



**Final report on teaching assignment**

**Endoscopy,**

**Hôpital Galagala Ngaoundal, Cameroon**

<b>Country</b>	Cameroon
<b>Mission</b>	No. 33
<b>Hospital</b>	Hôpital Galagala Ngaoundal, Cameroon
<b>Speciality</b>	Endoscopy
<b>Period</b>	04.-15.11.2023

## TABLE OF CONTENTS

ADMINISTRATIVE MANAGEMENT .....	3
ADMINISTRATION .....	3
STRATEGIC PLANNING .....	3
PARTNER ORGANISATION .....	3
INFORMATION ON THE PLACE OF USE .....	3
TEAM COMPOSITION .....	3
REPORT .....	3
SATURDAY, 4 NOVEMBER .....	3
SUNDAY, 5 NOVEMBER 2023 .....	4
MONDAY, 6 NOVEMBER 2023 .....	4
TUESDAY, 7 NOVEMBER 2023 .....	5
WEDNESDAY, 8 NOVEMBER 2023 .....	5
THURSDAY, 9 NOVEMBER 2023 .....	7
FRIDAY, 10 NOVEMBER 2023 .....	7
SATURDAY, 11 NOVEMBER 2023 .....	8
SUNDAY, 12 NOVEMBER 2023 .....	8
MONDAY, 13 NOVEMBER 2023 .....	9
TUESDAY, 14 NOVEMBER 2023 .....	9
WEDNESDAY, 14 NOVEMBER 2023 .....	10

## ADMINISTRATIVE MANAGEMENT

Administration Eveline Fuchs

## STRATEGIC PLANNING

Location Hôpital Galagala Ngaoundal, Cameroon

Speciality Teaching endoscopy

Einsatzzeitpunkt 04.-18.11.2023

Aim Utilisation of endoscopy equipment, teaching of doctors and nurses in gastroscopy and colonoscopy and their preparation. Development of standards

Number of participants CHEIRA 3 persons

## PARTNER ORGANISATION

Hôpital de District Sainte Jeanne-Antide Thouret de Galagala, Soeurs de la Charité including support association in Valais

## INFORMATION ON THE PLACE OF USE

An endoscopy tower and a gastroscope and colonoscope are available. The manual preparation of the endoscopy was already reviewed with soeur Agathe during the last assignment and the necessary measures were initiated.

## TEAM COMPOSITION

PARTICIPANTS	FUNCTION
DR ALEXANDRA SCHWIZER	Gastroenterologist
SARAH MOLONY	Endoscopy specialist
EVELINE FUCHS	Specialist in surgical technology

## REPORT

### SATURDAY, 4 NOVEMBER

A small group of 3 people met early in the morning of 4 November 23 at the check-in in Kloten. These are: Dr Alexandra Schwizer, gastroenterologist, Sarah Molony, endoscopy specialist and Eveline Fuchs as administrative head of the mission.

Our flight took us via Brussels and Douala to Yaoundé, Cameroon. After checking in our heavy luggage, which was accepted thanks to our humanitarian efforts, and a smooth security check, we treated ourselves to a last cappuccino and croissant.

We had our first moment of shock when a team member realised just before the gate that her mobile phone was missing. A brisk walk back to the bar and the mobile phone was back with its owner. We joked that this was a good start to our mission...

As soon as we were told "boarding complete", all passengers had to disembark again with their hand luggage. One of the passengers had left the plane again and to be sure that no piece of luggage was transported with us to Brussels without its owner, a security check had to be carried out. Our plane then took off an hour and a half late. Fortunately, we had enough time to change planes and we were soon sitting on a well-filled plane to Douala and then on to Yaoundé.

In Yaoundé, it felt like an eternity before we received the visa. The last few times we were guided through the procedure by M. Augustin, an employee at the airport, which of course sped everything up. I wondered whether he might no longer work here.

But even after passport control, there was no one there, no sister in her unmistakable traditional costume to welcome us. I began to wonder whether they might have forgotten us.

In fact, there was no one from the sisterhood for miles around. We didn't have a phone number, but luckily we had marked the location of the property on the offline map.

