

Amalthea Trust Kyambogo University Project

Week 6 (7th – 11th November 2011)

On Sunday 6th of November, Joe Moseti arrived from Kenya and on Monday morning, we introduced him to the students. Unfortunately, John was at a conference in Kenya so he was unable to meet up with Joe. We introduced what we would be teaching during the week and then started the lesson.

Within about 10 minutes of teaching, the power went out and, unfortunately, most of the lesson had been planned and written on Power-Point. Normally, the power only goes out for a couple of minutes but on Monday it went out for almost all of the morning! We tried to carry on with the lesson using the blackboard but we were limited as to how much we could teach without showing any pictures or photographs.

At the beginning of the afternoon, the power was still out at the university. Rather than try to teach without the aid of the projector, we decided to show the students the anaesthetic trainer that was already at the university (see previous reports for information about the trainers). We were limited as to what we were able to teach without the power but it was still good for the students to see the different sections of the machine. The trainer also included a “dummy” with inflatable lungs and a foot-pump to simulate gas flow. We spent a couple of hours going over this trainer.

In the late afternoon, we finally got power so we went over the first section that Joe wanted to teach.

In the evening, we met up with a friend of Joe’s who happened to be the head matron of Nakesro Hospital, a small private hospital in Kampala. She was very interested in the training we were doing and was happy for us to bring the students to the hospital before the end of the semester. She also mentioned that the hospital already had a trained biomedical engineer and it would be good for the students to see an engineer at work. She is travelling to Kenya this week so I’ll be arranging a trip for the near future.

On Tuesday morning, the power was on so we were able to teach with the projector as required. However, after lunch the power went out again! Instead of waiting for the power to come back on, we decided to take the students to the anaesthetic machine, which was donated by the Amalthea Trust. Joe talked about all of the sections of the machine that they had already been taught about and those that would be explained over the week, leaving out the areas that will be included in future semesters.

As usual, the students were very keen to see how the real machine works and, again, we were able to use this “practical” session to see what the students didn’t understand during the lessons. We spent all of the afternoon session going over the workings of the anaesthetic machine.

On Wednesday, we took the students over to the workshop where the anaesthetic machine was being stored. We spent most of Wednesday explaining about the parts of the anaesthetic machine which related to both previous and future lessons. This gave the students a chance to gain further practical knowledge of where medical gases are used.

We arranged for the students to go round the hospital on Thursday and Friday; it was easier

to only take half of them each time as we were going to several parts of the hospital rather than just the General Operating Theatre like we normally do. During this time, we took the students to the main oxygen cylinder and went over all of the different sections and how they related to what we had learnt in theory. The students were also shown the back-up oxygen cylinder storage area where the students noticed quite a lot of safety and standards errors, including:

- The “low oxygen” alarm had been unplugged and instead a phone was being charged up
- The automatic change-over system was electrically unsafe and could have caused a large explosion or fire if there was an oxygen leak
- There was a large amount of flammable material stored in the same room as the oxygen cylinders
- The workers were wearing incorrect clothing, e.g. no steel-capped shoes

When the students questioned the workers on this, most simply gave an answer along the lines of “this is just the way we do it here”!

After that, we took the students to the ICU in order to see the medical gas wall sockets and to see the medical gas in use on patients. Some of the students were very uncomfortable with seeing patients within the ward but it was very beneficial for them to see how they are directly affecting the patients through their actions and it is something that they will have to get used to. It was also important for the students to see for themselves that not everything they get taught in the classroom is actually practised in the real world. For example, they got to see that not all of the colour codings were “correct” because equipment from different countries does not always comply with the international standards that we teach.