Midwifery Education in Tanzania

The Fundamental Intervention and Safe Transfer (FIRST) course was initially designed at the community level in Africa for surgical and obstetrical intervention. The course was created to teach both clinical officers and midwives essential surgical skills and the ways to accurately assess patients in determining who needs priority referral, and the means to prepare for a safe transfer. The course activities have been implemented in Ethiopia and Tanzania. However, it is only this year that the focus was turned to student midwives.

In September of 2013, the course was adapted for Diploma Nurse Midwives in Tanzania. Course activities include new simulation models, case studies, and testing material which were developed, as well as a FIRST manual specific for midwives.

In late November 2013, instructor courses led by Dr. Ronald Lett were held in Tanga, Tanzania where 12 Tanzanian colleagues were certified to teach the course. In the first week of December, two provider courses were led by Dr. Christine Bloch. In total, 40 pre-service students completed the two-day course at Tanga Nursing Training Centre. Dr. Bloch returned to Tanga in February 2014 with Dr. Jan Christilaw to conduct two more training sessions, this time for 40 in service students.

Expanding the work of CNIS involves specific curriculum, trained instructors from Canada and the Host county, as well as the good will of all. Four Canadian-based midwives took the instructor’s course in Vancouver and one will be able to participate in the next set of courses which are planned to occur in Dodomo, Tanzania in May 2014.
Introduction of ESS to Arusha, Tanzania

The Essential Surgical Skills (ESS) course is the first of three courses provided to Assistant Medical Officer (AMO) students who are targets of the SORT program in Tanzania. During the first two weeks of December 2013, Dr. Robert Taylor assisted in implementing the course at the Arusha Lutheran Medical Centre (ALMC) in the city of Arusha, located in the north-central region of the country.

The Centre has recently embarked on a training program for Assistant Medical Officers and these AMOs carry much of the clinical load throughout rural Tanzania. Incorporating the ESS course into the training program is an integral part of the national government’s emphasis to upscale the clinical competence of its rural providers. This fits in precisely with the goals of the SORT program.

Eight faculty members of the ALMC (representing surgery, obstetrics, orthopedics and anesthesia) took the ESS Instructors course during the first week and these instructors, along with Dr. Taylor, conducted the ESS Providers course for eighteen trainees during the second week. Enthusiasm was high during both weeks and the expressions of gratitude from both the faculty and trainees were numerous. Dr. Geoffrey Kibira, the Director of the AMO School at the ALMC, stated during the closing session of the course, “We are so grateful for the experience of this ESS course, not only for the skills gained by our trainees, but also for the awakening of possibilities for us as a training institution in serving our country. We look forward to building on this experience.”

Canadian volunteer Dr. Taylor along with the Assistant Medical Officer (AMO) trainees.

CNIS Professional Medical Volunteers Generate High Productivity

The tremendous educational output of CNIS is dependent on the participation of professional medical volunteers who dedicate their time in East Africa. This requires they undergo preparatory training before they embark on their journeys. CNIS has instructor’s training courses for:

- Essential Surgical Skills (ESS)
- Trauma Team Training (TTT)
- Structured Operative Obstetrics (SOO)
- Fundamental Interventions, Referral and Safe Transfer (FIRST)
- Safe Surgery Saves Lives (SSSL) for Nurses
- Essential Osteomyelitis Management (EOM)

CNIS Course Instructors volunteer their time away from their families and professional activities in Canada to travel to Africa. In pairs, one instructor who has previously taught successfully is in the lead, while the other instructor is a “side-kick” who benefits from the experience of the lead. Subsequently, the side-kick will then become a lead on future assignments and volunteer opportunities.

During November, in Tanzania alone, three Obstetricians and two Surgeons were teaching for CNIS, while in December, two Surgeons and two Obstetricians took part in instructing. In two months, 225 Tanzanian Health professionals improved their teaching, surgical, and obstetrical skills. This would not be possible without the commitment and dedication of Dr. Roberge, Dr. Faught, Dr. Bugis, Dr. Kalechstein, Dr. Bloch, Dr. Shenassa, Dr. Taylor, Dr. Tam, and Dr. Lett.

Four Canadian obstetricians, Drs. Dy, Bloch, Christilaw and Rivera, as well as one family physician Dr. Glen Burgoyne are making further contributions in January and February.
Dr. Katrina Mitchell instructing medical trainees

The American College of Surgeons (ACS) celebrates the honorable work of surgery residents. In 2013, Katrina B. Mitchell, MD, of New York was awarded the Surgical Volunteerism Award for Outreach during residency for her contributions toward improving surgical care and education in Tanzania.