A taxi finally took us to Nkolbisson and stopped in front of the sisters' pitch-black property. After a lot of honking, shouting and ringing, the night watchman appeared and let us in. A rather sleepy sister opened the house and said that they weren't expecting us until Sunday.

Luckily our rooms were ready, she even made us something warm to eat and we finally made it to bed just before midnight. What a way to start this mission! **Conclusion of the day: "nocking on heavens door"**

## SUNDAY, 5 NOVEMBER 2023

As we were not expected until Sunday, the train tickets for our onward journey to the north were only reserved for Monday evening and could not be rebooked. We made the best of it and wanted to use the day to change money and buy a SIM card.

What was easy a year ago turned out to be impossible this time. Instead, we gained a lot of impressions of the capital and its people and spent the evening reviewing the events over a beer.

**Conclusion of the day: you have to celebrate the festivals as they fall**

## MONDAY, 6 NOVEMBER 2023

What was impossible yesterday worked like clockwork today, so in less than an hour we had two SIM cards and even cheaper than we had been offered the day before.



We had to drive a little further to change money. This was quickly done in the car park of a supermarket at good rates. Thanks to Sœur Anne-Cecile and the driver Alain, without them we would probably never have changed money with a private individual. It seems to be customary and quite legal here.

In the afternoon, we walked to the nearby campus of the Université Catholique d'Afrique Centrale, the university where some of the sisters here study, before heading to the railway station.

From there, the journey continued by night train, 12 hours to Ngaoundal.

In order to get to the train at all, we were subjected to a thorough check, all our luggage was searched and we had to justify ourselves because of the medical material. The boss asked us for paracetamol. Good thing he didn't see the somewhat hidden, "harder" goods.

Many porters offer their help in transporting the luggage, the sisters have their trusted man who did a reliable job,

as our three suitcases arrived safely in Ngaoundal.

The night in the Couchette was quite ok. Dinner and breakfast were even served in the compartment. There are hawkers selling their wares at almost every station, and it is not uncommon for children to do this work.

They walk alongside the train and announce their products with loud shouts. We would have liked to buy avocados, but by the time we reacted, they were already too far away.

**Conclusion of the day: "De Schnäller ich de Gschwinder"**

## TUESDAY, 7 NOVEMBER 2023

We arrived in Ngoundal shortly before 8am where we were already expected by soeur Claudine.

We are accommodated at the sisters' home, a beautiful, well-kept complex with several buildings, a vegetable garden, various citrus trees and flowers.

After a small breakfast and a shower, we began to settle into our little house. An inaugural visit to the Chief of Police and a tour of the hospital were planned for the afternoon. As the chauffeur was an hour late, we drove straight to the hospital. The Medical Director, Dr Guy, and the Head Nurse/Head of HR introduced us to the respective departments. It is impressive how clean and organised it is here.

We didn't quite agree on the rooms in which the gastroscopies and colonoscopies and the preparation of the equipment should be carried out. The room they had planned for the examinations is too small. There was no space to prepare the endoscopes.

When I was there last year, we had already discussed these points with the responsible specialist, soeur Agatha, and with the director at the time, soeur Marie-Grace. Unfortunately, the director has since passed away and Agatha no longer works here. With a little negotiating skill, we persuaded the team to accept our proposal. Finally, the endoscopy tower was inspected by our experts Dr Alexandra Schwizer and Sarah Molony. Last year, the screen suddenly went black and nothing worked. An expensive repair was necessary, which was covered by the generous donations of the company Terrasystems AG and the Valais association Hôpital Saint Jeanne Antike Thouret. A big thank you to them at this point.

The first test was successful. Tomorrow everything has to be cleaned and set up, then we can start in the afternoon. There was still a discussion about who of the staff should be trained in what, and the choice for reprocessing the endoscopes fell on a person who obviously doesn't want to do it. We are excited.

We mentioned again to the hospital management that CHEIRA would not be paying anything else for the examination of the patients, which is exactly what we had communicated from the beginning. The hospital would cover the costs, we were told.

