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## **Developing a critical care (CC) curriculum fit for purpose for surgeons in East/Central Africa**

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### **Aim**

To evaluate how a CC teaching portfolio was developed for surgery service providers in COSECSA countries (College of Surgeons of East, Central and Southern Africa), as requested by local surgeons, consisting of taught courses, reading material, thorough assessment and open course evaluation opportunities.

### **Methods**

CC training courses aimed at different levels of need (for trainees, surgeons, nurses, health/clinical officers and anaesthetic assistants) were developed over a four year period from established principles of teaching CC in the UK, but course contents and delivery were adapted to local needs. An open source learning resource was developed through online review articles written for purpose, published through an established open source resource, leading to an electronic handbook. Feedback opportunities for local tutors and course participants were created through informal feedback sessions, end-of-course rating and open text course evaluation forms, pre- and post-course surveys and 6-month post-course evaluation forms. Sustainability is supported through training of local tutors and provision of a faculty handbook.

### **Results**

Since 2009 twelve courses for health officers, surgical trainees, senior surgeons, nurses and anaesthetic assistants have been run in four COSECSA countries; >200 surgical service providers have completed courses and >20 COSECSA tutors have been trained. The course curriculum has been established with high feasibility, with constant revision. Consistently high feedback scores show excellent inter-observer reliability. Qualitative feedback confirmed good predictive and face validity with 95-100% of participants indicating that course had a significant impact on surgical practice. Course management and delivery is being handed over to COSECSA tutors in 2014, with ongoing educational support from visiting faculty, as requested.

### **Conclusions**

CC teaching to fit in with COSECSA goals can be delivered through a small group of visiting tutors, with input from local surgeons and course participants, with high validity, reliability and feasibility ratings. Feedback indicates that CC courses fill a specific need that have not been available previously; it improves clinical decision making, teamwork and communication in high pressure clinical situations, especially in managing surgical emergencies. The course can be managed further by COSECSA faculty, with ongoing support from the course developers.