

# IMPROVING BURN CARE IN RURAL BANGLADESH

Report of the visit of

GLOBAL SURGERY AMSTERDAM

TO

FRIENDSHIP BANGLADESH



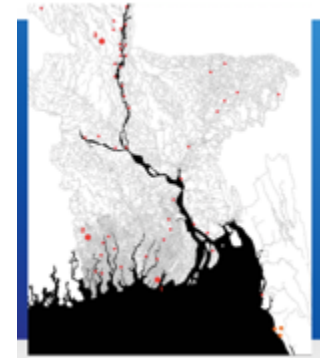
23 OCTOBER 2022 – 4 NOVEMBER 2022

## CONTENTS

1. Introduction
2. Official meetings with plastic surgeons in Dhaka
3. Surgical care and anaesthesia on the floating hospital
4. Research on burn prevention
5. Training at the Friendship Training Centre
6. Conclusions and recommendations
7. Appendix
  - Quotes from patient interviews
  - Social media content reference
  - Blog about the work with team members: dr. Ujjal, dr. Prodip
  - Role GSA training coordinator

## 1. INTRODUCTION

In 2019, a team of Global Surgery Amsterdam was invited by Friendship for the first time to visit Bangladesh with the aim to experience the challenges and the opportunities providing reconstructive surgical care in the remote areas in Bangladesh. Friendship NGO is an international Social Purpose Organisation guided by the vision of a world where people — especially the hard-to-reach and unaddressed — have equal opportunities to live with dignity and hope. It is their priority to reach communities in these areas that are otherwise inaccessible.



In our report in 2019 we stated that collaboration between Friendship and GSA is promising: the very dedicated and well- organized Friendship staff with experts on data collection tools designed for this specific setting, provides opportunities for research and the development of training tools for safe surgical care. GSA can provide assistance to set up a research projects and educational activities to improve the surgical care. A practical way to start is to launch a PhD project for three years for a talented young researcher from Bangladesh together with a doctor from the Netherlands, supervised by Friendships' research team and Global Surgery Amsterdam experts. We expressed our hope to be able to explore opportunities in the near future.

From the previous visit, also some recommendations were made to improve safe surgical care on the floating hospital:

- Develop a specific manual with description of the equipment and medicines available and suggestions for materials to bring for specific returning missions.
- Information about the experiences of previous teams and the possibility to review their reports.
- Developing a learning program for the OR assistants to become anaesthesiology assistant or having a local anaesthesiologist on the boat during the missions. It would bring more safety and could save operation time.
- An Ultrasound machine would improve administration of regional anaesthesia techniques and pain treatment. It could also be useful as a diagnostic tool, e.g. to screen for retention bladder after a spinal anaesthesia.

Thanks to Friendship Bangladesh and Friendship Netherlands we were invited again. After some delay due to Covid-19, the trip was planned from 22<sup>nd</sup> of October to 4<sup>th</sup> of November 2022. For this visit we incorporated the above-mentioned recommendations during the preparations for this visit, which was very helpful. The preparations started in august. Monthly and later weekly meetings were held with the colleagues of Friendship and goals were set.

This year, the focus of the surgical care was on the treatment of burn scars and contractures. The aim was also to incorporate teaching, training and research into the mission. While preparing the activities we aimed for collaboration with local burn experts to enhance our impact. Therefore, the team was not only consisting of members with medical expertise, but also with members with expertise on research and education.

Our goals for this visit:

- To find out more about the organization and quality of burn care in Bangladesh
- To investigate the need for burns prevention programs and surgical burn care in the area's where the floating hospital is operating
- To include local doctors in training on the job focussed on reconstructive burn surgery
- To provide the **Basics of Burn Care Course** (off the job training) about prevention, the management acute burns and burn scars and contractures for local doctors and healthcare workers.