**Conclusion of the day: flexible endoscopes require flexible personnel**

## WEDNESDAY, 8 NOVEMBER 2023

The nurses gave us the car keys and we drove to the hospital on our own. Much to the delight of Sarah, who skilfully avoided the potholes as if she had never done anything else.

Full of vigour, the three of us began to set up the new endoscopy room. We had to move entire boxes, which was kindly done by the hospital's skilled craftsmen. First of all, we cleaned EVERYTHING and set up the workstations for the examination and preparation of the endoscopes.

Again and again one of the doctors came and wanted to know when it was going to start, there were 6 patients waiting.

We ordered the first patient for 12.15 pm, then the problems started...

The anaesthesia nurse wanted to know whether we would pay the equivalent of CHF 10? Our answer was no, she should discuss this with the anaesthetist.

We were then told that all the patients had eaten and gone home!

When we enquired, we learnt that the patients had been told in advance that the whole treatment was free and were naturally not pleased to have to pay money after all.

The amount was needed for an intravenous line, an infusion, syringes and medication. However, we brought the medication for sedation ourselves. Furthermore, there was no one who could/would have





learnt how to prepare the endoscopes because the person who was supposed to do this didn't have time to work with us due to their role.

It was time for a clarifying discussion. All the doctors involved, the director, the head nurse and we sat down at a table.

Our doctor Alexandra Schwizer explained to those present in no uncertain terms that we were not pleased with the way things were going. That she must be consulted before a patient scheduled for the examination is given food. That if they didn't have anyone to train them in the reprocessing of endoscopes, we would cancel the operation now. She made them realise how much these devices cost and that their cleanliness was the be-all and end-all of endoscopy.



We were able to refute the director's objection that they didn't know how many staff were needed with an email log showing that they had been informed about everything and had answered all our questions. We were briefly at a loss.

As several people in the care team are currently on holiday, this is very difficult.

They discussed who they could choose for this and found a person who could be called away for the next two days - we were adamant that it had to be someone who could work the whole time.

Obviously, they imagined endoscopy to be simpler than it is.

In the end, they called an operating theatre nurse to ask if he would be willing to take a break from his well-earned holiday and come to the hospital to learn the preparation. What luck, he agreed.

Dr Alexandra Schwizer then began the theoretical part of the training for doctors and other interested persons. The training included: anatomy, diagnostic and therapeutic possibilities of upper and lower endoscopy. This was followed by a brief introduction to the endoscope tower and the gastroscope and colonoscope. This included the set-up and handling of the endoscopes, including the first practical exercise. It was also emphasised once again that proper and careful handling of the exclusive and expensive devices is essential for a long service life.

This was followed by a lesson on the history and handling of the use of propofol sedation in endoscopy, which was later concluded with a written test.

**Conclusion of the day: tough but heartfelt**

THURSDAY, 9 NOVEMBER 2023



By midday, the first two gastroscopies had been performed. As almost every time at the beginning of a mission, there were too many interested people present, making it impossible to train anyone. To bring a little more structure to the procedure, Dr Alexandra Schwizer explained exactly who was to do what, where and who was to watch from a distance before the start of the third examination. Right at the start of the sedation, the anaesthesia nurse simply ran off... she had to discharge a patient... "nous etions fachés", because we had to wait for her, and said so.

Once again we had to bang on the table, even though we didn't really want to.

One bright spot is Omarou, the nurse, who took a break from his holidays to learn how to reprocess the endoscopes. He is really good, grasps things quickly and does an excellent job - we are proud of him.

Over the course of the day, things went better and better and soon Dr Georges (gynaecologist) was able to lend a hand himself. A total of 7 gastroscopies were performed and we only left the hospital when it was already dark.

Quite exhausted, we drove home in the dark and only arrived at our accommodation shortly before 7pm. We treated ourselves to a drink (shaken, not shaken) before joining the nurses for dinner.

**Conclusion of the day: Better shaken than shaken.**



FRIDAY, 10 NOVEMBER 2023

The first examination was scheduled to start at 8 o'clock. As no nursing staff were present, the head nurse took action himself and fetched the first patient, even starting with the preparations such as placing Venflon, measuring blood pressure and oxygen saturation.

