



BSSH
The British Society for
Surgery of the Hand



Helping Hands in Sierra Leone

“Knowledge is like a baobab tree: no one person can embrace it with both arms” African Proverb.

UK Team Members

Mr Ian Grant Consultant Plastic and Reconstruction Surgeon
Mr Steve Hodgson Consultant Orthopaedic Surgeon
Miss Natalie Hope Orthopaedic Surgeon
Kathryn Pank Hand Therapist
Roberta Brincat Hand Therapist
Pascalie Smith Hand Therapist

Sierra Leone Team Members

Mr Ismaila Kebbie, Lead Physiotherapist, Ministry of Health and Sanitation and Head of Therapies, National Rehabilitation Centre. President Sierra Leone Physiotherapy Association

Mr Jesse Banhuah, Lead Physiotherapist, Connaught Hospital Freetown.

Mr Abu Amara, Physiotherapist-In-Charge, Tonkolili District College of Health Sciences. Lead physiotherapist, Sierra Leone China Friendship Hospital at Jui. Secretary, Sierra Leone Physiotherapy Association

Mr Balansama Janneh, Lead Physiotherapist, Holy Spirit Hospital, Makeni

Mr Ansu Kanja, Administration Physiotherapy, Tonkolili District College of Health Sciences

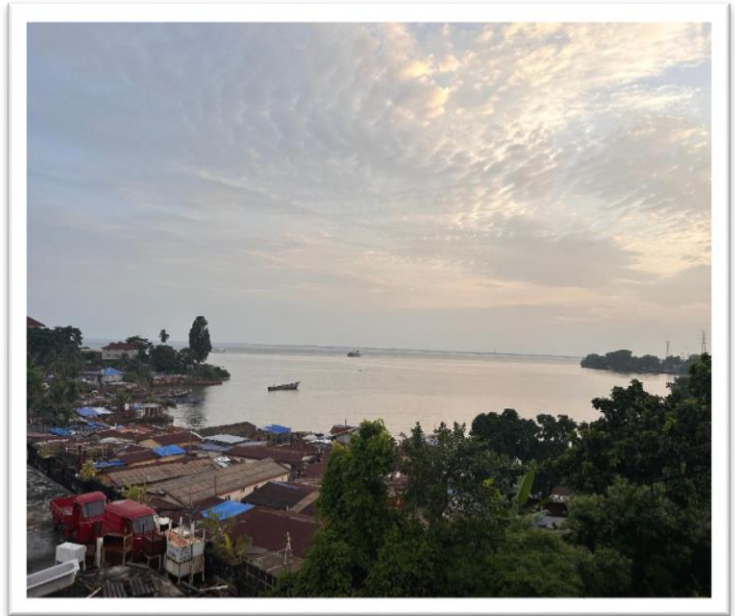
“It was a wonderful course, I was very happy to have learnt more”

“Excellent presentations and work, I really learnt a lot”

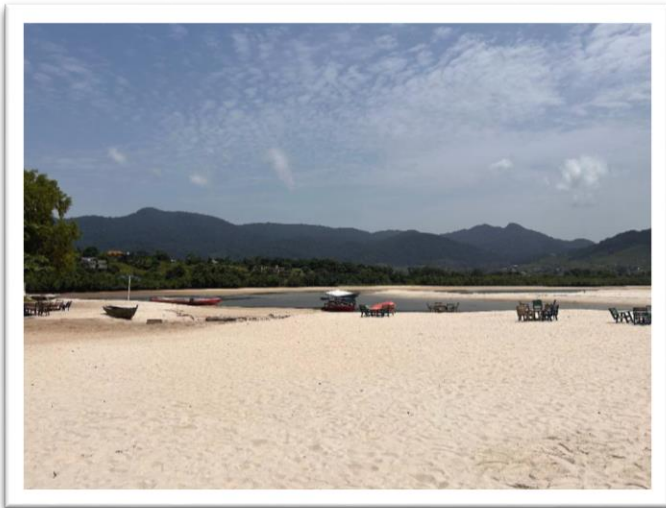
“We hope to put all the training into practice. I really learnt a lot”.

Background

Sierra Leone lies on the coast of West Africa with a population of 7.6 million people. Freetown sits on a coastal peninsula overlooking one of the world's largest natural harbours. Long stretches of beaches lie beneath a colourful mountainous scenery of greenery, new constructions and corrugated sheeted shantytowns. It is a country of low income and poverty. Sixty percent of people live below the poverty line. In its recent history, the country has suffered civil war, Ebola and COVID crisis. This, combined with poverty, has weakened the healthcare system.



