for CASIEF-EADP at the Tikur Anbessa Hospital in Addis Ababa has been one of the most fulfilling challenges of my career to date. I decided to take up this post as an OOPTE primarily to develop my skills in education and as an opportunity to gain some experience of international development in healthcare. I also found the idea of living in Ethiopia a fascinating idea and ultimately an experience that would not disappoint!





Having relatively little experience in teaching or working abroad, I was quite apprehensive about how I would integrate in to the program. However, I was quickly reassured to find that even the basic skills and experience I had previously acquired from my own training were extremely transferable when providing education for most of the local anaesthesiology

residents. Undoubtably, I did find that there were many personal and professional challenges to overcome during this fellowship. However, I was greatly motivated by the rapport which I was able to build with the residents and pleased to have been able to support them by delivering regular face to face teaching, including simulation-based learning, as well as other topics to meet their learning needs.

The role is focused on education and I enjoyed developing a program for the residents in collaboration with the AAU and CASIEF-EADP. Although there is little scope to practice clinical medicine during the fellowship, my input as a senior was always welcomed in the Operating Rooms and ICU, which often provided interesting learning opportunities for both myself and the residents.





During the fellowship CASIEF invited me to Jimma in order to learn how to deliver the Vital Anaesthesia Simulation Training (VAST) course by enrolling as a candidate on the facilitator course; subsequently delivering the VAST course itself -in collaboration with local doctors from the Jimma University Hospital. In addition, the CASIEF-EADP partnership has plans to expand by involving residents enrolled in Haramaya University Hospital. I therefore spent a short period of time in the city of Harar. Apart from being an utterly fascinating place to visit, my colleague and I were able to meet the local team of anaesthesiologists, who will be involved in a future VAST course there, and deliver some teaching material which we had developed in Addis Ababa.

For the most part I was based in Addis Ababa, where CASIEF provided a very pleasant and safe apartment in the centre of the city. I thoroughly enjoyed life in Addis, making as much of the weekends and time off as possible. Within the city there are plenty of museums, restaurants, coffee shops, bars and nightlife, as well as cultural attractions unique to Ethiopia and Africa -such as Ethio-Jazz and a variety of art

and documentary film exhibitions. It was also very easy to make friends from a variety of backgrounds with whom I met regularly and travelled to other regions of the country. Overall, I found this to be a humbling experience. I have developed many inter-professional skills including leadership and change management and have gained huge cultural and social experiences from being immersed in a foreign country for six months.

If you've been inspired by Chris's journey and are eager to make a difference in global health, we encourage you to explore opportunities with us. This could be as an in-country fellow like Chris, or as part of the remote teaching team. Your skills and passion can contribute to improving healthcare education in Ethiopia and be a transformative experience for yourself. Read our EADP webpage for more information.

Head To Our EADP Programs Page For More Information About Our Fellowship.

More info

My Global Anaesthesia Fellowship And How It Shaped My UK Clinical Work

My Global Anaesthesia Fellowship And How It Shaped My UK Clinical Work

Written By Dr Helen Williams, Specalist Registar UK, Previous Senior ZADP In-Country Fellow | Read Time 8 mins

Dr Helen Willams undertook an in-country Global Anaesthesia Fellowship with the Zambia Anaesthesia Development Program (ZADP) for 6 months from August 2022. She returned to the UK in early 2023 to continue her Anaesthesia and Critical Care specialist training. She tells us about her experience of the Fellowship and how her time working in Zambia has influenced her UK clinical work since.

Why Did You Decide To Do An Anaesthesia Fellowship?

I have been interested in education and global health since medical school. Once I started specialty training I knew I wanted to combine these interests and undertake a fellowship in anaesthesia in a setting significantly different from the UK and Australia, where I had done most of my clinical work so far.

I spent time considering where and when to go; I wanted to be at the point in my training where I had developed some specialist knowledge (rather than going as a very junior doctor), and was confident enough in my own skills that I knew I could teach and support the development of others.

I'd be lying if I didn't say there was also a large part of me that was keen for a change of scenery, a break from the schedule of training rotations and exams, and a new adventure and challenge, and I was hoping that some time away and a

different perspective would rekindle my enthusiasm for my UK based training!



What Anaesthesia Fellowship Did You Do?

I first saw the ZADP fellowship advertised before I started anaesthetic training, and immediately knew I wanted to be involved. The ethos of ZADP as a sustainable partnership – the focus on capacity building, supporting Zambian anaesthetists as they became leads for the program, and a longer-term relationship with the hosting institution – really appealed to me. I was keen to avoid turning up, doing some teaching, and then leaving without a plan for how to sustain or build on the training delivered, and ZADP had been doing this for years with their support of the Zambian anaesthesia training programs.

I also had fond memories of Zambia as a medical student – I'd done a community health project outside Lusaka and the people had been so welcoming, and the country was so beautiful – so I jumped at the chance to spend some more time there!

The structure of my fellowship ended up evolving slightly with

time due to changes in personal circumstances and the Covid-19 pandemic. When I applied in January 2020, ZADP had a well-established program of visiting fellows and I interviewed for a 6-month fellowship. The pandemic arrived shortly afterwards and, in common with the rest of the world, everything changed. I saw how ZADP had to bring a temporary halt to in-country volunteering, but admired how the partnership had continued and evolved to deliver online training support, buddying, and advocacy campaigns.

I am very grateful to the ZADP program leads and my own training program directors over this time period, who kept re-jigging my training pathway to leave a space for me to go to Zambia as soon as in-country volunteering restarted in 2022. Life looked a bit different 2 ½ years down the line – I was now further on with my training and living with a partner, so I asked to switch some of my in-country time to remote support so I wasn't away for so long. This then evolved again during the period of the fellowship to 4 months in country, a month at home, and then a final month back in Zambia – it was too hard to leave!