He had suggested that he could take on an assistant role to relieve the nursing staff, who also have a lot to do alongside our campaign. We were very pleased with his initiative.

As Dr Georges (gynaecologist) was not present today to consolidate what he had learned, Dr Guy (clinic director) took the gastroscope into his hands for the first time. It's one thing to watch, but quite another to do it yourself. Quite sweaty, he finished the examination, which he was able to perform with the support of Dr Alexandra Schwizer.

For the next three gastroscopies, he then generously left the field to Dr Yves (a doctor).

In general, things went much smoother and better today. We were already a well-rehearsed team.

The delicious avocados that were brought to us for lunch contributed significantly to the good mood. After a total of four examinations, however, it was suddenly over; the fifth patient simply went home without cancelling her appointment.





They then allowed themselves to be persuaded to do three more gastroscopies tomorrow Saturday, firstly so that they could practise and secondly so that the patients on the list could come for their procedure.

The cancellation of the last patient gave us an early evening, which we unfortunately couldn't spend at the market because of the rain.

**Conclusion of the day: Despite the rain in the morning, the sun shines over the endoscopy tower**

## SATURDAY, 11 NOVEMBER 2023

The local doctors didn't actually want to carry out any examinations today as it was their well-deserved weekend. We kindly pointed out to them that we would be away again next Thursday and that they would have the opportunity to benefit from our knowledge now. In the end, Dr Guy and Dr Yves



managed to get over themselves and organised three patients for today. We gave Omarou, the nurse who had postponed his trip to be trained here, time off without further ado and prepared the endoscopes ourselves.

The training is necessary because, as we all know, no master has fallen from the sky. We can see an improvement from time to time and were delighted with their progress together.

We finished the last examination shortly after 12 noon. We took over the tidying up and preparation so that they still got something out of their weekend.

On the way home, we bought the ingredients for plait and apple pie, both intended for tomorrow, Sunday. We plunged into the hustle and bustle of the market, marvelling at what was on offer and enjoying the hustle and bustle. We were repeatedly addressed as "Nazara" (foreigner). Three white women simply stand out.

After dinner we put two plaits in the oven, it was a long evening because the oven doesn't really work....

**Conclusion of the day: Baking a Sunday plait takes more patience than having your hair plaited**

## SUNDAY, 12 NOVEMBER 2023

Today was our day off and we slept as long as we could. The breakfast plait didn't look quite what we wanted, but everyone liked it. Only we knew that the slight sourness in the bread came from the yoghurt, which was sold to us as milk in the shop, and that the plait tasted a little different as a result. Later, we accompanied one of the sisters to the market to buy vegetables and fruit for the next few days and helped her carry them.

We also bought some fabric to make some dresses. The persistent rain in the afternoon provided us with a cosy afternoon and optimal relaxation.

**Conclusion of the day: less is sometimes more**



MONDAY, 13 NOVEMBER 2023



As there is always a big report at the hospital on Monday morning, our day started a little later. On the way to work, we tried again to get in touch with the district police chief, but at 8 o'clock there was still nobody there.

Shortly after we arrived at the hospital, I had to leave again because the police chief was now ready to receive me. The idea was that he could answer questions from the Swiss embassy in the event of a case. It turned into a short conversation, during which he offered to provide me with a "collaborateur" if we wanted to go on a trip to a nearby lake. We might take him up on his offer to

do something at the weekend with the paediatric surgery team, who are coming straight afterwards.

Back at the hospital, the examinations had unfortunately not yet started, there were no doctors or nursing staff present. Somehow the worm was in the works today, it seemed that everyone needed a little more time than usual. Nothing was running smoothly, there was no communication, work processes that worked quite well at the end of last week seemed to have been forgotten today.



It was not only today that we realised that patients are not treated as equals. On the other hand, patients come and go as they please and demand that the examination takes place immediately, otherwise they are gone again.

