

THE WFN VISITING NEUROLOGIST PROGRAM AT THE CHAINAMA COLLEGE OF HEALTH SCIENCES (CCHS) IN ZAMBIA: LESSONS TAUGHT AND LESSONS LEARNED.

Dear Gretchen and fellow WFN Neurologists,

This letter is an attempt to distil some of my experiences during the five weeks I spent as the WFN visiting neurologist at the Chainama College from January 7th to February 7th 2003. As you know mine was the second of three visits to the College planned for the first year of the affiliation supported by the World Federation of Neurology, the first being that of Dr. Enrique Wulff in late 2002, with Dr. Joseph Friedman to follow me in July 2003.

I found Dr. Wulff's report on his visit was invaluable, providing as it did a comprehensive list of contacts in Zambia, as well as important recommendations for future visitors. I will add some of my own observations and suggestions for future visitors to this report.

Shortly after my arrival I was advised that because of a fire in the kitchens, the students had been advised not to return to the college until Feb.3rd. This was disappointing, but I felt there was still plenty that I could do in order to produce some value from my visit.

After initial discussions with the Director of Training at CCHS, Mr. John Mudenda and members of the teaching faculty, I conducted a series of meetings with the objective of developing teaching modules, which could be used by the college faculty to teach neurologic topics relevant to the clinical situations most likely to present to Zambian Clinical Officers. Modules on "Consciousness and Coma" and "Alcohol and the Nervous System" were worked on.

I gave tutorials to 6th year medical students of the University of Zambia medical program. These students were under Prof. Alan Howarth, doing a rotation in Psychiatry and the teaching was done both at Chainama College and the University Teaching Hospital (UTH). I was introduced to the University of Zambia Department of Medicine and while further teaching of medical students was discussed, I decided not to pursue this, working instead with the CCHS instructors on the neurology curriculum for training of Clinical Officers. This decision was influenced by the insistence by the

CCHS instructors that they would be able to fully occupy my time at the College.

I subsequently gave a series of teaching seminars to college instructors on the following topics: “The neurological history and examination”, “Head Injury”, “Seizure Disorders”, “Meningitis and Encephalitis”, “HIV/AIDS and the Nervous System” and “Peripheral Nerve Disorders”. These were topics requested by the instructors. These sessions were followed in each case by a discussion with the instructors on the relevance of content of the presentation to Zambian clinical experience generally and the practice of Clinical Officers, specifically. Case-based learning was endorsed as a teaching method.

I worked with Senior Lecturer Mr. Stephen Kapumba in developing a self-administered ‘Needs Assessment’ questionnaire to evaluate the self-perceived needs of practicing Clinical Officers for further neurological education. Mr. Kapumba will continue with the implementation of this initiative with proposed piloting in the Southern and Central Provinces, to include rural and urban communities.

I collaborated with Dr. John Omara on a presentation to be made to the Central Board of Health Information Technology Unit on the potential role of Tele Medicine in Zambia.

Presentations on ‘Epilepsy - diagnosis and management’ & ‘The psychological impact of epilepsy’ were given to Community Rehabilitation Workers with the Cheshire Homes organisation in Lusaka. Liason between the Epilepsy Association of Zambia (Mr. Anthony Zimba) and Canadian Epilepsy organisations was established.

Recommendations:

Dr. Wulff prepared a teaching time-table for the visiting neurologist that could prove useful for future visitors. It might be helpful to both the visitor and the College if there was some degree of standardisation of what is going to be taught, while recognising that each visitor will impart their own particular ‘flavour’ to their visit.

1. A defined neurology curriculum for the clinical officer program is probably desirable. The manual “Where there is no Neurologist” is most suitable, having been developed and effectively used in a pilot

project to instruct Zambian paramedical health professionals. Clinical Officers and instructors that I spoke to during my stay endorsed the usefulness of this book as a practical manual and teaching tool. Instructors at the College agreed that this could be adopted as the 'core neurology text' for the Clinical Officer program.

2. The Neurology visitor program should be timed to coincide with the academic sessions at the CCHS, avoiding holiday and exam periods as far as possible. The College has agreed to provide their time-table to the person co-ordinating the neurology visits.
3. Academic time should be allocated to permit the visitor to co-teach the core neurology curriculum with the College teaching staff, to student Clinical Officers in their 3rd or 4th Semester. The Director of Training has agreed to facilitate co-ordination of the neurology segment of instruction to the period of the Neurologist visit.
4. The College has requested that Instructors on their staff, as well as Clinical Officers who are already practicing in the field, be given an opportunity to up-grade their neurologic expertise. This could be achieved by the visiting neurologist teaching suitable topics at a level appropriate to these professionals, through the Centre for Continuing Education at the College. Dr. David Lusale (Head of Department, Clinical Instruction) and others were very keen that be pursued. The awarding of a Certificate on satisfactory completion of such a course could be an inducement to Instructors and Clinical Officers to participate in such a program. (A precedent exists, I believe, with additional certification being available to Clinical Officers in Ophthalmology, though I am not sure through whom this is done).