What did your ZADP Fellow role involve?

Myself and another Fellow based ourselves in Lusaka, predominantly at University Teaching Hospital (UTH) which is Zambia's large tertiary hospital and provides anaesthesia services for adult and paediatric elective and emergency cases in all specialties except cardiothoracics and major vascular.

Pre-Covid there were usually 4-6 in-country volunteers in the

department at a time, with a longstanding routine for junior and senior teaching (similar to primary and final FRCA level in the UK). During the pandemic the regular teaching moved online, and the aim when we arrived was to strike the balance with this new hybrid model of teaching – the remote fellows continuing with theory-based teaching and the in- country fellows focusing on clinical activities.

It was exciting to have a blank canvas, but also overwhelming at times – where did we even start? We were guided by the Zambian faculty and the trainees themselves in terms of priorities – they requested a focus on simulation, in-theatre teaching and OSCE practice. It was a challenge balancing our teaching activity with the online teaching and the heavy clinical workload of the Zambian trainees, and we were mindful to avoid overburdening them. We tried to bring a focus on trainee wellbeing, organising a coffee and breakfast meeting once a week where trainees could informally debrief difficult cases, and some social time outside work too.

We were able to co-ordinate activity with other short-term training visits from institutions in the USA – for example, a group from the University of Wisconsin did two weeks with a regional anaesthesia focus, and we co-ordinated with local MMed graduate and regional anaesthesia wizard Dr Polela to ensure this momentum continued with in-theatre teaching and support.

We also spent time at Ndola Teaching Hospital in the Copperbelt region of northern Zambia – this had been established as a second training site for the anaesthesia Specialty Training Program (STP) in 2020. We were mindful that we wanted Ndola trainees to have access to the same training opportunities as those in Lusaka, so shared as much of our teaching online as we could. We travelled up to Ndola twice over our 6 months and spent two weeks offering a similar spread of training activity as we did in Zambia, with simulation, regional anaesthesia scanning practice, in-theatre

support, case-based discussions, and some social time.





How did you find returning to

clinical work in the UK?

Everybody warned me about the culture shock of practicing in a lower-resourced setting such as Zambia, but I wasn't prepared for the reverse culture shock of returning home again.

Routine tasks that could have been done on autopilot before going away took a lot of cognitive effort ("Is this how I set up for TIVA?" "Can I just double check the normal doses for this drug?" "How do these monitors work again?"), and I would sometimes forget about the existence of things we didn't routinely have in Zambia (transporting a patient without end-tidal CO 2 monitoring!). Colleagues very kindly let me preface every sentence with "Well, in Zambia we did…" and didn't roll their eyes too much as I rambled on about my experiences.

There were times when I got exasperated at colleagues' approach to minor inconveniences such as shortages of specific drugs. The rationing of remifentanil caused widespread dismay, and I found it very hard to empathise having seen colleagues in Zambia trying to deliver safe anaesthesia without absolute fundamentals such as propofol or long-acting muscle relaxant; I felt Zambia had given me a very different sense of perspective.

I also missed little things such as picking avocados off the tree in my garden in Lusaka, sitting out in the sunshine for my morning coffee, the colours of the flame trees on my walk to hospital, and chats with friends in the department at UTH.

On the positive side though, I found that once I had readjusted to the differences in setting, I was much more confident than before in my decision-making and ability to lead a team, particularly in an emergency. In bigger departmental issues, I have felt able to take a step back and use the newfound perspective from the clinical and ethical situations we encountered in Zambia.

I also found myself taking a more proactive role with education and training. This worked both in the way I supported junior trainees in the clinical setting, but also in the way I sought out training opportunities and feedback for myself; being on the other side had made me more aware of my own training needs and how to meet them.

There were a few things I found helpful in my first few weeks readjusting to being back in the UK. The first was contact with people who been in a similar setting – I checked in with the ZADP program leads and my fellowship buddy regularly, but also found a lot of shared experience and feelings with a friend who had recently come back from maternity leave, which reassured me I wasn't alone in feeling a bit wobbly at the start!

I was also lucky in that my deanery offers a Supported Return to Training program. I had a chat over Zoom with one of my local consultants while I was still away (sitting in a hotel in Ndola in the midst of a power outage!), and we caught up again once I was back in post to check I was settling back in.

I found being open with colleagues about the fact that I'd just returned from 6 months away made it easier to ask for help, and I actively invited them to challenge me if they saw me doing something unusual or thought I might have forgotten something important!

Staying involved with the Zambian program helped with the transition too – I did a few online teaching sessions, attended some of the handover meetings for the next group of volunteers, and have subsequently become part of the ZADP committee to continue supporting the program.



Would you recommend a global anaesthesia fellowship?

Absolutely, without hesitation. I feel I have grown as a clinician, an educator and a leader as a result of my experiences in Zambia, and I have come back with a renewed enthusiasm for both training and clinical practice.

I had so many great experiences living overseas, from the day-to-day experiences such as watching the tropical birds in our garden, to once-in-a-lifetime opportunities like waking to the sounds of hippos outside our tent on a weekend safari, and swimming at the top of Victoria Falls.



It has opened up some amazing opportunities for ongoing personal development through the charity – more teaching, organisation and understanding of bigger issues such as business planning, funding & governance, which will be essential for consultant posts.

Most importantly, it has enabled me to meet some incredible people. I have learned a lot about the kind of teacher and the kind of leader I aspire to be, and I have a number of new role models. Seeing how all our colleagues in Zambia at every level continue to show up, their enthusiasm to learn and develop, and their hopes for the future of anaesthesia in Zambia despite the challenges they face was an inspiration – it has been a privilege to work alongside them, and I am very grateful that I can continue to do so.