The team consisted of the following members:

#### Friendship team

- Dr. Ishtiaq Hossain Ornob (Senior Program Specialist, Health)
- Mahbub Ur Rahman Ujjal (Manager evaluation and research)
- Dr. Asif Ahmed (Head Medical doctor ESF ship)
- Manik Chandra Das (Head of the operation theatre (OT))
- All the members of the OT team

#### Visiting team from Holland

- Matthijs Botman (Reconstructive surgeon, global health doctor and general director of GSA)
- Swanny Thio (Anaesthesiologist)
- Ingrid Mertens zur Borg (Anaesthesiologist)
- Annebeth de Vries (Pediatric and burn surgeon)
- Myrthe Simon (General doctor and researcher)
- Louise de Haas (General doctor and training coordinator)

#### Invitees and trainees

- Michael Prodip Singh (medical doctor at LAMB Medical Hospital)
- Rasifur Rahman Dip (medical doctor at Friendship Hospital)



## 2. OFFICIAL MEETINGS WITH PLASTIC SURGEONS IN DHAKA

In the evening of 23th of October we arrived in Dhaka, the capital city of Bangladesh with 20 million inhabitants. Before heading to the floating hospital, we had one full day in Dhaka and on the 24<sup>th</sup> of October we visited three healthcare facilities: the Sheikh Hasina National Institute of Burn and Plastic Surgery (NIBPS), Dhaka Medical College Hospital and a private plastic surgery clinic to meet the doctors and plastic surgeons to get more insight into the Bangladesh healthcare system and the burn care management.

### Sheikh Hasina National Institute of Burn and Plastic Surgery (NIBPS)

During the mission in 2019, the team also visited NIBPS. At this time, the 17-floor building was not yet finished, therefore the hospital was not operational. Now we came back and all 500 beds were occupied. Every day the 10 operation theatres are completely full and all types of burn, reconstructive and aesthetic surgery are performed. This tertiary hospital is directed by prof. dr. Kamal Abdul and 50 plastic surgery residents are currently trained here. Professor Sen, who the team had met in 2019 as well, was also present. It was impressive to see the full spectrum of plastic and reconstructive surgery in one place. During our tour we passed the wards, where patients with acute burns, burn contractures, clefts and traumatic wounds were admitted. All facilities including a speech lab for peri-operative cleft care, a hair transplant unit and full facilities for acute extensive burn care with the most modern wound dressing baths were present. Furthermore, we visited the research department and the skills lab, where a live microsurgery course was given. In the end of our visit an intention was set for future collaboration.

During our visit the director prof Kamal Abdul and Dr Botman both underlined the importance to collaborate and to involve and inform the national burn centre when setting-up activities to improve burn care in the country. There are not enough experts in Bangladesh to serve the need of the country and trough official collaborations with NGOs like Friendship experts from abroad can definitely play a role to support. Especially in the remote areas where Friendship is working the need is high. Exchange of knowledge was considered to be most important.

The first step that was needed is to have an MOU. We drafted an official letter on behalf of GSA and Friendship and handed it to the Friendship management team for review.



### Dhaka Medical College Hospital

Our visit in the NIBPS took a bit long, therefore we arrived late for our next appointment at the Burn Unit of the Dhaka Medical College Hospital and most of the doctors already finished working, since work days are until 2 PM/2:30 PM. Fortunately, we got the chance to have an introductory meeting with three of the doctors and we explained the purpose of our visit. We discussed our mission to investigate if and where there is a need for collaboration in providing teaching and training activities in Dhaka and Bangladesh. After the meeting, one of the doctors was able to give a quick tour around the ward. Despite the fact that the NIBPS is now fully functioning, the Burn Unit was almost completely occupied with acute burn patients and patients with conditions that require reconstructive surgery. All types of burn surgery are being performed here from acute burn surgery to complicated flap surgery.



### Visit to a private plastic surgery clinic in Dhaka

In the end of the afternoon, we visited Dr. Sidikki in his private clinic. The team also visited the clinic in 2019. Dr. Sidikki is a plastic surgeon, collaborating with Friendship for 5 years, especially for cleft surgery. He visits the Friendship hospital several times per year to perform cleft surgery and shared some interesting information about cleft surgery in Bangladesh, especially that it is difficult to find anaesthetists from Dhaka to join the surgical team, because they earn more money in Dhaka.