Since 2010, The British Society for Surgery of the Hand (BSSH) and ReSurge Africa (NGO) have collaborated to develop the first reconstruction unit in the country at the Holy Spirit Hospital, Makeni. This has included training two local plastic surgeons and a local physiotherapist. Because of civil war and Ebola over the last ten years there has been a shortage of trained doctors and therapists. In 2019, there were only seven qualified physiotherapists and one occupational therapist for the population. Through extensive work by Mr Kebbie and collaboration with Massanga Dk a Danish NGO, a Five year Physiotherapy BSc was started with a cohort of fifteen students to improve this. This year a further cohort of fifteen students will commence a Diploma in Physiotherapy.



In March 2019, I joined the ongoing BSSH project and assisted on a one-day multidisciplinary introductory course to medical staff, therapists, and nurses on improving the care of patients with hand trauma. This teaching visit highlighted that further specialised training was required for therapists in the assessment and treatment of the upper limb.

Aim of the Visit

The aim of our visit in October 2023 was to provide a collaborative two-day Hand Therapy Course. The course covered, anatomy, assessment, oedema management, scar management, principles of splinting, principles of exercise, management of the burnt hand and the deformed stiff hand. This was delivered to qualified physiotherapists and student physiotherapists.

Planning

Pre-visit planning consisted of a UK team WhatsApp group, two team Zoom meetings and email communications. The therapy team met face to face for a course workshop and a practical planning session. All team members received a travel check list produced by Mike Waldrum.

Communication with the Sierra Leone therapy leads and UK therapy lead were facilitated by Kings College Partnership that resulted in a productive Zoom meeting with Mr Kebbie, Mr Amara and Mr Janneh.

Pre course BAHT anatomy workbooks were provided to all participants through local leads three weeks prior to the visit.

Visit

We landed at the new airport in the capital Freetown, which was impressive and efficient. Outside, there was a familiar African heat, smell and humidity, with crowds of people offering to carry bags and touting SIM cards. From the airport, the Sea Bird ferry crossing was uncomfortable in the dark and rather choppy water, we arrived at our destination where we found a driver waiting for us to take us to our guest house.

Our visit program consisted of two days of teaching at two locations, the government run Connaught Hospital, Freetown, and Tonkolili College of Health Sciences in Masanga.

Connaught Hospital Freetown

The first course was held at Connaught Hospital in Freetown. Connaught Hospital is the principal referral hospital and training hospital of Sierra Leone in Freetown.



During the planning stage, it was advised that the training would be suitable for qualified Physiotherapists. However, only two qualified Physiotherapists and a qualifying Physiotherapy student attended. The remaining attendees were qualified nurses from trauma and orthopaedic wards and a Junior doctor who was interested in learning about hands. Some of the attendees reported that their attendance was compulsory.

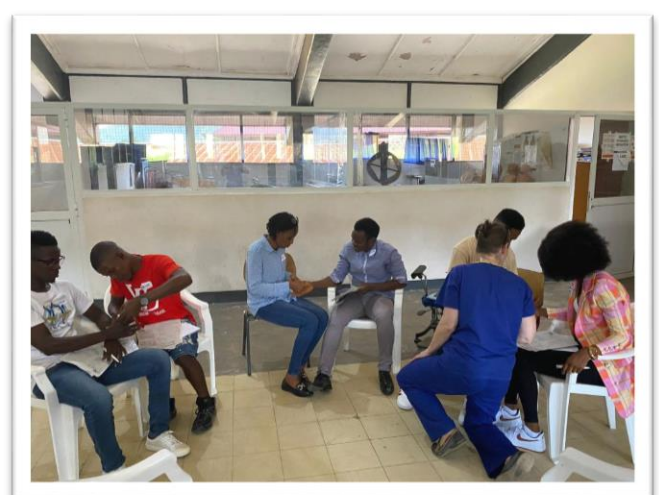
On arrival to Connaught Hospital, there was a delay of an about an hour in the start of the programme due to no keys being available for the teaching room. The teaching facilities were limited with no additional rooms for the three rotational workshops in the programme.



Tonkolili District College of Health Sciences, Masanga

The second venue, Tonkolili District College of Health Sciences is three hours east of Freetown at Masanga. The college supports training of Surgical Community Health Officers, nurses and most recently physiotherapists. The Physiotherapy BSc programme started in 2018. It was developed with support from national and international stakeholders and currently has its first graduating cohort in November 2023. This will greatly improve the number of qualified physiotherapists of which there are currently only seven in the whole country.