Head To Our Current Programs Page For More Information About Our Global Fellowships

CURRENT PROGRAMS

An Insight Into The Remote ZADP Fellowship

An Insight Into The Remote ZADP Fellowship

Written By Dr Vishal Pai, Remote Teaching Fellow and Dr Erica Morris, ZADP Senior Fellow | Read Time 8 mins

The Global Anaesthesia Development Partnerships (GADP) has two partner projects in Ethiopia and Zambia. These projects have in-country fellows that are working collaboratively with locals to develop and deliver the anaesthesia training programs. Alongside both these in-country fellow teams are a group of anaesthetists who teach remotely. In-country fellow Dr Erica Morris caught up with Dr Vishal Pai, an Anaesthesia Specialist Registrar in the UK about his role with the ZADP remote program.

What Is The ZADP Remote Teaching Fellowship?

Whilst Zambia has many doctors, the physician anaesthetist training program is still fairly new. The remote fellowship allows us to support the in-country teaching program and give trainees exposure to what is happening in other healthcare environments through collaboration, teaching and discussion. The main aim being to support the in-country teaching program and to improve conversations amongst anaesthetists working in different healthcare settings.

After I got selected to teach with ZADP my father asked me when I was going to Zambia. I told him, ‘I’m not! Whilst some of the fellows live, teach and contribute in-country, my role would be remote, but I would still part of the team.’

My Dad was an anaesthetist, he is now retired. When he was training and working there was not as much international

collaboration and certainly the concept of remote teaching was not there. The idea of remote teaching is actually alien to him! I explained to him that the ZADP recruits a team of 3 to 4 anaesthesia trainees biannually as part of an RCoA endorsed fellowship. Along-side ZADP committee members, these trainees dedicate a flexible amount of time towards the program for a 3–6-month period. They deliver the teaching program over four 1-hour teaching sessions per week. My fellowship was for a fixed term of six months although this is flexible, depending on what a fellow wants to or is able to commit.



Tell Us About The Commitments That This Fellowship Involves

In terms of the practicalities, the organisers of the fellowship advertise teaching sessions to be covered and then I sign up to the ones that that I am able to do depending on my work schedule. I sign up to varying amounts. On average I will do one session a week, sometimes one every two weeks.

Sometimes I use my own study time and my own personal time. I don’t mind doing this because I get a lot of benefits from doing the sessions. This is one thing that I really like about this fellowship. It is very supportive, no one has pushed me to do sessions when I have a busy work or personal life or to teach sessions which I am not comfortable teaching. Someone will always check whether I am happy to teach that session.

Why Did You Sign Up To The Remote Teaching Fellowship? Why Work Remotely When You Could Work In Zambia As An In-Country Fellow?

The decision to work remotely relates to my personal journey. I did my medical degree and anaesthesia training in India. As part of my advanced anaesthesia training, I spent 3 months in Japan. In 2018 I came to the UK where I am now a Specialist registrar in Anaesthesia. As you can see, I already have experience of working in different healthcare systems because I am attracted to trying to find out what happens in different corners of the world. I have travelled a lot for my anaesthesia training already and I have learned that travelling for training can be a difficult journey. I am now settled in the UK and whilst I do not want to travel anymore, I am still passionate about finding out about other healthcare settings. I think it’s so important to know what is going on in other healthcare centres. You may work in the best centre in the world, but if you stop seeking opportunities elsewhere, your learning and development will eventually stop. There are always opportunities to learn something from other peoples’ experiences, from all types of healthcare settings.



Have You Been The Recipient Of Remote Anaesthesia Teaching?

I started receiving remote teaching during the COVID-19 pandemic, prior to this I only received in person teaching. My concept of online teaching was zero. My first experience of online teaching was as part of my preparation for the FRCA exams that I did in 2021, I ended up doing almost all of my preparation online. I had so many resources available to me. Online teaching has transformed the way that we can learn anaesthesia, at times and locations that are more convenient for the learner.

Additionally, I still have many ties with my consultants and colleagues in India so online platforms have allowed me to attend conferences in India remotely. It's amazing to have access to teaching from experts from so far away. It was during one of these many conferences that I was introduced to the concept of learning regional anaesthesia online. I came to appreciate that I could also learn practical skills in this way.

By the time I came to apply for the remote teaching fellowship I had a strong appreciation that remote teaching does have a role to play in clinical education.

What Are The Challenges Of Teaching Online And How Did You Overcome These?

One of the difficulties of online teaching is not knowing whether your audience is with you, particularly if the recipient switches off their camera, you may not even know whether they are there. You don't get as much feedback as a face-to-face session where individuals are able to nod their

heads and ask questions more easily. When you crack a joke, you may not hear the audience laugh if their microphones are off; you question whether the joke is funny, whether there are technical problems or if there is a time lag in the internet! There are many ambiguous things when you teach online. To overcome this, I make the sessions interactive so that I can get feedback throughout the session. I sometimes put up a QR code for the audience to scan. I then ask them to answer a question linked to that QR code. The question doesn't need to be hard, the purpose is to engage individuals, get their minds working.

Another challenge is getting individuals to speak up in sessions. When teaching globally you may find that different cultures do not readily want to speak up or may be used to a teaching style that isn't interactive. I myself am an introvert and previously found it difficult to speak up in teaching sessions. When I moved to the UK, I found that this comes more naturally to British people, they often speak more at teaching sessions. Over time in the UK, I found my voice; I now try to encourage others to find their voice. The remote nature of teaching is also a barrier to getting individuals to speak up. A method I use to encourage people to talk is to ask open questions, ones without a right or wrong answer. So instead of asking the chemical formula for ketamine I will ask a question like, 'Can you tell me about the last time you used ketamine in your clinical practice?'

I think it's also important to appreciate that online teaching is a teaching session of convenience so perhaps people are joining after a busy day in theatre and are just hoping to listen rather than interact, its important to respect that too. Learner and teacher should meet half way.



Did You Do Any Preparation To Be A Remote Teaching Fellow?

