

Hand Trauma Care Course

Sierra Leone 27th-30th March 2019

“If you want to go fast, go alone. If you want to go far go together” African Proverb.

Sierra Leone lies on the coast of West Africa with a population of 7 million people. It is a country of tropical scenery low income and poverty. Since 2010, The British Society for Surgery of the Hand (BSSH) and ReSurge Africa have collaborated to develop the first reconstruction unit in the country at the Holy Spirit Hospital, Makeni. This visit aimed to provide an education programme to medical staff, therapists and nurses on improving care of patients with hand trauma. The team consisted of myself, a hand therapist, two Orthopaedic consultants Steve Hodgson and Jonathan Jones and Reconstructive surgeon Abdulai Jalloh. Abdulai is a Sierra Leonean doctor who he has been supported by ReSurge Africa and will be completing his surgical training at the end of the year. On his return to Sierra Leone he will be the only Reconstructive Surgeon in the country.

Our visit consisted of four days of teaching at three locations, teaching groups of between 30 to 40 participants. As a day course the programme was an overview of upper limb trauma. Covering lectures of anatomy, assessment, fracture management, tendon injuries, infection and principles of hand therapy. After lectures in the morning we carried out practical workshops of splinting, digital block, x-ray interpretation and small group case studies.

Prior to the visit the team communicated through email, Whatsapp and Zoom conference calls to co-ordinate content and plan the programme.



Landing in Freetown, was somewhat of a home coming for me having grown up in Africa. The familiar heat, humidity, a wave of smells of dusty and smoky wood. The hustle and bustle as crowds of people offer to carry your bags to a taxi for a small tip.

We first travelled three hours east of Freetown to Makeni. There are lots of motorbikes, tut-tuts and poda-poda passenger mini buses. However, the main roads are surprisingly good due to Chinese investment but once off the main road dirt tracks provided “African massage”!

The Holy Spirit Hospital (HSH) in Makeni was established by Dr Patrick Turay. Through many atrocities in the last decade it has continued to develop and expand with the help of the Italian Diocese and a lot of determination. The Holy Spirit Hospital now has 70 beds, an Outpatients Department, x-ray, a Pharmacy and two operating theatres. Sadly, the physiotherapy department was recently destroyed by fire. However there is new development with plans for physiotherapy, pathology labs and a burns unit.



We were fortunate enough to stay in a small guesthouse next to the hospital. Between which is a very popular dusty football pitch used by local children and teams. We were made very comfortable at the guesthouse with some useful access to Wifi.



The second hospital we visited was rural Masanga Hospital 45 minute drive from Makeni. It is a beautiful drive through green tropical woodland, villages and cropland (mainly potatoes). It is now the training centre for the countries Surgical Community Health Officers. The Surgical Community Health Officers deliver much of the emergency surgical cover in a country lacking medically trained surgeons. I was also pleased to discover that a new School for Physiotherapy in Tonkolili has recently opened. The BSc programme has been developed in support with national and international stakeholders and currently has its first cohort of 17 students in their first year.

Our final day was at Connaught Hospital, the principle referral hospital and training hospital of Sierra Leone in Freetown. Freetown sits on a costal peninsula overlooking one of the world's largest natural harbours. Long stretches of beaches lie beneath a colourful mountainous scenery of greenery, new constructions and corrugate sheeted shanty towns.



At all the teaching locations we were supported by Dickya from ReSurge Africa. He organised the recruitment of participants, lecture rooms, transport, accommodation and food throughout our four day stay. His efficiency, local contacts/knowledge and organisation was key to the running of the programme. Members of our visiting team also took on roles of time keeping, marking test papers and the setting up of practical workshops. All lectures were PowerPoints using a projector. It was beneficial that all team members had a small laptop of various makes as connection leads varied from location to location. During initial lectures of each day the team was able to gauge some of the levels of training and understanding of the participants adjusting some of the course content to best meet the needs of the audience.

Hand therapy was a small part of the teaching programme, covering the main principles of hand therapy intervention. The PowerPoint was picture based and physical examples of splints, coban, slings, exercise equipment etc were very beneficial. A short hand out was also provided for the talk and splinting workshop. I was able to encourage multidisciplinary working and promote the skills of therapists. Feedback from delegates reported gratitude, inspiration and motivation to further their knowledge. Evaluation forms requested more frequent courses, greater depth of knowledge over a two/three day course and to continue to include both theory, practical sessions and clinical case reasoning.

In conclusion, the visit was beneficial and successful. There is scope to further enhance collaborative, sustainable education and working in Sierra Leone. Future projects could include:

- Continued presence of Hand Therapy as part of future upper limb medical or surgical training programmes. This would help develop foundations for multidisciplinary working and reiterate importance of therapy as part of rehabilitative process following medical intervention.
- Development of an integrated two day Hand Therapy course delivered to therapists of Holy Spirit Hospital and qualified therapists. Firstly to develop local knowledge and support the newly developed reconstruction surgical team at Makeni. Additionally, those who have attended the training could cascade knowledge to other departments and link with the Physiotherapy BSc course.
- Provision of clinical support, joint working and mentoring to therapists working at Holy Spirit hospital. Develop standards of practice and protocols for management of hand injuries, which again could be used nationally and integrated into teaching of Physiotherapy BSc programme.

I would like to thank BSSH and ReSurge Africa for making this training programme possible. Thanks also to all the team members involved for their ongoing hard work, support, knowledge and teamwork. Performance Health and Horder Centre very generously provided teaching materials and splinting equipment.