The two-day course was delivered to the nineteen physiotherapists qualifying this year. College administration was efficient and good teaching space was available. However, it is worth noting for future trips that there was no air conditioning and electricity supply was occasionally disrupted. Poor lighting shortened the end of our first day of teaching.

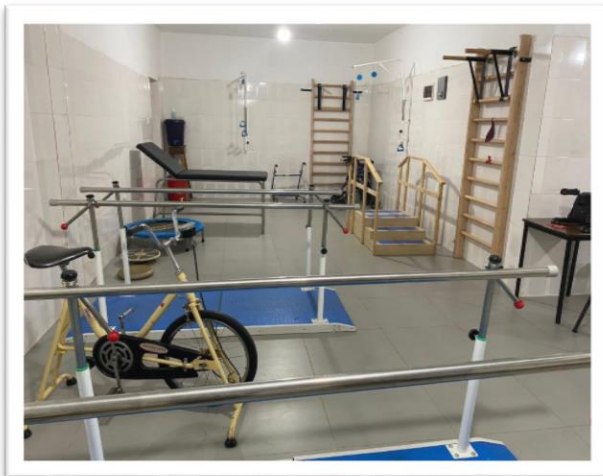


During the teaching at Masanga we used Makeni as a base for our accommodation. We stayed at St Joseph's School for the Hearing Impaired which has a close relationship with Holy Spirit Hospital in Makeni. We were inspired by the school's textile workshop that produces clothing, bags and souvenirs for tourists.



Holy Spirit Hospital, Makeni

We briefly visited The Holy Spirit Hospital (HSH) in Makeni which was established by Dr Patrick Turay. Despite many atrocities in the last decade such as Ebola, it has continued to develop and expand with the help of the Italian Diocese and sheer determination. The Holy Spirit Hospital now has seventy beds, an Outpatients Department, Radiology, Pharmacy and two operating theatres. The physiotherapy department was destroyed by a fire in 2018 and now a new development with physiotherapy, pathology labs and additional ward space for surgical visits has been built.



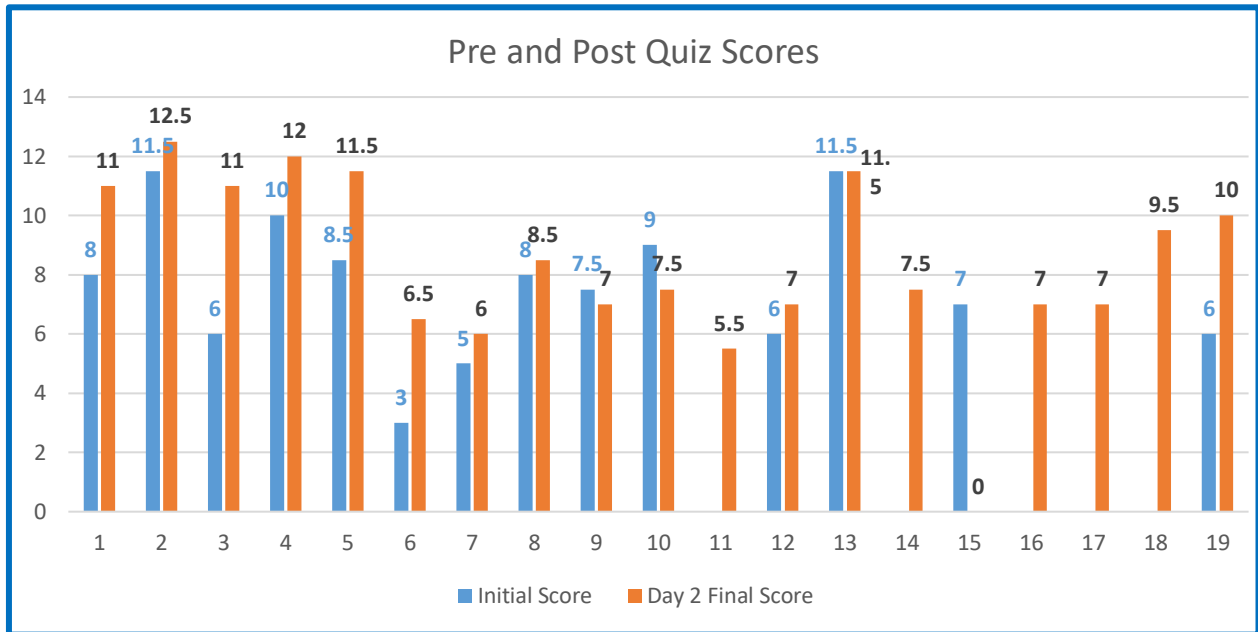
Evaluation

As a short, two-day course, the programme was an introduction to specialist upper limb therapy. It encouraged education and empowered local therapy staff and students to provide a future cascade of learning and knowledge. This encourages a sustainable project for Sierra Leone to develop health care for the future.

