

Hi from Rwanda! a 26338 Km² “country of 1000 hills”, recent commonwealth organization member with only 14 national surgeons out of 10million inhabitants ; member of East African Community (Kenya, Uganda, Tanzania, Burundi and Rwanda) and of the COSECSA(College of Surgeons of East, Central and Southern Africa); I am happy to send you my report about my 2010 ASGBI international bursary won.

Welcoming us to Liverpool

I was welcomed and accommodated in the Jury’s Inn Hotel Liverpool since 11th April;

The organization of the programme was excellent; thanks to the organizers’ team, thanks to Bhavnita and Mr. Martin for your wonderful work.

I appreciated the walk through Liverpool to **Radio City Tower** for tour, skyline views and buffet supper with Mr. Martin to welcome all of us (fifteen) 2010 ASGBI international bursary winners.

Hospital visits in UK

The Hospital visits were well organized, the first hospital I visited was **Aintree University Hospital** NHS Trust Foundation.

I was welcomed by the hospital reception then by Mr. Poston Graeme and his team, attended ward rounds in the surgical units and multidisciplinary discussions.

Challenges in surgery were discussed with him; I and my colleagues enjoyed the works done in hepatobiliary and colorectal units. There are big differences and gap between our poor settings and the moderns we have seen there about many levels such as: training and research, Staffing, equipment facilities for diagnostic investigations, patient care for example: less invasive surgery using laparoscopic surgery and cost effectiveness powered by NHS etc.

The team was humble to give us clarifications when necessary.

We wished we should benefit from a modern training in order to improve our quality and quantity of our capacity to take care of our patients as we have seen this being done there.

For the **Countess of Chester Hospital** NHS Trust Foundation, we have been received by the reception then guided by Prof Eduard and his team.

We assisted to three ERCP procedures. For me it was the first time to see these procedures lively being done. In my country no equipment for it though I have theoretically studied it. I realized that in our poor settings we need clerkship in modern settings also.

The visit to the **Royal Liverpool University Hospital** NHS Trust was very exciting and educative. We attended presentations on oncoplastic surgery of the breast, on the new endoscopic management of acute pancreatitis and on the rectal sphincter incontinence management.

About 2010 ASGBI congress and scientific conference in Arena BT Convention Centre, Liverpool

I am thankful to the sponsors such as the international development committee for the registration done for me; I appreciated scientific papers, exhibitions and posters presented.

For instance, BJS papers which changed practice in last 10 years in different surgical fields, the patient safety papers, 90th anniversary guest lecture such as "In Sickness and in power: Illness in Heads of Government during the last 100 years" by Lord Owen, Challenges of surgery in the developing World, Challenges in Surgical Training in the developing World, etc..In total the presentations were appreciated and widely discussed.

To overcome these challenges especially in our limited resources settings, the cooperation in funding partnership and exchange programmes between developed countries' systems (such as UK) and ours are required.

EXTRA

The time of the Iceland volcanic eruption with ash cloud paralyzing the airspace since 17 up 24th April in general obliged us to be stuck in the Hotel and we are thankful for the ASGBI help for the extra days' accommodation. Consequently with the flight cancellation and postponement, I have thought that to maximize the prolonged extra days, I was going to visit **Woolastone House and Whittington Hospital in Archway** where Mr. Russell Lock has given me an appointment.

-In Whittington Hospital NHS Trust Foundation, I give my thanks to Mr. Russell Lock who welcomed, introduced and guided me through the hospital reception, the surgical and the multidisciplinary teams, his trainees and in Archway as well. I felt well oriented and have learnt and gained much more from Him.

I attended his best tutorial teaching to UCL trainees, then a multidisciplinary meeting discussion on cases and attended his outpatient consultations where modern practices and processes have been shown to me when handling patients and computerizing visit data.

This great consultant surgeon is the right man in the right place since long ago with his simplicity and humility though he is a great Professor. Mr Russell Lock and Mr Robert Lane trained many great and famous surgeons on this planet not only in UK but also in developing countries especially in Sub Saharan Africa.

For instance my actual Dean (Prof. Patrick Kyamanywa) of the Faculty of Medicine in National University of Rwanda has been trained by Russell in Uganda. Even here in my Country Mr. Lock and Mr. Robert Lane (Founder of BSS and now Programme Director for International Development for the Association of Surgeons....) have contributed much through their advocating and implication in building surgical capacities during our critical post 1994 genocide period. By improving surgical education and training helped here by Prof Ignatius Kakande (the head of surgery Department in the National University of Rwanda) and our 9 elderly national surgeons, they have inspired much and helped our government health stakeholders and partners efforts to start post graduate trainings in the National University of

Rwanda on one hand and to implement the community health insurance scheme in the population on the other hand. The National Health system is improving in public health in general and in clinical practice despite our poor resources, especially in surgical field.

The outcomes in Rwanda led by President Paul Kagame, honorary fellow of COSECSA, the ministry of health and its partners' sponsors: 5 young surgeons have been graduated and we have now 14 surgeons (through them 4 COSECSA fellowships in general surgery). 12 residents are following the post graduate training programme (5 including me are in the 4th year and 7 in 2nd year). The regional training and practice integration have been started. Rwanda Surgical Society (RSS) has been created in 2007 and in 2008 it joined the Association of Surgeons of East Africa /College of Surgeons of East Central and Southern Africa (ASEA/COSECSA). For instance apart from being advocators for developing countries in developed ones such as UK who supports much our government developments' efforts to build capacities, they are founders and have provided and contributed much (With their corporate partners including ETHICONS..) in Basic Surgical Skills trainings. The outcomes are that our trainers' surgeons and trainees have implemented BSS up to the level of some district hospitals' general practitioners up to the undergraduate trainings.

Student surgical club have been created in the Faculty of Medicine and extended in Goma, Democratic Republic of Congo to sensitize here young generation including women to join surgery in the post graduate programme up to fellowship levels.

To reduce the gap between developing and developed resources training and practice such as what we have seen in UK challenging us, there is a need of fellowship training in these modern developed settings to enable us broadening quantitatively and qualitatively our knowledge.

Conclusion and the way forward

My point of view as a 2010 ASGBI international bursary winner coming from a poor country of a post genocide rebuilding period; is that I have gained much from what I encountered in the modern surgical settings of health system of UK. I also gained opportunity to practice my English communication though I before was a fluent French speaker.

The bursary award offered to us is a good sign of recognition that ASGBI and its partners are thinking and doing well to improve surgery not only in UK but around the planet because, us, young generation coming from many different limited resources countries, have been introduced to modern surgical settings and this have inspired our minds with many challenges. We hope this cooperation will continue and largely intensify at the point of not only admitting, training and integrating us but also modernizing our settings up to the standards if possible.

God bless you all