

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

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

Dr Helen Williams 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 CO₂ 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 remifentanyl 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.



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