I did an Anaesthetists as Educators course which gave me more insight into how to teach seminars online and allowed me to practice this skill. I learnt how to plan and formulate a session, how to optimise the delivery and how to use different online teaching platforms. I did not know how to do interactive sessions so the course taught me how to use tools like polls and break out rooms. I was taught other practicalities about how to optimise the teaching environment like the position of the camera and the lighting.

I would recommend this course as good preparation for online teaching. It is assumed that all doctors are good teachers, but I don't think this is the case despite it being a huge part of our job. Also, there is little evidence to say that doctors are good at information technology, so it's worth considering spending some time doing a course like this to

improve your own skills in this field.

What Impact Has Being A Remote Teaching Fellow Had On Your Role As An Anaesthetist?

Being in the UK and volunteering to help trainees in Zambia may appear like a one-way dynamic but this is very much not the case. Actually, I have taken far more from this experience than I have given. I have learned so much from the trainees' experiences of managing clinical situations with fewer resources and how to navigate these challenges.

I'm a big advocate of having good clinical intuition and skills in anaesthesia. I think with technological advancement and availability in the UK there is risk of losing some of these skills. Recently, I attended a suspected cardiac arrest call on a ward and the junior doctor at the patient's bedside was setting up an ultrasound machine instead of doing a basic initial assessment of the patient, like looking for signs of life. My work with the Zambian team focuses on the basics, the essential components of good clinical care when there may be diagnostic or treatment limitations.

I have also developed new insight on how I can do anaesthetic techniques with a more limited selection of drugs and equipment. As long as the principles behind the plan are safe and meet the goals of the anaesthetic there surely isn't a right or wrong plan. Learning and then using different anaesthetic techniques provides you with the liberty to choose different methods of anaesthesia, have more flexibility in your practice, particularly at times when you may be forced to use a different technique.

What Is The Process Of Applying To The Fellowship?

This was so straightforward. I was given a flyer from one of the previous fellows although if you follow the GADP social media pages on Twitter, Facebook or Instagram you will see posts for when they are advertising these roles. I polished my CV, spoke to previous fellows and asked some Consultants for advice about how to prepare for the role. I then wrote a statement and submitted it with my application. After that I did an interview. After finding out I was successful, I started the role approximately six weeks later.

What Advice Do You Have For Those Joining A GADP Remote Teaching Fellowship?

Most of the teaching sessions occur outside of day time working hours, either before work or after work. Sessions should consider that trainees are likely to be tired. I therefore changed my teaching style to be simpler in its approach, involving lots of images and graphics and avoiding crowded, wordy slides. I also changed my presentations to have a maximum of 10 or 15 slides for a 30-minute presentation.

To ensure that the teaching is appropriate to the Zambian setting I encourage the trainees to discuss what their anaesthesia plans would be in the context of the resources available to them. There’s no point solely teaching about unavailable techniques. I encourage these discussions as these sessions are also an opportunity to learn things that aren’t written in text books. These teaching sessions are for sharing experience. For example, it’s possible to read many resources about eclampsia, but it is also useful to hear about the clinical challenges of managing complex and difficult clinical

situations such as the management of an eclamptic seizure on the operating table. Textbooks give you facts but discussions allow you to be reflective learners. Sharing our reflections on cases that we have managed allow a more practical and rounded approach to learning and keeps learners interested.

Finally, the real reason behind doing this fellowship is to be both a teacher and a learner. Try to contribute to the overall teaching plan by suggesting some topics, perhaps topics that you don't normally do so that you also have an opportunity to learn.

Final thoughts…

Just two weeks ago, I was doing a list with one of the Anaesthesia Consultants in the hospital that I am currently based. We were discussing my current involvement with the remote fellowship. We suddenly had a special moment where my Consultant told me that she had been an in-country fellow with ZADP when it first started a decade ago. She spoke very fondly of her time in Zambia, and appreciated the contribution it had towards her anaesthesia training when she was a registrar. She was amazed that it is now possible to get this insight without having to leave the UK. Our conversation gave me an appreciation of how flexible teaching and training can be nowadays and that the ZADP community is bigger and closer than you think.

If you'd like to get involved with a GADP remote teaching program then please get in touch with either of our two teams via email;

ZADP REMOte teaching

An Insight Into The Zambia Regional Anaesthesia Project By Regional Enthusiast, Dr Arthur Polela

An Insight Into The Zambia Regional Anaesthesia Project By Regional Enthusiast, Dr Arthur Polela

Written By Arthur Polela, Consultant Anaesthetist and Erica Morris, ZADP Senior Fellow | Read Time 9 mins

Learning a new anaesthetic technique can be a challenge. Learning a new anaesthetic technique remotely and then being a driving force for a nation of anaesthetists to learn that technique is nothing short of remarkable. In-country ZADP Senior Fellow, Dr Erica Morris, talked with Dr Arthur Polela about how his dream is becoming a reality.

What is Regional Anaesthesia?

Regional anaesthesia is an anaesthetic technique whereby you inject local anaesthetic with a needle around specific nerves

or group of nerves to try and achieve anaesthesia in a specified region of the body. This may be beneficial for one of two reasons: it enables you to do surgical procedures while a patient is awake (and therefore avoid general anaesthesia) and it is also an excellent modality for pain relief.

Tell Me About You And The Zambia Regional Anaesthesia Project

I did my MMed Specialist training in Anaesthesia and Critical Care in Lusaka, Zambia. During my training I was supported by the Zambia Anaesthesia Development Project (ZADP). Most of this training was delivered to a group of us. Periodically however, we would have mentors come to Zambia to focus on delivering 1-to-1 training on a particular sub-specialty such as paediatrics, critical care or regional anaesthesia. One of my colleagues, Dr Mbangu Mumbwe, who now works in Ndola, was trained in regional anaesthesia. This was the first time I'd been exposed to it. I then applied for a 1-month WFSA sponsored observership in South Africa where I witnessed more regional anaesthesia being delivered in a developed healthcare system. It really impressed me and planted a seed in my mind about regional anaesthesia and its potential impact.



