REPORT ON THE COSECSA PROGRAM DIRECTORS AND ASSISTANT PROGRAM DIRECTOR’S TOT WORKSHOP

HELD AT GETRUDE CHILDREN’S HOSPITAL NAIROBI ON 30th AUG 2019
INTRODUCTION BY PROFESSOR JANI

Professor Jani started off by welcoming all the program directors and assistant program directors to the meeting. He also commended them for the great work they have been doing throughout the year in support of surgery in Kenya. He gave a brief report on the meeting they had with the Deans of medicine and members of the medical council on 20\textsuperscript{th} August 2019 that in summary was about synchronizing the university based education with COSECSA/collegiate mode of training. He added that COSECSA is working in collaboration with Mount Kenya University whereby they have been allocated office space and 5 attaches.

Prof. Jani informed the meeting that there would be a Surgical camp in Meru from 26\textsuperscript{th}-29\textsuperscript{th} of September 2019 which is in partnership with COSECSA and the county government of Meru. Additionally there is ongoing work on Neglected surgical diseases where 232 cataract patients were operated on in collaboration with the Fred Hollows Foundation.

**Leadership training**

Professor Jani encouraged the PDs and APDs to identify individual’s qualities and create teams to train the trainees and liaise with the government and other stakeholders. Also on how to develop structures to get work done (not being a one-man show). Other features that needed to be taken into consideration were:

- Need for administrative infrastructure
- Obtain all the expertise needed to train
- Delegate but hold accountable

*Foreground L-R: Dr. Mwachiro, Prof. Jani and Prof. Russ White making a point during the TOT workshop*
Summary of the required items on how to set up a modular training program:

- Human resources
- Physical space resources
- Administrative support
- Selecting candidates
- Schedules

Prof. Russel White summarized the needs for setting up a modular training program as follows:

Prof. Russ White explaining a point during the COSECSA Program Director’s TOT workshop
• Styles / mode of teaching
• Rotational schedules
• Required courses
• Mechanism of reporting

Selecting candidates
• Set an interview term
• Faculty, administration and nursing
• Deadline for MCS registration 31\textsuperscript{st} Dec and for FCS 31\textsuperscript{st} January

Ideal COSECSA candidates
• They should be from the local region(remote areas not just Nairobi)
• Should have salary support
• Should be committed to work outside Nairobi
• Should be committed to teach others
• Should be committed to be trained for 5 years

Conference/teaching schedules

Ward rounds
• All residents to present at least 4x/yr.
• Should have a mixture of residents
• PD should keep records of presenters and titles

**Journal club**

Monthly

Appoint faculty to select article

**Mode of teaching/tutorial**

MCS Basic science modules

FCS Materials

Weekly 1 hour with pre-session reading
**Styles/modes of teaching**

1. Ward rounds/clinic

Formal presentations should be required

Emphasis on synthesis of material, formulation of differential diagnosis and management plan

**Rotational schedules**

1. **Required rotations**
   - 6 month trauma/orthopedics
   - 2 months OB/GYN

2. **Monthly rotation schedules**
   - Will vary between institutions

Radiology, endoscopy, pediatric surgery, plastic surgery, urology, pathology, CT surgery

Neurosurgery, ENT, other General surgery

**Required courses MCS**

1. Basic surgical skills
   - Completed in January-February year 1
   - Done in each institution
   - More to come

2. Trauma/intensive care
   - Variety of courses available
   - ATLS,MSE(management of surgical emergencies)

**Mechanism of reporting**

1. Trainee evaluation by faculty
   - Every 3 months
- Rotation /faculty evaluation by resident Under revision to be monthly
- Log books
  - It would be advisable for PDs to review every 3 months
- Modular learning
  - 75% participation requirement
- Conference records/schedules Will be called for from time to time

**Session 2: The physician charter of medical professionalism by Dr. Mwachiro**

**Fundamental principles**
- Principle of primacy of patient welfare
- Principle of social justice

**Professional responsibilities**
- Commitment to patient confidentiality
- Commitment to improving quality of care
- Commitment to improving access of care
- Commitment to maintaining appropriate relations with patients
- Commitment of professional responsibilities
- Commitment to scientific knowledge
- Commitment to professional competence
- Commitment to honesty with patient
- Commitment to a just distribution of finance resource

Dr Mwachiro also talked about methods of teaching and assessing professionalism which included
Active

- Lecture series
- Studying the history of the field
- Video
- Working with diverse populations
- Mentoring programs
- Crucial incident reports
- Portfolio learning

Tools for professionalism assessment

The assessment tools that should be used could include:
- Test of knowledge
- Patients assessments stimulation
- Objective structured clinical examinations
- Critical incidents reports
- Review of patient complaints and professionalism lapses

Inward reflection

- Gratitude
- Acknowledgement of failure
- Purposeful humility
- Focus on needs of others
- Acknowledgement of false appearances
- Reflective reading

Outward behavioral

- Apology
- Expressing thanks
- Service
- Community participation
- Creative adaptations
Summary of feedback and evaluation by Dr. Mwachiro

Feedback
A process of providing learners with information about performance for the purpose of improving their performance
It is formative