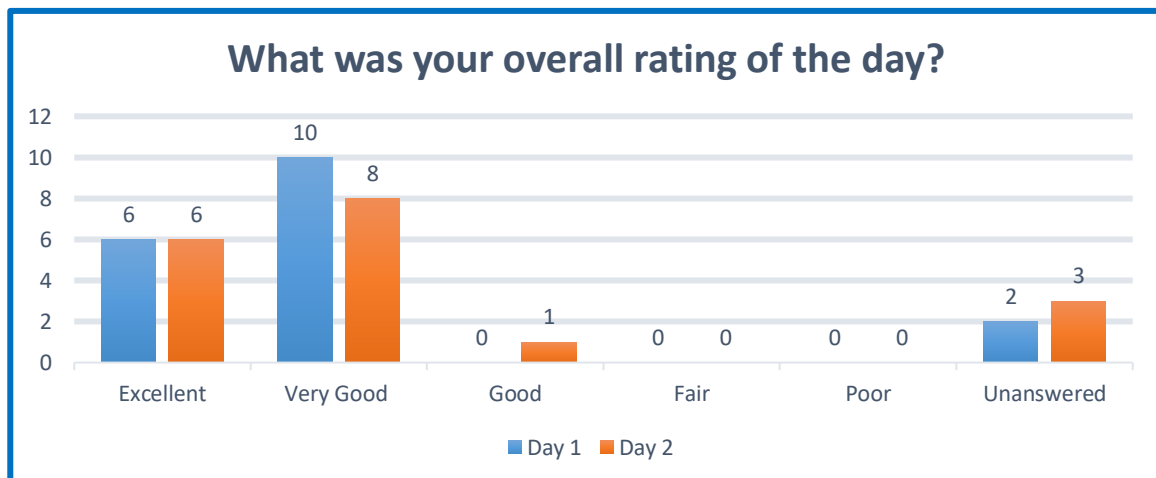
The UK team felt that following this visit, it was clear that all the participants were eager to learn and happy to improve their clinical skills in assessment and intervention. This was excellent to see and embrace, as future projects can help the Sierra Leone team to expand and improve their knowledge and skills whilst also developing a good mentoring relationship between the UK and the Sierra Leone teams.

Cultural expectations of catering, time-keeping and physical teaching facilities challenged the UK team. Local administrative support and assistance helped to overcome this, but future visits must ensure that these issues are taken into consideration.

Each day of our teaching was positively brimming with enthusiasm and a genuine keenness to learn. A pre and post course quiz showed improvement in an average score of four marks. Demonstrating improved knowledge.

