

Dear Colleague,

The past two months have been some of the busiest and most challenging in PAACS's short history! For the first time ever, all of our residents and faculty from both West and East Africa gathered in one place in Kenya for 12 days of study, fellowship, and worship. The experience bound us together as brothers and gave us a fresh vision to serve God's purposes, rather than our own.

PAACS officers travelled to South Africa, Zimbabwe, and Guinea to represent PAACS, find ways to improve our residents' training experience, and better define our role with Africa's largest college of surgery.

As you will see in this issue, we have had some great successes, but we are also facing serious challenges that will require concerted prayer, strong giving, and the continued service of many volunteers to overcome.

Sincerely in Christ,

Dave Thompson



The Pan-African Academy of Christian Surgeons (PAACS)

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Bringing Christians together from around the world to train and disciple African surgeons in Africa.



Attendees, Principles of Surgery Conference in Limuru, Kenya, January 12-23, 2009

Our goal: To train and disciple 100 African surgeons by 2020.

12 DAYS OF SURGICAL REVIEW IN KENYA

From January 12 -23, 28 residents from 10 African countries, seven graduates, nine full-time faculty members, and 20 short-term faculty, and a covey of faculty spouses came together at Brackenhurst International Conference Centre in Limuru, Kenya to review the principles of general surgery. A total of 75 participants enjoyed 12 well-prepared lectures on anatomy, 16 on physiology, 5 on surgical pathology, 16 on ATLS-based trauma management, 10 on orthopedics, and additional lectures on urology, anesthesia, exam writing, and a Basic Skills in Surgery Workshop. A total of 53.4 hours of CME I accredited lectures were taught.

Each day started with a time of worship and a workshop on personal evangelism. A refreshing “icebreaker” after the first day of lectures got everyone talking to each other and competing to untie “the human knot” (see photo). The women residents won this contest with ease! Residents from each training program had an opportunity to present their hospital and challenges, followed by a time a prayer for their specific needs. Other evening activities included a “talent night” where residents from each program were given a set of props, a humorous medical scenario, and 20 minutes to come up with a skit. Soddo’s team won the competition, Tenwek came in second, and Bongolo third.

One of the residents summed it up later by writing, “It was a good time for us to study a lot, but mostly it allowed us to get to know each other as PAACS members.”



Residents untie the ‘human knot’



GI anastomosis – Surgical Skills Workshop

STEFFES SCOPES OUT SOUTHERN AFRICA

The Karanda Hospital near Mt. Darwin, Zimbabwe applied to become a PAACS Training Center, so in late January, Bruce Steffes paid the hospital a visit. He met with Dr. Dan Stephens, a career missionary surgeon who has served there since 1991. Dan’s father, Roland, has been there since 1961. Steffes inspected the 150 bed hospital, which has a strong reputation for surgery.



The hospital is run by TEAM (The Evangelical Alliance Mission). Steffes will present his report to the next session of the PAACS Council, but his impression was that the hospital has most of the infrastructure in place to become a training program. Since PAACS is always a partnership, the hospital administration, missionary surgeons and the mission agency must all buy into the idea and be willing to make the necessary changes as well as cover the necessary expenses to make it work.



Dan Stephens examines a child at Karanda

Steffes' next stop was in the city of Pietermaritzburg, located an hour from the coastal city of Durban and serving as the capital of the province of KwaZulu-Natal in South Africa. Steffes toured three hospitals: Grey's Hospital, a 600 bed tertiary hospital, Edendale (900 beds, with 300 surgical and 50 trauma cases a week) and Northdale (380 beds). He talked with three trauma surgeons and the head of surgery for the university training program. One of the surgeons is an Afrikaans surgeon who loves the Lord dearly and who is very interested in mentoring our residents. The surgeons invited PAACS to send two residents to Edendale Hospital on a trial basis for one year (each for six months at a time) for rotations in trauma, orthopedics, pediatric surgery, NICU/Pediatric ICU, and anesthesia/ICU. More work and another visit will need to be done to iron out the details, but Steffes was optimistic that these hospitals may provide the solution to PAACS's growing need for outside rotations. Even with our current number of residents, Tenwek and Kijabe have about reached their limits for scheduling rotations, and further growth of PAACS is expected, requiring a search for suitable alternatives.



Surgeons at the Edendale Hospital in Pietermaritzburg, South Africa



49th ANNUAL MEETING OF THE WEST AFRICAN COLLEGE OF SURGEONS

The annual meeting of the WACS was held in Conakry, Guinea from February 7-12. Dave Thompson, Keir Thelander, and 4th year Bongolo resident Jean Yaradouno represented PAACS at the meetings. Dave Thompson made a presentation entitled "Scope & Challenges in Rural Surgery" as part of the Pan-African Association of Surgeons' Symposium on Rural Surgery, held on Tuesday, February 10. On Wednesday, February 11, Jean Yaradouno presented his study of 150 laparoscopic surgeries performed at Bongolo Hospital during the past three years using air to insufflate the abdomen instead of CO₂. He reported there were no major complications and

the cost of performing the procedure was halved. Yaradouno's presentation prompted a chorus of questions and discussion, which he handled capably. The study will be submitted for publication within the next few months.



Thompson, Yaradouno and Thelander



Jean Yaradouno answers questions from the audience following his presentation on "Air Insufflation for Laparoscopic Surgery."

During a meeting of the general surgery faculty, the chairman announced that his committee had decided not to grant parity to PAACS. The reasons given were that PAACS's training program is significantly broader than what the West African College teaches and during the clinical and oral examinations last June at Mbingo, its 4th years residents did not demonstrate adequate physical examination skills or a high enough level of academic knowledge in any of their defined specialty tracks.

This announcement prompted considerable discussion and eventually an invitation from the College that PAACS present a formal, written proposal outlining what it would like the College to do. The subject is currently under intense study by the PAACS leadership.

REQUESTS FOR PRAYER

1. Pray that God will open the door for Karanda Hospital to soon qualify to become a PAACS training center. The country of Zimbabwe is not only on its knees economically, but in the area of medical education. Pray that the powers that be will approve our training program and that all the shareholders in the decision at Karanda will decide as God would have them decide.
2. Pray that God will give wisdom to the PAACS leadership in planning rotations in South Africa, and that these opportunities for advanced training will soon become a reality for our residents.
3. Pray that the PAACS leadership will be able to work out with the West African College of Surgeons a compatible training paradigm so that its residents will eventually be able to qualify for fellowship in the college.
4. Pray that God will continue to provide funding for the PAACS budget and the support of its 29 residents.
5. Pray for the PAACS program at Ngaoundéré, as the hospital and staff make the major adjustments necessary to meet the facility standards required by WACS and the patient-care standards by which PAACS operates.

Editor

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