From "On the Job" training in Surgery
towards a Bachelor of Science degree course for Clinical Officers in Malawi
Clinical Officer Training Malawi

16 m. 3% yearly increase, double in 15-20 yrs
More about Malawi

• The nr 9 poorest country world
• 11% HIV pos
• 1 Doctor for 50,000 inhabitants
• Few Malawian specialists

• Braindrain

CNN documentary:

“More Malawian Doctors in Manchester than in Malawi”
DOS: Please train COs in surgery
Clinical Officer Training Malawi

Why? Surgery by COs in the DHs: only 3%

Operations in District Hospitals in Malawi in 2003 (total = 28594)
COs and why to train in surgery?

- Due to lack of Doctors, COs are the BACK BONE of health care
- Training COs is basic: 3 + 1 yr internship
- COs lack surgical skills and gain little surgical experience in hospitals
- Consequently surg. patients referred to Central Hospitals
- The 4 CHs: overloaded
ON THE JOB.

• Why?
  Dr Lungu will tell
  (some handouts)

PROGRAM

• 2 years training for
• 2 selected COs per hospital
• First in the SR, later NR

• Trained 45 COs
• In (17/11) 28 Hospitals

2005 Start COs trainings project

Clinical Officer Training Malawi
Goal CO training

• **Upgrade** surgical/ obstetrica/ gynaecological knowledge and skills
• Care for **Trauma patients**
• **Safe practice of common** surgical and obstetrical procedures in DH/MHs
• To standardize and implement **similar** surgical protocols (suture mat, antibiotics, pre-op pat.care, aseptic techniques in theatre et
• Less referrals to CHs
Teaching Program in 2 years

• HOSPITAL VISITS
  Every 3-4 weeks, lasting 1-2 days
  by (expatriate) surgeons / 1 gynecologist

• ATTACHMENT WEEKS
  for Extra Theory and Skills in
  - General Surgery
  - Obstetrics and Gynecology
  - Trauma and Orthopaedics
  - Resuscitation
  - Surgical ENT, Dermatology. Ophthalmology
  - Pathology (technique FNA, biopsies)
  - Basic Ultrasound course

Teachers Att. wks from CoM
Program training is structured

First day
• Morning: Out Patient Department (OPD)
• Afternoon: Ward rounds

Second day
• 7.30: Attending “Hand over” staff meeting and Presentation surgical topic
• Theatre
• Discuss outcome visit with Hospital Director
Day 1: OPD, selected cases only, plan
OPD: which hernia to operate?
OPD: dd Breast tumours. Cancer?
Ward Rounds: All surgical patients
To be presented by COs, bed side teaching
Diagnose?  Treatment?
Diagnose? Safe surg.proced. at DHs. Advice?
Snake bite. Danger? Treatment?
Ward rounds: also Trauma patients
DAY 2: Teaching hospital staff
THEATRE: the whole day
DHO: the outcome of hospital visit
6 ATTACHMENT WEEKS

Extra Theory and Skills practicing
Bowel anastomosis, ileo/colostomies
Inserting Thorax drains, Skin grafting
Clinical Officer Training Malawi

Pin traction in fracture treatment
Primary Trauma Course
Training in Obstetrical emergencies
After 2 years: program Review by CoM

Prof Bowie, England

Outcome

Quote:

• CO skills have improved
• Patients and Hospital benefitted
• Overwhelming support in and outside Malawi
Was it useful?..... Prove it!

2 studies published: both retrospective

Study 1: after already 1 year training
- Reduction Post Op. inf. inguinal hernia patients
  21% - 8.7%!!

Study 2: 1 year AFTER the 2 yrs training
- More MAJOR surgical operations: 8.4 - 17.8% 
- Less REFERRALS to CHs, but not statistically sign.
Any Problems?

YES..... some DROP OUTS of COs!

Why ?? Not interested......

Why ? NO CAREER PERSPECTIVE OFFERED
(no increase in salary)

Why ? MoH did NOT allow a “course”
Certificate of attendance only!

Why ? MoH: no money paying higher salaries to COs.
Considered training Doctors (in those days) more important.
Meeting with MoH, Teaching Inst, Med Council

Dec 2010: “THE DECISIVE MOMENT”

Presented:

- Complete Plan BSc course in Surgery
- Plus Curriculum, and a Budget

Duration Program: 3 years

- 18 m “On the Job” training
- 18 m in Central Hs
TOLD MoH what is known in lit. about COs

Studies from MOZAMBIQUE (hand outs)
- No difference in surgical outcome Drs and TC(COs):
- For 1/4th of the training costs for Doctors
- For LESS hospital costs per Patient
- For LESS costs per Patient
- For A salary 1/10th of the Doctor
- While TC STAY in the rural hospitals and are NOT leaving the country
- While ALL Doctors have left DHs... within 7 yrs!
- Gen. opinion: Drs not trained/skilled for work in rural hospitals!

Studies from TANZANIA: Assistant Medical Officer (AMO) Able to work in all wards. But perform minor surgery only.
Response MoH…..

“We should have started this program 5 - 10 years ago”

6 months later: June 2011

Clinical Officer Training Malawi

Comments Dr Lungu
Surgery in Malawi

- 1995 - District Medical Officer - Kasungu
- IMF Structural Adjustment
- Major constraint to District hospital
- Needed to know how to do emergency surgery
- More than just a scalpel blade
EHP in Malawi

- HIV/AIDS/STI
- Malaria
- Maternal Health
- TB
- Cancers
- NTDs

- ARIs
- Diarrhoeal Diseases
- NCDs and Trauma
- Malnutrition
- Vaccinations
- Eyes and Ears Inf
Why “On the Job” Training?

• Not to further reduce COs in the Hosp
• Improve quality of care - CPD
• Supervision provided by teachers
• Cost Effective
• Encourages innovation - use of what is available
• Effective use of short timers
On the Job training

• TELL ME AND I FORGOT
• TEACH ME AND I REMEMBER
• INVOLVE ME AND I LEARN

Benjamin Franklin, 1706-1790
Friday 31rst Oct 2014

A historical moment for Malawi, as the very first (46) COs received a Clinical Officers Specialist BSc degree in Acute Obstetrical and Neonatal care. Trained “On the Job” by Warwick University
"KWACHA"

means

"the sun is rising"

for the COs in Malawi,

to the benefit of the patients

Thank you
SYMPOSIUM
SURGERY IN LOW RESOURCE SETTINGS
NOVEMBER 14TH–16TH 2014

WHAT IS YOUR ROLE?

LAB111 Amsterdam - www.surgicalneed.nl