In 2018, THET advertised an opportunity to apply for grants for specific projects. To decide on the project, Dr Sonia

Akrimi (co-director of ZADP) ran a session whereby approximately ten of us created a Theory of Change template for some aspects of anaesthesia we were passionate about improving. We all presented our ideas and then voted on which to submit. I wrote a proposal on creating a Regional Anaesthesia Project in Zambia. It was chosen by the group, submitted to THET, and accepted for the grant! We were also donated an ultrasound machine. Unfortunately, the COVID-19 pandemic prevented mentors from ZADP coming to Zambia so we had to adapt the project in many ways. We teamed up with Ganga Hospital in India. For approximately 6 months we had lectures online every two weeks. So instead of being taught in person, I was taught online.

The Regional Anaesthesia Project is still growing. There are a small group of us Zambians who are trained, like myself. With support from in-country fellows and visiting Consultants from ZADP we deliver classroom and theatre-based teaching.

How Did You Learn Regional Anaesthesia Online?

This is not straightforward, but it's possible. You need to be logical. I'll start with the biggest problem I encountered. The books tell you about many side-effects of regional anaesthesia, such as nerve damage or pneumothorax. If you only read about nerve blocks you will be scared to try it, because of all the listed risks. Really though, you have to think rationally and focus on the benefits that regional anaesthesia provides patients in order to decide that sometimes it's necessary to step into a place that makes you feel uncomfortable. You have to be brave. You either continue what you're doing and never improve or you wait for an angel to bring you the optimal situation, such as someone to teach you in person.

Firstly, I told myself I am not performing these procedures

with ignorance. I really did my best to prepare myself. I went through many textbooks, I watched NYSORA and YouTube videos, I attended virtual teaching sessions. I prepared myself very well with knowledge of each procedure, possible complications and how to manage those complications. One of the first blocks I performed was a supraclavicular block. One of the complications is a pneumothorax. Whilst I took steps to prevent pneumothorax I also told myself that I have managed patients with pneumothorax before and therefore I can manage this potential complication.

There Are Sometimes Opportunities To Travel Elsewhere And Learn Regional Anaesthesia In A Different Healthcare Setting. What Was Your Motivation To Learn Regional Anaesthesia In Zambia As Opposed To Going Elsewhere?

I could probably have gone to Ganga Hospital in India – it would likely have been easier to learn the skill in person. The reality is though, I wanted to learn in Zambia, not just to learn the skill but to simultaneously learn about and understand the barriers to regional anaesthesia and the barriers to change and innovation in general. Ultimately, the aim was to set up a regional anaesthesia service here in Zambia, so learning the barriers to the service would help me establish it. I felt that if I start putting interventions in place maybe I could learn something in the process. I knew starting a regional service would be difficult to implement, so if I learned locally, I would also learn how to navigate challenges. We still have work to do, some growing to do, but it brings me great joy to be able to offer regional

anaesthesia to our patients consistently.

In Addition To Learning Theory, What Practical Advice Do You Have For Those Wanting To Learn Regional Anaesthesia?

Firstly, I'm not claiming I'm magical – even I'm still learning! I do have tips though. Before doing your first block, it's important to practise with the ultrasound and the needle. Use the ultrasound to scan yourself or colleagues to familiarise yourself with the basic anatomy and learn how to hold the probe. Then practise your needle movement with a gel-based block. This might be an official object like the BluePhantom or an improvised alternative like making a jelly-like block using gelatin powder bought in some supermarkets. After getting comfortable with both the ultrasound and needle, I then advise choosing just one block to focus on. Do five or even ten of this one block and then move onto other blocks.

When I teach, I usually start by teaching supraclavicular blocks because it is so impactful which can be really important in our clinical setting. The beauty about the supraclavicular block is that it's complex enough to fully engage a learner but also highly valuable in what it can achieve. If you can learn this block, you will have an easier time learning other blocks. At the start consistency is key.



My next piece of advice is that as you learn your aim should

be analgesia or pain relief, not anaesthesia. Combine your first blocks with a general anaesthetic or a spinal (if lower limb). Then after the procedure speak to your patient and assess how successful your block has been. When you start to realise your blocks are very good then you can start to target surgical anaesthesia and awake surgeries. Practically, you also want to know that you have adequate time to do a block, particularly when you start out. If I'm aiming for analgesia, I do my blocks at the end of the procedure so as not to delay the theatre team if they are waiting for me at the start. This will avoid feeling pressured by the surgeons or theatre team. If you're doing a block for anaesthesia (awake surgery) you will need approximately 30 minutes for it to work, so make sure you are patient and allow time for it to work. If I logistically can, I sometimes do these blocks in the recovery room to allow sufficient time for the block to work prior to surgery. If you prepare well, and your block is successful the surgeons will be so happy that they don't have to wait for you to perform a general anaesthetic! If you can demonstrate that you can save theatre time with blocks the surgical team will help you more and more.

Finally, choose very wisely the right dose of local anaesthetic especially if you don't have intralipid as there is no room to make a mistake.

What Do You Think Are The Biggest Difficulties That You Have Encountered Starting This Regional Anaesthesia Service?

That's a difficult one as there are and have been several problems. I think the biggest, on many levels, is challenging the mindset around regional anaesthesia. There are people who don't see the need for it. Even within the specialty of

anaesthesia, individuals can complete their anaesthesia training and not have to learn regional anaesthesia. If trainees haven't been exposed to regional anaesthesia in their training, they will rely on spinal and general anaesthesia as their only means of anaesthesia, and not see the need to learn an alternative. I'm trying to make people understand that regional anaesthesia can be a safer anaesthetic technique, but also that it is also an important method of pain management.