### 3. SURGICAL CARE AND ANESTHESIA ON THE FLOATING HOSPITAL

After our short stay in Dhaka we travelled to the north. We were happy that we were able to continue our travel. During the past two days a cyclone struck Bangladesh. Nearly 10,000 homes were destroyed or damaged by the storm that flooded cities and forced a million to evacuate. This made us realize even more that Bangladesh is highly vulnerable to climate and weather related geographical hazards. After a full day of travelling, we arrived at the floating hospital. We were warmly welcomed by dr. Asif, the head medical doctor and director of the ship. Right away, at 5 PM, we started the screening. All patients were selected by the Friendship team, which was securely performed; all patients were healthy for surgery. In total, 47 patients were screened and 26 patients were selected for surgery, including 23 post burn contractures, one syndactyly, one post-traumatic contracture of the hand and one post-traumatic tendon contracture of the 4 and 5 of the hand. The anaesthesiologists were well informed about the inventory of the stock, knew what they needed to bring and everything was available to provide safe anaesthesia. Together we made a planning for the week and the older children low complex cases were done on the first day, the young children and complex cases on the second day, and the other children were divided over the rest of the days. This worked out well. This year, two anaesthesiologists joined the team instead of one, which has become more and more the norm during the past years in terms of safety. This was also very helpful because therefore we were able to perform the surgeries in two theatres. However, OT 2, which is normally used as storage, was not as well equipped and sterile as OT 1, therefore we decided to only do low complex cases and short surgeries in this OT. After the surgeries, the team members of the ship took full responsibility for the post-operative care, including recovery care, morning visits at the ward, providing adequate pain management and dressing changes.



#### 4. RESEARCH ON BURN PREVENTION

During our stay on the floating hospital, we asked every patient with a burn contracture (23) to fill in a questionnaire. We asked the (parents of the) patients how the burn occurred, the treatment after the burn, and why they did not receive the proper treatment they needed to prevent the severe contracture. We gained a lot of helpful information from these questionnaires. For example, most burns occurred during cooking while the cooking stove was on the ground or children stepped/fell in hot ashes. With this information, we also conducted in-depth interviews with six (parents of the) patients. We gained information on the burn injury. In addition, we asked the parents what their recommendation is to other parents. They had suggestions for their community members such as; putting the cooking stove higher than the ground floor, so the child cannot reach it; placing water over burning ash after cooking; and, if a burn occurs, rinsing with lukewarm water for 15 minutes. Finally, we asked them how we could spread these valuable recommendations. Most of them advised us to share the suggestions in a video on Facebook. Families in these regions own at least one smartphone per family, which gives them access to Facebook. We discussed these new insights with the Friendship team and came to the idea of creating a prevention campaign. Friendship's communication team travelled to the floating hospital and assisted in creating the campaign movie. We asked five mothers three questions: 1) 'What happened?', 2) 'What were the consequences?', and 3) 'What is your recommendation to others?'. We recorded their answers. The communication team of Friendship is editing the video now. Afterward, we will plan how to spread the prevention campaign.





## 5. TRAINING AT THE TRAINING FRIENDSHIP CENTRE

At the end of November 1<sup>st</sup>, after 5 days of surgery and the last ward rounds and dressing changes, it was time to say goodbye to all the patients. We travelled 3,5 hours to the south, where the Friendship Training Centre is located. We did not have to say goodbye to the team, since almost all of them were joining the training. When we arrived, we were overwhelmed by the beautiful architecture of the training centre, which won the Aga Khan Award for architecture in 2016. The training centre has a residential section, a library and 4 classrooms where 80 people can be trained. It is the perfect place to bring people together to learn from each other.

We provided a two-day course on the ‘Basics of Burn Care’. The course has been created by GSA in 2021 and has the goal to train local doctors and health practitioners in acute burn care and the management of burn scars and contractures. In total 31 people attended the course, including people from the two Friendship hospital ships, Friendship Medical clinics and the LAMB hospital.

It was a challenge for us that we had to change the training last minute because 15 doctors from government structures that provide burn care were not able/not allowed to come. The participants that were able to come were mostly mid-level service providers with very little experience with burns. We decided to adapt the training to an even more basic level to meet the needs of the mid-level service providers and we implemented more focus on prevention than on surgical skills. English language was a barrier for many of the participants. Accordingly, Dr. Michael, Dr. DIP, Dr. Asif and Manik were invited to be part of the faculty. According to the ‘train the trainer’ principle, the presentations were prepared in pairs that consisted of one Bangladeshi faculty member and one Dutch faculty member and presented jointly. Evaluations were very positive; “very suitable training for me. All trainers are very very good”. “Everything was helpful, everything was up to the standard”.