Evaluation
It is a judgment of whether or not or how well or how poorly a learner has met a goal or standards
It is summative

What happens when the feedback is not well given?
- Don’t become the best clinicians they could be
- May be beset with uncertainty
- May be over or under confident in their abilities
- May eventually become resistant to any external source of criticism

Individual barriers to feedback
- Lack of experience in giving feedback
- No good model for giving feedback
- Lack of incentive
- Fear of alienating self (no one will work with me)

There are various types of feedback which includes

Constructive feedback
- It can help the trainee to improve in their knowledge, skills and attitudes
- It can help them to rate their clinical practice in a realistic way
- It can help them to be more self-regulated about their learning
- It should be focused on behavior rather than the person, and observations rather than inferences or judgements
Objective feedback
- Observed behavior
- Does not finish rounds with group

Give specific examples to the learner
- Learner does not interpret findings

Specific feedback
- Avoid general statements
- Specific explanations are needed

Recognition of trainers by Dr. Asif Admani
- COSECSA will provide certification. Whereby the certificates will be valid for 2 -3 years.
- Recertification will be based upon active participation and faculty reviews
- COSECSA must have updated lists of faculty and status( i.e. fellow or member specialist)

He also mentioned about the on call duties whereby:

Resident’s duties should be not more than every third night and not less than every 5th night.
Weekend duties should not be more than 2 per month and not less than 1 per month.

Faculty duties must be clearly specified
- Schedules must be available in advance to residents
- Schedules will be reviewed by COSECSA from time to time

Faculty must be available 24 hours by phone and physically present at all times as needed

How to log cases
COSECSA trainees receive Login credentials for the COSECSA E-logbook when registering They are required to log each case they perform , no matter what role they have played in the case or how minor the procedure is. Those who are exempted are:
a) PAACS trainees because they use the PAACS logbook, and
b) MMed graduates who are joining COSECSA FCS program for only one year

The trainee’s supervisor is requested to sign off on the trainee’s logbook regularly (every 3 months recommended)

Questions asked

Question

Can a person who is from a country that is not a COSECSA coverage area receive training from COSECSA?

Answer

The person can come to Kenya, where he/she presents their documents to the board and meet boards requirements thus must be willing to work from Kenya after the training

The person can write to their government and request for the country to be included in the COSECSA
**Question**

Why is research not given as much attention in FCS?

**Answer**

There is a current push to get a research technologist to work on them. Focusing on doing research and making sure they are published.

**Question**

Funding for residents (student income)

**Answer**

Professor Jani assured the PDs and their assistants that there is a discussion still going with the ministry of health on the same, the aim is to provide financial resources during COSECSA residents’ training, meanwhile the hospital should continue to cater for their salary they focus on signing MOU with the government.

It was seconded by Dr. Nelly Bosire from the board of directors for medical council that the ministry is still working on the same.

*COSECSA Country representative Dr. Michael Mwachiro explains a point during the TOT workshop*
Question
Accessibility of the PDs and their assistants to residents’ logbook to ensure they is accountability from both ends

Answer
It’s the responsibility of the PDs to have access to the resident logbook to ensure all areas of their training is well attended and covered as well, country rep assured them.

Question
How can one transition to fellowship despite don’t having done the examination?

Answer
One must have trained for 5 years as surgeon under COSESCA
Wait until the seventh year then can apply to be a fellow by election thus producing their document to the board afterward become a fellow.

Question
PDs wanted to know on how a resident can transition from one year of training to another year as the PDs felt the need to have uniformity in standardizing in the cases of qualification

Answer
PDs to make sure they have new modular form of training its available online that will enable them to know who to transit to the next level country rep highlighted on that.
All the PDs to ensure to assess/examining yearly either institutional or from COSESCA that will highly assist in transition
PDs to check with residents the online evaluation after the end of rotation and fill the form, as they can’t transition to another level with their rotation forms being filled.

Question
How to handle a resident on training but still carry out surgeries in other different hospital yet on government salary.
Answer

The resident to know that it is wrong carrying out surgeries without supervision where he/she is not yet qualified.

Presentation by Decker Intellectual properties

The TOT workshop was sponsored by Decker Intellectual properties who mainly deal with e-learning mobile friendly medical education resources which include weekly curricula that allows one to create exercises based on one’s needs. During the TOT course, participants had a live 30minute GotoMeeting online session between Decker and the PDs/APDs which showed the various training modules and how to navigate through the same. During the presentation, Decker Industries announced that it would avail free access to COSECSA PDs for an agreed number of years once negotiations are complete. The following features are also available from Decker intellectual properties:

1. Teaching slides
2. Case based exercises
3. Multiple choice questions
4. Mock examinations
5. Surgery board reviews among others

A screenshot of the Decker Intellectual properties online presentation
Conclusion

Professor Jani informed PDs and their assistants and everyone who attended the meeting on the forthcoming COSECSA conference in Uganda in December 2019 where the 20th COSECSA AGM would be held on 4th December followed by the Scientific Conference to be held on 5th and 6th December 2019, he urged all participants to avail themselves so as to learn more. He also encouraged PDs to ensure the trainees visit the national skills lab to enhance their surgical skills. There being no other business, the meeting ended at 5pm