Another issue is the lack of equipment. Many of these issues

are ones we can't anticipate. For example, we were generously donated an ultrasound machine which filled us with lots of energy and enthusiasm for regional anaesthesia, but after a month the ultrasound machine broke. We had to find another one. We managed to get another when the THET funding came through for the project. Since then, we have been fortunate to have been donated two machines from UK colleagues. Over the long run, this is not sustainable: we can't rely on donations. If the project is to grow in Zambia we need home support. My idea is to develop the regional anaesthesia service in Lusaka; to make regional anaesthesia available to the public with what we currently have; to show other hospital specialties, our colleagues, the benefits of regional anaesthesia and the skills that come with using ultrasound. For example, people now call our department to ask us to use the ultrasound machine to put central or peripheral venous catheters in. I will then be able to tell our hospitals: "This is what we managed to achieve without your help, now we need your help to sustain and develop the service." However, in order for me to do this, I need data – I need evidence.

We're not doing too well on data management, but we are working on it. We have a spreadsheet which we use to record the blocks we do. A challenge is motivating people to input their blocks to the spreadsheet. With this data we will be able to canvas support from our hospitals, use it to develop the service and share our data at conferences. It's so important to go to conferences as it is at these places that you meet other people, where you get new ideas about how to set up and develop services.

I did a 1-month WFSA sponsored observership in South Africa. It really opened my eyes. Before doing the observership I found it difficult when people came to Zambia to teach new skills. I used to think, 'What's the big deal why do I have to learn this? I have done many cases before, even complex cases, and the patient is alive at the end of the case.' Going to

South Africa and seeing a different healthcare system allowed me to see a different picture, different anaesthetic goals. It is so difficult, sometimes impossible to understand a new objective when you've never had the opportunity to see what you're aiming for. I had never seen regional anaesthesia before or had the opportunity to see its benefits. The observership helped me to see a gap that was present in Zambia.

Where Do You See The Regional Anaesthesia Program Going In The Next Few Years?

With regard to my hospital – Levy Mwanawasa Hospital in Lusaka – there are currently only three of us doing regional anaesthesia. Our idea is to start a training program for regional anaesthesia. At the end of this program an individual should be able to do certain high impact blocks such as Plan A blocks. Whilst initially this will develop their in-theatre anaesthesia practice, in the long run we aim to set up an acute pain service. For example, if someone comes to the hospital with fractured ribs, they could be provided adequate pain relief with an erector spinae plane block. Even if I manage to teach five more people then my job is done – others can then learn from those five.

I would also love to be in a position where we are able to offer residents and consultants observerships, as I benefited so much from one. Many people come to Africa, to Zambia to teach anaesthesia, I'm so grateful and I'm not saying it's bad, but I really feel passionately that a lot can be gained from individuals from Africa going to do observerships elsewhere. It inspired me and motivated me to bring other techniques, other standards to Zambia.

What Opportunities Has Doing Regional Anaesthesia Given You?

The world of regional anaesthesia has opened up many opportunities to me. Firstly, I got exposed to the African Society of Regional Anaesthesia (AFSRA). Through AFSRA I have met people from Regional Anaesthesia UK (RA-UK), the American Society of Regional Anaesthesia (ASRA) and the European Society of Regional Anaesthesia (ESRA). By meeting all these people I have learned many things that have allowed me to develop the service in Zambia, I have also been able to share my story. I share a lot of information on Twitter which demonstrated my commitment to regional anaesthesia. At the AFRSA annual conference in Egypt last year I was encouraged to apply for the role of Ambassador for Zambia for AFRSA. I got appointed!



I now network with the Global Anaesthesia, Surgery and Obstetric Collaboration (GASOC). I have joined their missions to try and expose regional anaesthesia to other low- and middle-income countries (LMICs) so that they can also implement similar models in their countries. I was in Uganda with them in April.

This endeavour has allowed me to travel and I have other trips planned. I have been asked to present at the WCRAPM in Paris in September and I will also go to Morocco later on in the year for the AFSRA board meeting as I am now a board member. Next year I believe I will go to Cameroon.



Finally, Do You Have A Favourite

Block?

This is difficult because I like all of the blocks but it has to be either supraclvicular because of its high impact or recently I've come to love erector spinae plane blocks (ESP). We have been doing these for mastectomy patients. The general surgeon loves them, they really want us to do them for all their patients. Many of the patients have been discharged earlier, need very little opioids throughout their stay in hospital, have fewer opioid side-effects and less pain issues on the ward. In truth, I like many blocks, I'm just obsessed with setting up the whole service, the bigger regional anaesthesia picture.

If you'd like to get involved with the Zambia Regional Anaesthesia Project either in country or remotely please get in touch.

GET IN TOUCH

An Insight into Paediatric Anaesthesia Specialist Training in Zambia

An Insight into Paediatric Anaesthesia Specialist Training in Zambia

Written By Sompwe Mwansa, Paediatric Anaesthetist and Erica Morris, ZADP Senior Fellow | Read Time 6 mins

Dr Sompwe Mwansa is one of the two anaesthetists that make up the first cohort of Sub-Specialty Trainees in Paediatric Anaesthesia in Zambia. We wanted to find out more about her experience so ZADP Senior Fellow Erica Morris quizzed her on her Sub-Speciality Training Fellowship so far.



EM: What is Paediatric Anaesthesia Specialist Training in Zambia?