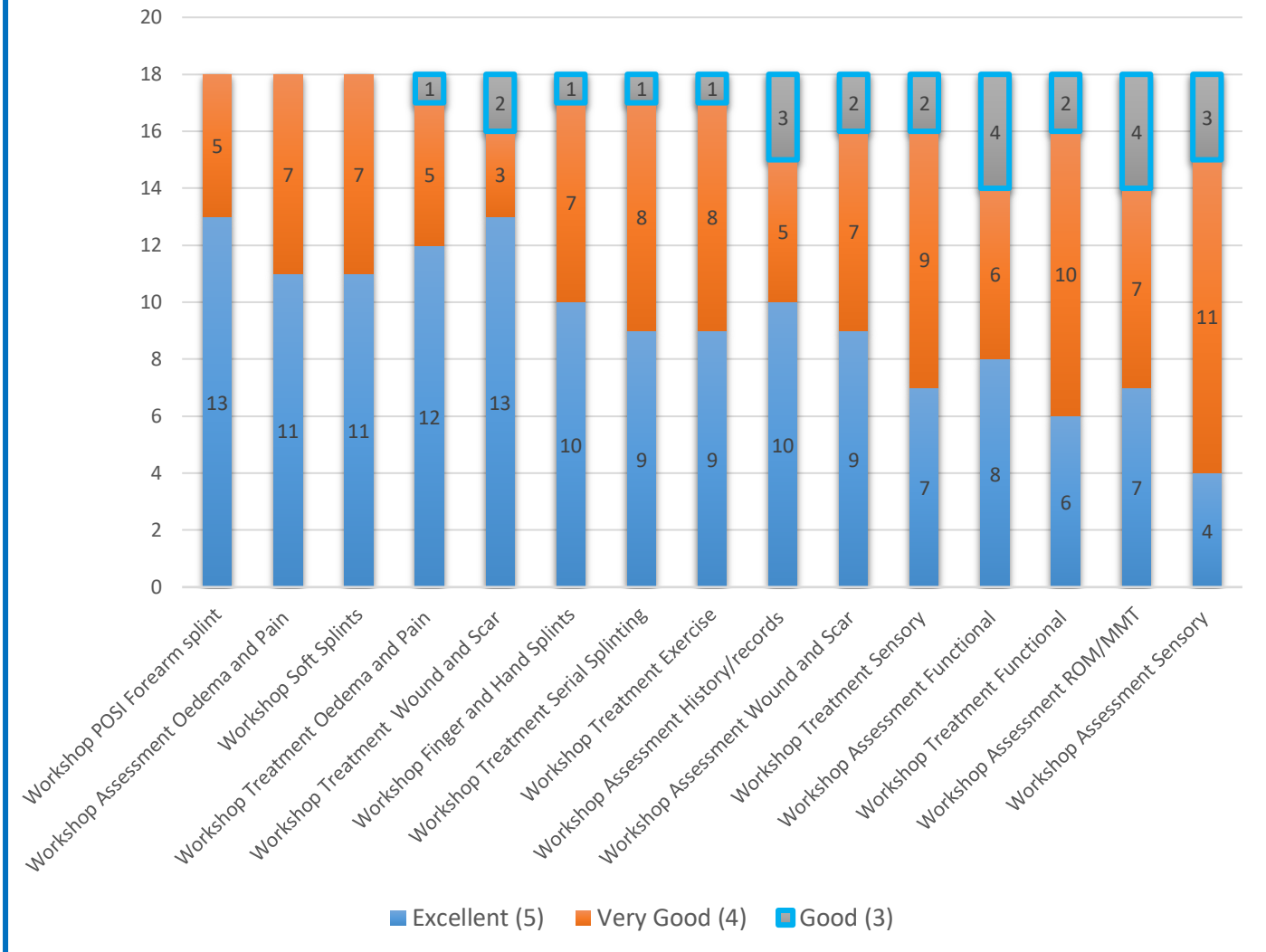


Course evaluation was very positive about the delivery and content of the course. All participants felt they had benefited from attending. Overall, 87% of attendees rated the course “Very Good” or “Excellent”.



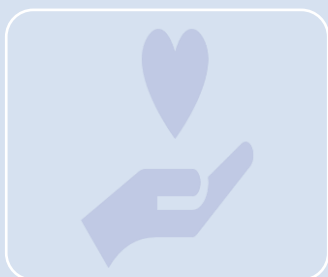
All teaching presentations, worksheets and course workbook were presented to the local clinical and therapy leads on a USB for future use, access, and reference.

Participant Workshop Ratings



Moving Forward

The visit was very beneficial and successful. It was good to provide the first specialist training for the first Physiotherapy BSc. Cohort. It was an opportunity to support and develop knowledge about upper limb conditions and management from the therapist's perspective. We have built on previous connections and widened our network of local partnerships. In the future there is scope to further enhance collaborative and sustainable education and working in Sierra Leone.



CLINICAL

To develop collaborative clinical guidelines/protocols for nationwide upper limb conditions and injuries

Both teams to work together in visiting clinics to learn skills from each other in surgical and therapy management

To assist with developing new skills to the Sierra Leone team by managing complex cases both the surgical team working along side surgeons and the therapy team working along side therapists

EDUCATION

To provide an ongoing collaborative upper limb module at the college where it will be taught to physiotherapists as part of the final year educational programme.

On going workshops for physiotherapy students, therapy assistants and qualified physiotherapists were specific rehab is covered.

Ensure hand therapy training is sustainable by including and maintaining course content to meet needs of local patients.

MENTORING

Sharing skills knowledge and experiences

Organise symposium / educational sessions to discuss complex cases

I am very grateful to IFSHT, BSSH, BAHT and ReSurge Africa for making this training programme possible. Thanks also to all the team members involved for their ongoing hard work, support, knowledge, and teamwork. ORFIT and The Horder Centre very generously provided teaching materials and splinting equipment for workshops and teaching on the programme.