Dr. Mitchell has spent two years at the Weill Bugando Medical College in Mwanza, Tanzania, where she helped to raise funds and create a surgical curriculum for medical students attending the CNIS Essential Surgical Skills (ESS) Workshop. As the award recipient, Dr. Mitchell was presented a prize of $1,000 which she generously donated to CNIS. The funds will be used towards training African medical practitioners in essential surgical skills.

Canadian Forces ESS Course in Ottawa

In January of 2014 some of CNIS’ veteran ESS instructors were once again involved in teaching an Essential Surgical Skills (ESS) course to medics from the Canadian Forces. The course was taught at the University of Ottawa Surgical Simulation Laboratory, one of the premier surgical teaching facilities in Canada.

Drs. Paul Moroz and Robin Fairfull-Smith organized the course where fully trained and experienced army medics from units across Canada came together to hone their skills in all the 41 essential surgical skills taught in the 5 day ESS course. “Canadian Forces medics are often in austere environments or low-income countries and when deployed have only the medical gear they can carry. Like the CNIS philosophy, they are innovative in making simple and inexpensive but effective simulation models and tools because sometimes in an extended deployment the forces medics need to innovate in the field as well,” says Moroz.

The Canadian Forces medics are attracted to the ESS course because of the comprehensive nature of the course which not only covers trauma and anesthesia, orthopedics and general surgery but also obstetrics, gynecology and pediatric problems. “While medics not only come to the aid of their fellow soldiers they also look after injured civilians caught up in the middle of conflicts and so it is important for them to know how to deal with medical problems outside they typical scope of war injuries”, said Moroz. In this way, both the Canadian Forces medics and CNIS are very much working with the same vulnerable populations.

Wishful Thinking for CNIS

The current focus of the CNIS programs is on rural maternal health – providing women with access to better healthcare. In the rural communities of sub-Saharan Africa, it is rare that you will find a doctor. Instead, healthcare is typically provided by Clinical Officers (COs) and Assistant Medical Officers (AMOs).

For instance, a pregnant woman in rural Tanzania with labour complications needs access to a healthcare worker that is able to perform a caesarean section. Many times this is not possible due to a shortage of skills training. One in twenty-two women in sub-Saharan Africa die a maternal death – and the life of her unborn child is often lost as well. Our programs are specifically designed to address this issue and provide healthcare workers with the ability to perform the surgical procedure associated with a C-section. Lives are saved!

In Tanzania, we currently provide training at 5 Assistant Medical Officers Training Schools, 4 Clinical Officers Training Schools and 2 Nursing Schools. By the end of June, 2014 we will have provided 61 courses in total. This means almost 600 healthcare providers graduate in taking responsibility for the healthcare needs of rural communities. It is critically important these courses be taught and we are in need of support in order to improve maternal health and reduce maternal and neo-natal mortality rates. If our hopes of building a safer world are to become more than wishful thinking, we need the engagement of donors more than ever.
In Support of CNIS and the COHORT Project

Over the years, I have undertaken many roles to promote the vision of accessibility to safe surgery and obstetrics in Africa. I have written proposals, raised funds, spoken at prestigious clubs, photographed events, presented at scientific meetings, vacuumed the office before meetings, and written twelve skills courses all for the cause of international surgery. I thought I had done it all.

Last month while in Sengerema teaching with Dr. Jessica Dy of Ottawa, I received a phone call from an orthopedic surgeon who is well connected politically in Tanzania. He informed me he had a meeting with the Deputy Minister of Health the next morning. I needed this meeting with the Deputy Minister to get his support for our new proposal to Canada called Comprehensive Obstetrical Health Outcomes in Rural Tanzania (COHORT).

I called Mwanza to Dr. Chandika to coordinate an evening flight to Dar Es Sallam. I took a taxi to the hotel I was staying in, hurriedly put my belongings in a suitcase, and raced along the pot-holed, unmaintained dirt tracks to the ferry landing. To get to Mwanza one must cross a long narrow inlet of Lake Victoria. I missed the ferry. The only two choices were to miss the meeting or take a canoe. So I had not yet done everything possible for CNIS. I took a canoe through crocodile infested waters to Mwanza.

The day was beautiful. The trip was uneventful; I made the flight and met the Deputy Minister the next morning. He was highly supportive of the project and four days later was promoted to Minister. I don’t know how the Department of Foreign Affairs Trade and Development will receive the COHORT project, but I am confident there is support from our partners at the grassroots in Rural Tanzania to the Minister of Health of Tanzania, Dr. Seif Rashid. The CNIS will keep you posted.

Cheers,
Dr. Ronald Lett, MD MSc. FRCSCS FCS (ECSA)
CNIS, Founder and International Director