Every patient has a Carnet in which their medical history is written down from birth and which remains in their possession. The aim is that the staff can read it before a consultation. But nobody, neither anaesthetic nurses nor doctors, did it at the moment, it didn't seem important or interesting to them. In addition, the patients were not informed about what was being done to or with them. For example, we had a patient who was expecting a "real" operation in which her problem would simply be removed. She was accordingly

disappointed after the gastroscopy.

A colonoscopy was suddenly added to the programme. The patient was at home and had taken the bowel cleansing medication there, although we clearly stated that this procedure should be carried out in hospital under supervision and guidance.

Standards, some of which we have already sent them before the assignment, have obviously not been or are not being read by anyone.

We decided to carry out the colonoscopy anyway to show them the consequences of a poorly drained bowel, because you can see almost nothing.

"Anyone who wants to can" is now a thing of the past, we insist that only the most talented perform the gastroscopies.

Despite a rocky start, the day took a good turn and the last two gastroscopies went quite well thanks to my own initiative.

**Conclusion of the day: Today we took one step forward and two steps back, but in the end we were motivated and back on field 1**

TUESDAY, 14 NOVEMBER 2023

The day started better than yesterday, but there was a general feeling of fatigue. Of course, alongside our endoscopies, the normal day-to-day running of the hospital continued. As the people assigned to us also

have other work to do in addition to endoscopies, we always had to look for someone or wait for them from time to time. The point is not that we do the endoscopies ourselves, but that they learn how to do them.



Gradually, we began to doubt whether we would be able to train at least one doctor to the point where he could carry out the examination without our help.

Dr Alexandra Schwizer also took a lot of time today to pass on her knowledge to the doctors.

Once again, a patient could not be found, but when he was found, it turned out that he had eaten. By 2 p.m. we had tidied everything up, packed our things and headed home.

**Conclusion of the day: A day full of potential not realised**

## WEDNESDAY, 14 NOVEMBER 2023

Neither a doctor nor a patient was present when we arrived at the hospital shortly after 8am. Omarou, the nurse in charge of reprocessing, was our ray of hope; everything he could prepare was done. The three of us took it surprisingly easy, almost like locals.

First the hospital team had a report and then they went on rounds to see the hospitalised patients.

In the meantime, 7 patients had turned up who wanted a gastroscopy today, including three who simply disappeared yesterday because they didn't want to or couldn't wait any longer. As we wanted to finish at 2 pm today, we agreed to four examinations. The gastroscopies were to be performed on those who had been booked for today. Those who disappeared yesterday without cancelling and are back today because they just have time can no longer be considered.

When a doctor was finally found for the first gastroscopy, he first asked if we could issue him with a certificate authorising him to perform endoscopies!

He carried out the first two examinations with the assistance of our doctor. During the third and fourth, he then managed to reach the stomach and duodenum with the endoscope independently and without Dr Alexandra Schwizer having to intervene.

Now we should be able to continue with him for a while so that he gets into a routine, but unfortunately today was the end for us. A total of 27 gastroscopies and one colonoscopy were carried out during our stay.

This was followed by a discussion with all the people involved. We asked for their impressions and were pleased that, without exception, they all felt they could have benefited. However, they were also critical of the organisation and communication, particularly on the part of the hospital.

For us, this means that in future we will endeavour to communicate not only with the match management, but also directly with a specialist (yet to be defined).

The basics are there, now they need to get routine, either with a stage in a hospital where endoscopy is already being performed, or a follow-up assignment. In our opinion, there are two doctors who are already doing quite well. Unfortunately, neither of them are really available and would be absent if they were to work in another hospital for a few weeks.

The endoscopy device that is available is unfortunately not of good quality, individual glass fibres are already broken. An expensive repair has already been financed by donations from our (private) environment. It is to be hoped that the device and the endoscopes will continue to be treated with care.



If you really want to make a lasting improvement, there should be a follow-up session where you can consolidate what you have learnt and continue with gastroscopies. Those who have mastered this well can continue with colonoscopies.

In the evening, Dr Alexandra Schwizer and Sarah Molony set off on the long journey home. First by train back to Yaoundé and then on to Switzerland.

I, on the other hand, am waiting for the next team so that I can operate on children with them for a fortnight.

**Conclusion of the day: Once is not once**