
Nurse returns from surgical mission in Africa

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Vickie teaches the SSSL Checklist to nurses and anesthetists in Ethiopia

Submitted by [Vickie Grandinett](#), VCH Perioperative Program instructor in Richmond

I took part in a surgical mission to Ethiopia earlier this year teaching nurses and anesthetists how to use the Safe Surgery Saves Lives (SSSL) Checklist. It was a wonderful experience and a great opportunity to share my knowledge and skills with those who may not have otherwise received the training.

I had always wanted to join a surgical mission and decided to attend a train-the-trainer workshop last December to learn how to teach the SSSL Checklist. I thought the experience would provide an opportunity to learn about teaching something I had experience with, both as a nurse and an instructor. I also thought that learning how to educate nurses in a way that would benefit their patients would have more of an impact than if I had gone to a third world country to assist travelling surgeons with specialized surgical procedures on a selection of patients.. The instructor of the training course was Genelle Leifso, a BCIT Perioperative Specialty Nursing faculty member, who also works in the OR at VGH and is a member of the board of the Canadian Network for International Surgery (CNIS). Genelle was the main educator and organizer for the trip and also served as my mentor.

I was invited to go to Ethiopia with Genelle from February 18 to March 4, 2011 under the umbrella of CNIS. We taught 40 nurses and anesthetists in two 2-day courses at Gonder University Referral Hospital (in Gonder) and another 18 students in one 2-day course in Awassa at the Awassa University Referral Hospital.

Prior to each course we toured their OR and observed current practice so our teaching could be informed by the context of care that was provided. As we taught about each aspect of the SSSL Checklist and why it was important to provide safe patient care, we talked about the practice we observed and how it measured up to basic perioperative principles of asepsis and sterile technique. In suggesting practice improvements, we focused on low-cost or no-cost changes that were possible and necessary for the implementation of the checklist to be successful. For example, we taught the closed gloving technique, how to do a proper sponge and instrument count, how to properly sterilize instruments, and other areas of aseptic technique.

The students were receptive and appreciative of what we were teaching. By remaining in email contact with some of the nurse leaders and students, we have learned that some of the things we taught are being practiced and others are in the process of being implemented. In hindsight, it would have been ideal to remain a few days after the classes to assist with some of the changes in person. Hopefully, we can return in a year to assess the changes.

Since returning, Genelle and I have made plastic protective aprons for the nurses to wear under their sterile gowns and we collected protective eyewear that we hope to send soon. I will also be helping with another SSSL instructor's course to be held June 18, 2011 in Vancouver. It is for any Perioperative nurse wishing to learn and teach this content in the third world. I would encourage anyone to come out and take the training since it provides you with the skills you need to participate in a surgical mission where you will be providing essential education to nurses who could really benefit from it.

The [Canadian Network for International Surgery](#) (CNIS) has a 16 year history of providing essential surgical and obstetric education to surgeons in low-income regions of Africa. More recently they have recognized the need to provide comparable training for perioperative nurses.

The SSSL checklist was developed by the [World Health Organization](#) (WHO) in 2008 and has been shown to decrease mortality and morbidity by 50% in low income countries. A form of the checklist is used in Canada and has been in use since August 2010 in most VCH ORs.