SM: It's a fellowship program for medical doctors who have a post graduate qualification in anaesthetics who would then like to further refine their skills and knowledge in the provision of anaesthetic care for children. The program is part of the Paediatric Anaesthesia Training in Africa (PATA) Fellowship, which is a continent-wide fellowship that has

faculty from five countries, these being Zimbabwe, Zambia, Uganda, Nigeria and the USA. The Fellowship is a collaboration, with partners from the WFSA, Society of Anaesthetists of Zambia (SAZ), Smile Train and the Vanderbilt University Medical Centre. Essentially, it's a collaborative effort to provide us Fellows with the knowledge and skills that we need to care for children in low and middle income settings. This includes ensuring best clinical practice and patient safety, in addition to understanding the spectrum of socioeconomic situations that our patients come from.

EM: Why is it important to have a Specialist Training Program for Paediatric Anaesthesia?

SM: Paediatric patients encompass a huge spectrum of development; we have children who are born prematurely and children who are on the cusp of adulthood. All of them have such different physiological and psychological requirements in addition to differences in their understanding of their illnesses and treatments. A child's understanding and perception of the peri-operative period can be made more complex by their diverse cultural and socioeconomic backgrounds. It's important to have a Specialist Training Program to provide anaesthetists with the skills to navigate these challenges. Finally, the Specialist Training Program prepares Fellows to provide safe anaesthetic care in unfamiliar settings. For those children who are unable to reach our Specialist Children's Hospitals, we go to them, taking surgical teams to their local hospitals as part of outreach missions.

EM: What made you decide to

specialise in Paediatric Anaesthesia?

SM: Paediatric anaesthesia is very mentally stimulating and very mentally challenging! There is no “cookie-cutter” approach to delivering an anaesthetic. Every child comes to you with a different set of problems and challenges that you have to overcome. You really have to exercise your mental muscle in order to provide the best standard of care.



SM: I also appreciate that working with paediatric patients naturally develops a physician’s non-clinical skills. You begin to understand subtleties in patient behaviour. You start to refine your approach to different patients in order to take into consideration factors like their physical and mental age and their understanding of their illness. These skills start to spill over into practice with adults. Essentially paediatric anaesthesia has a positive ripple effect on all other aspects of anaesthesia.

SM: Finally, I think this Fellowship is a really exciting

collaboration. The program has given me the opportunity to do sub-specialty training in my home country. It means a whole lot to me that through my learning I will be able to positively impact children right here in Zambia.

EM: What is an average day like for a Paediatric Anaesthesia Specialist?

SM: It really depends on where I'm working! If I'm working in Lusaka at University Teaching Hospital (UTH) then my day starts at about 07:15. I find myself in theatre preparing for the day ahead. I review the operating lists to look at the number of major and minor cases. I also review the number of anaesthesia residents and non-physician anaesthetists who will join me and establish what supervision they will all need. Essentially the start of the day is all about strategising! The day then proceeds – a large part of my job is supervision and teaching but there is a fair amount of clinical work too. We carry on until the last case is done which should be about 16:00 but can be as late as 20:00 depending on the complexity of some surgical cases.



SM: We do occasionally have surgical outreaches to places like Kabwe or Chitokoloki Mission up in the North-Western corner of Zambia. On these missions my days are a bit different. On the first morning of our outreach the surgeons have a clinic then in the afternoon we start with some simpler, short cases. We then plan for the next couple of days of the outreach. Unlike working at UTH, where I usually have a resident or non-physician anaesthetist with me, on missions I'm typically by myself. As a result my focus is on clinical work with less focus on supervision, although this can depend on the staff present at the mission centre. Depending on the surgical caseload we can have 12-14 hour days as we bear in mind that we may have limited opportunity to return.

EM: What do you enjoy most about being a Paediatric Anaesthesia Specialist?

SM: I most enjoy the diversity of the patient group that I work with on a day-to-day basis. I also appreciate that my

impact extends far beyond my clinical work of providing children with safe anaesthesia. Supporting children through the perioperative period is a really fulfilling challenge.

SM: I also really enjoy working with the paediatric team and in the paediatric environment. Working in sync with a big team of individuals who are all passionate about delivering safe surgery and bettering the health of children is incredibly fulfilling, it really amplifies the enjoyment I get from my job.



EM: What are the biggest challenges for Paediatric Anaesthesia Specialists?

SM: I think the biggest challenge is that there are so few paediatric anaesthesia specialists presently employed in the ministry. There are currently two specialists and when my colleague and I finish our fellowship there will be four of us. Four specialists serving a population of approximately 10

million children! It’s a huge number of children who need surgery and who need access to an anaesthetist with our level of training. We don’t have the number of us right now to meet that kind of need. Even with our outreach work, there are still so many children that we are unable to serve.

SM: Another major challenge is trying to shine more of a spotlight onto safe surgery and perioperative medicine. There’s a lot of focus on communicable diseases such as HIV, malaria and tuberculosis whilst perioperative medicine, safe anaesthesia and safe surgery frequently fall into the background. A huge part of the population loses access to the surgical care they need due to problems relating to lack of surgical equipment and drugs for anaesthesia.

EM: What’s next after you finish your Specialist Training Program?

SM: After I finish my training program, I hope that I will be deployed to a place that I can have the most impact. Not every hospital in Zambia does paediatric surgery so I’ll be most useful in a centre that does this. This will hopefully mean that I’ll work in one of three Zambian paediatric surgery centres, either here at UTH, Levy Mwanawasa General Hospital or up in the Copperbelt region at Arthur Davis Children’s Hospital.

EM: How do you become a Specialist in Paediatric Anaesthesia In Zambia?

SM: After completing specialist training in anaesthesia and critical care it is possible to apply for the Speciality Fellowship through the University of Zambia. There are two parts to the Fellowship, an initial 12 months component then

an additional 6 months component. On completion you are awarded an Advanced Masters of Science in Specialised Medicine in Paediatric Anaesthesia. Each year applications for the Fellowship open in April and close in May.

SM: The Fellowship is open to any physician who has a qualification in anaesthetics who would like to work with a patient population that frequently includes children, be it paediatric anaesthesia, critical care or trauma care. So many of the skills learned during this Fellowship are essential core skills for any anaesthetist. It's definitely something I would encourage anybody to do.