It is useful for visitors to become acquainted as far as possible with the spectrum of health issues in Zambia and specifically the role of the Clinical Officer in delivering primary health care to the communities. I found that my visits to the wards and discussions with staff and students at the University Teaching Hospital (UTH) were helpful in improving my understanding of the roles played by the various health providers in Zambia, as well showing me the common problems seen in clinical practice. I also became aware of the substantial practical difficulties that

exist in health care delivery due to lack of funding at all levels. I would endorse the value of interacting with the University Teaching Hospital (UTH) and their staff and students, although my feeling is that instruction and provision of neurology resources at the CCHS should remain the priority of this program.

Talking to college staff, physicians and others in the community, it seemed to me that Clinical Officers represent the backbone of medical services in Zambia, providing as they often do, the first point of contact between patients and the health care system in both rural and urban areas. Epilepsy, malaria, TB, bacterial meningitis, HIV/AIDS and head trauma are some of the common conditions with serious neurologic implications presenting to Clinical Officers. Because of the success and relevance of its programs in health education, it seems likely that CCHS will continue to be the provider of training for Clinical Officers in Zambia.

The WFN visiting neurologist program appears to provide a resource that is relevant to the neurological health care needs of Zambia, at relatively low cost. It is valued by the Chainama College. I would certainly recommend that the WFN affiliation with the CCHS be continued in order to support the development and delivery of a strong neurology component to clinical courses taught at the CCHS.

I would be happy to correspond with or speak by phone to others interested in participating in this program, and once again would like to thank you and Matthew for your efforts in facilitating my visit.

Sincerely,

Alex Moll

Addendum – Practical Issues and Suggestions.

Liaison with the College is through the Director of Training, Mr. John Mudenda, Academic Secretary Ms. Judith Bowa and her assistant, Mrs Ruth Mwelma. (See contact details in Dr. Wulff's Phase 1 report)

*Housing

Unit available on College campus – 2 bedroom, living room, kitchen and bathroom (bath, sink, toilet).

Fresh linen and bedding is supplied and changed as required

Laundry services supplied

House-keeping available

Institutional type basic furnishings – drab but adequate

Limited crockery & cutlery

Adequate stove and fridge

Plentiful cold and limited hot water – runs very slowly

You will need to bring or buy:

Personal linen, including towels, face-cloths

Mirror in the bathroom

*Communications:

Limitations are lack of phones and internet in the College. I used the Postnet in the nearby Manda Hills shopping Centre where internet connection and long-distance and local calls can be made. Bwanji.com in the Farmers Building on Cairo Road in downtown Lusaka has a much more efficient and cheaper internet service and I began using this in preference to the Manda Hills location once I had found Bwanji.com .

Cellular phone: a phone that uses Simm card should be brought if you have one. It can be activated with one of the local cell providers. Rental is not available. Alternatively, ask the Chainama College if they can provide a phone that you can use and pay for during yo

***Entertainment:**

Recommended to bring:

Radio and CD player;

Other entertainment – books etc

Laptop computer

Electrical appliances:

You will need an adaptor for the wall sockets – 3-pin with square pins (I bought mine from the Automobile Association shop in SA; international airports carry a range of adaptors – check for Southern African adaptability). Power is 220v AC, so you will need transformers such as those that come with most laptops and small transportable appliances.

Other Important practical information:

***Visa:**

On arrival, the Immigration officer may want to stamp your passport for a period less than your anticipated stay, indicating that you must apply with the support of the College for extension of your visa. This may be time-consuming and expensive.

The Chainama College Director – Mr. John Mudenda – has been asked to clarify the Visa requirement for future WFN visitors and I would strongly recommend that future visitors clarify this with the College before arrival in Zambia.

*** Departure tax:** You will need \$20.00 US per person as a (cash).

*** Money:** Zambian Kwacha's (K4,700.00 = \$US 1.00 in Feb. 2003) can be obtained from automatic tellers 24 hours at larger banks in all the bigger towns, using a bank client card with the 'PLUS' or 'Interac' logo's. I used my Canadian Royal Bank Client card for this. VISA can be used in hotels and larger businesses that have a large ex-patriot clientele, but not in smaller businesses.

? A 5% surcharge is applied to any VISA purchase.

? Supermarkets may let you use your VISA but this may require a long wait while the card is authenticated, rate converted etc – easier to use Kwacha's. \$US cash widely accepted, but probably best to use local currency for most purchases.