



Report on the Association of Surgeons of Great Britain and Ireland International Bursary Award, 2009

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International Bursary

The purpose of the Bursaries is to provide support for overseas' trainees in the development of their training by providing the possibility of spending two days in a UK hospital and attending the International Surgical Congress. I was one of seven surgical trainees selected from Kenya, Zimbabwe, Uganda, Sri Lanka and two from Ghana.

Royal Alexandra Hospital

Three of us spent the first two days at the Surgical Department of the Royal Alexandra Hospital. During this time we had a feel of how things were run on a day to day basis. We were hosted by Mr Ken Mitchell, an upper GI Consultant and other Consultants and Surgical Trainees. This team was really helpful, friendly, answered all our questions and gave us insight into the NHS and surgical training in the UK. They also made time to treat us to a meal at a lovely restaurant.

We were taken around the Department and had a look at the wards, theatres, recovery ward, High Dependency Unit, Intensive Care Unit and Emergency Unit. We attended a Multidisciplinary Team meeting where all the cases were discussed weekly. Video Conferencing was used and all specialities involved in management of the cases were present, including Surgical Consultants and Trainees, Radiologists, Pathologists, Oncologists and Nurse Specialist.

I spent a day at the urology theatre and had the opportunity to watch a couple of ureteroscopies and stone fragmentation with a lithoclast. A couple of hours were also spent at the Lower GI and urology Clinics. I really enjoyed spending an afternoon at the Postgraduate Unit picking up some laparoscopic and endoscopic skills on the Laparoscopic and Endoscopic Simulator Training machines. I did my first laparoscopic cholecystectomy!

There were numerous differences in their systems and services from what goes on in Ghana. The few that come readily to mind are;

- Every equipment, facility and drug is available.
- All paid for by the NHS.
- Patients are notified by post of appointments for investigations.

- All patient records are computerized including investigations and imaging.
- Networking within and with other hospitals.
- Multidisciplinary Team Meetings weekly.
- Respect for the patient.
- Patient Safety.
- Patient input in decision making regarding his/her treatment.
- All procedures explained to the patient.
- Teamwork and respect between the various health workers.
- One does not always need a face mask in theatre.
- Different sizes of scrubs available.
- No waiting time in theatre, everything and everyone works like clock-work!

International Surgical Congress of the ASGBI, 13th to 15th May 2009

This year's Congress was held at the Scottish Exhibition and Conference Centre, Glasgow and the theme of the meeting was 'Delivering a Modern Surgical Service'.

It was a well organized and a well attended congress. Things were done such that there were several sessions simultaneously going on and one could choose what to attend at what time.

As part of the Opening Ceremony, there was an inspirational talk on leadership and teamwork at the highest level of sport by a non-medic and national hero Dr Willie McBride who was the former Irish and British Lions (rugby team) captain. There were Symposia, lectures, numerous papers, laparoscopic video sessions, workshops, posters and an Industry Exhibition. Prizes and awards were given for the best research work (Moynihan Prize) and other papers and posters. Notable was the large numbers of papers presented on research and studies done by consultants and trainees at various hospitals all over the UK.

Some interesting and stimulating sessions I attend were on Non - GI Oncology, Trauma, Venous Thromboembolism, A Bad Day On Call and the Laparoscopic video sessions. The current situation, advancements, research and new horizons were discussed. There was a session for the Overseas Surgical Fellowship group which I attended. Discussions were centred on delivering surgical service in a conflict environment. Surgeons shared their experiences in working in war torn countries including Iraq. It was both insightful and inspiring.

A lunch reception was held for this year's bursary winners where we met with our sponsors and were presented with certificates. There was also a superb Gala dinner which we all attended and had the opportunity to mingle with other surgeons.

Conclusion

It has been most useful, giving me a feel of how things are done in hospitals elsewhere where every resource is available but at the same time I realise a lot can be changed with discipline and a change in attitude of service delivery by all health workers. Of course,

this would be easier if we also had the same facilities, more staffing, better remuneration and a lighter case load. But it should not stop us from trying.

The Congress was interesting and well organized. I learnt a lot from the various sessions and perhaps we could all get in to more research and studies pertaining to our special local circumstances.

I am grateful to the ASGBI for making this trip possible and enjoyable. Special thanks to all our sponsors, Mr Ken Mitchell and all the surgeons and trainees who hosted us at the Royal Alexandra Hospital and to the organizing committee.

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