PATA is currently advertising two 12-month Paediatric Anaesthesia Fellowship posts in Lusaka starting in September 2023. Applications close on 15th May 2023.

PATA APPLICATION

How To Choose An Overseas Anaesthesia Fellowship

How To Choose An Overseas Anaesthesia Fellowship

Written By Harriet Morton, ZADP Senior Fellow | Read Time 6 mins

Looking for an overseas anaesthesia fellowship can be a daunting task. There are many fellowships available around the world, all of which have different areas of focus. The important factors to consider will be to decide what sparks your interest, where you might like to visit and what you hope to gain from doing a fellowship. Other considerations will include how to finance the fellowship and deciding when is the best time for you to do one.



What is an Anaesthesia Fellowship?

A fellowship is the opportunity to dedicate time to an area that holds particular interest to you, usually in a place which is able to give specialist training or exposure to that interest.

Why do an Anaesthesia Fellowship?

The UK Royal College of Anaesthetists training scheme has a broad curriculum, but with so many areas to cover it can be difficult to get more experience in areas that interest you. Doing a fellowship means spending more time in that area of interest to enhance your skills and knowledge, allowing you to bring back that expertise into your clinical practice at home. Usually your fellowship will be in a different healthcare system, which offers insight into different ways of practice that you would not otherwise gain.





However, taking a fellowship usually requires you to take time out of training or delay a stage of training (or the start of a consultant post if you have already finished training). This can be difficult to coordinate. Financial considerations will also play a part, as some fellowships will be entirely voluntary or offer modest compensation, but will not cover the mortgage bills at home or large financial outgoings while there. Some fellowships may be paid at a similar rate to at home. An overseas fellowship also requires you to move to a different country, which is likely to bring several extra factors into account including visas, work permits, registration in that country, as well as differences in culture and in clinical practice, which can be interesting but challenging.

How to Choose the Focus of Your Fellowship?

You may already have an idea of what you would like to focus on during your fellowship. If not, then consider which areas

of anaesthesia you enjoy working in or find stimulating, or would like to see developed more in a hospital where you will work in the future. A fellowship can be a ‘generalist’ one, covering all areas of anaesthesia, or a ‘specialist’ fellowship, which will have an emphasis and particular area of focus. For some, a fellowship may be an opportunity to work in a different healthcare context, such as a resource-poor environment or remote setting. Perhaps you would like to focus on non-clinical areas of practice, such as teaching or simulation training, or leadership and management opportunities.





Is there a skill you would like to enhance, or a particular area of anaesthesia that you feel you would like to personally advance? Is there a system or structure you wish to learn in order to bring it back to your hospital, such as a pre-assessment clinic or a regional anaesthesia ‘block’ room? Is there a style of teaching you wish to develop, or a system that will allow you to advance your leadership and management abilities with the aim to translate them into your practice at home? Do you want to work in a low- or middle-income country and gain experience in a resource-poor environment?

Which Countries Can You Do An Anaesthesia Fellowship In?

You can do a fellowship almost anywhere in the world! Fellowships in high-income countries are more likely to be ‘specialist’, in a specific area of anaesthesia with a clinical workload that will be based around the sub-specialty e.g. regional or paediatric anaesthesia. In contrast, a fellowship in a low- or middle-income country may be less

focused on one area of anaesthesia and may involve a variety of clinical work as well as teaching, quality improvement projects and management roles, often involving patients with pathologies you have never encountered before.

Anaesthetic Fellowships is a great starting point to finding anaesthesia fellowships.

It is possible to arrange your own fellowship, but it will require a lot of organisation and motivation. From initial contact and expressions of interest, you will need to agree with them your role, appropriate supervision, medical registration support, salary (or lack thereof), clinical obligations and non-clinical roles. While potentially hard work to set up, a self-organised fellowship can be extremely rewarding and targeted to your interests.

What Other Factors Do You Need To Consider When Doing an Overseas Fellowship?

If you've chosen your specialist area of interest – or kept it general – and chosen your destination country, then there are a few other factors that will come into play. These will include:

- **Funding** – are you being paid, partially funded or entirely self-funded? How will you manage your finances while you are away from your job at home?
- **Duration** – how long do you want to be there for? A longer fellowship allows you time to settle in, integrate more into the country and department, learn more and implement more change, but it comes at the cost of life at home with family, work and friend considerations, to say nothing of the financial implications.

- **Timing** – when should you do the fellowship? Do you wait until the end of training, go early in your career or time it for the middle of specialty training? There is rarely a ‘perfect’ time to go, but choosing a time best suited to you is key.
    - **Training** – if you are in training, are you able to step out? Fellowships during training will require Out Of Programme (OOP) organisation through your school of anaesthesia and the Royal Collage of Anaesthetists (if you are UK based).
    - **Exams** – pursuing a fellowship may have to be timed around exams, and some schools of anaesthesia may want you to have finished certain exams before releasing you for your OOP.
- **Company** – who is going with you? Can you bring your family with you? Would they want to go? If moving abroad for a prolonged period of time, it might be possible to bring partners +/- family with you, if it suits you.
- **Health and Insurance** – how will you look after your health and wellbeing while abroad? Have you found appropriate insurance and indemnity to cover a likely prolonged period of absence from the UK?

Whether self-organised or formal set-up, self-funded or salaried, an overseas anaesthetic fellowship is a fantastic opportunity to see the world of anaesthesia (and the world in general) from a different perspective and allow you to develop countless skills – both clinical and non-clinical – to enhance your abilities. While not always a straightforward undertaking, it will be a rewarding and stimulating period that will provide valuable insight and experience for your future career.

Head To Our Current Programs Page For More Information About Our Overseas

Fellowships.

CURRENT PROGRAMS