## 6. CONCLUSIONS AND RECOMMENDATIONS

Like last year, we were facilitated in the best possible way by the staff of Friendship. We are grateful that we got the opportunity to execute the mission of GSA to implement teaching and training and research into a surgical collaboration. This would not have been possible without the help of Friendship Bangladesh and Friendship Netherlands.

During the last visit in 2019 we already visited the SHBC Hospital. At this time, the hospital was not officially opened and no patients were admitted. We were very delighted to see that the hospital was 100% up and running and almost all beds were occupied. An enormous amount of reconstructive plastic surgery cases of all kind were admitted in the wards. All cases we rarely see in the Netherlands. Furthermore, 50 residents in plastic surgery are currently being trained. Especially the training facilities for microsurgery were very impressive. Every resident has his/her own microscope, and a flat screen, where the instructor can closely follow the progress. After our tour we were curious to investigate further in what way knowledge can be exchanged between the Netherlands and Bangladesh. There are experienced burn specialists in the Netherlands that could help to strengthen burn care and burn prevention in Bangladesh, a country with an devastating number of 350.000 burns per year, mostly children, leading to a large number of deaths and severe disabilities.

At the last day of our visit, Dr Botman visited Prof Sen to share our lessons learned from the past two weeks and to talk about future collaboration. The intention was set to draft an MOU between GSA, Friendship and SHBC as a first step, which does not seem to be very complicated, according to Prof. Sen. Prof. Sen stated that there is a need to decentralize burn care in Bangladesh. A collaboration with GSA and Friendship, to work together on teaching and training projects might be one of the ways to achieve this. Furthermore, it was suggested to invite SHBC doctors to join the faculty of the Basics of Burn Care course next time and to train them on the job during the surgeries on the floating hospital. After the surgeries and training a lecture can be provided in the SHBC. Lastly, it was proposed to work together on the research projects about prevention of burn injuries in the future. For example, a SHBC doctor and GSA doctor can work together in future projects.

### *Anaesthesia and surgical care on the Friendship Hospital Ship*

The preparations for the surgeries on the floating hospital went very well. Weekly meetings were held about 6 weeks prior to the trip. It was impressive to see how experienced and well-organized Friendship is in welcoming a foreign team. The inventory list and patient list is a requirement for the adequate preparations. For the anaesthesiologists it is important that the weight of the patient is

included in the list. With this list, the team knows what and how much materials they need to bring. This time, the list was communicated by the main contact person of Friendship, in the future it would be easier to directly communicate with Manik. Also, it is helpful to bring a video laryngoscope and a portable ultrasound. Expertise and attention is needed to work with the oxygen bottles. Luckily, Manik was there to assist in this process. Also, there is no vapour extractor system, it is recommended to take care of this. For the future we need to assure the safety measurements and equipment in the second OR if we want to use two theatres. It is recommended that a similar monitor as in OR 1 is also available for OR 2. According to Manik this might be possible for future missions. This time we were dependant on a portable monitor, taken by our anaesthesiologist, to run the second OR. Also, a second (and even third, for the recovery room) oxygen regenerator is required to run this second OR. Lastly, we advise to always come with two anaesthesiologists to double check the anaesthesia plan and performance.

The team at the ship asked us if it would be possible to come also for a training program to improve surgical care for hernia patients. At GSA we have experienced surgeons that are willing to explore this opportunity.

#### *Evaluation of research activities*

- Make sure you know all the research regulations and ethics in that specific country; what is needed to do research? What kind of paperwork do you have to fill in in advance?
- Please make sure you work with local researchers; they can take culture into account and explain the local norms and values.
- Have respect for the local culture, norms and values.
- Make sure you have a translator whose mother tongue is from the country you do research. A good translation is a very important for the interpretation of your interviews and/or research.

#### *Teaching and training at the Friendship Training Centre*

We received very positive evaluations about the Basics of Burn Care Course, content and faculty. The trainees consisted of four medical doctors and 27 mid level service providers (including nurses, OT workers, lab technicians and physiotherapists). For this reason, we had to adjust our original training, which is primarily designed to train medical doctors and/or a full team of medical doctors and paramedics that closely work together in daily practice. We had to adjust the level of the training and made the information even more basic to make sure they would be able to translate the information to their daily work. Furthermore, the level of English was lower than we expected and the majority of

the information had to be directly translated into Bengal language. For future trainings we prefer to stick more closely to the mission of GSA to train medical doctors on and off the job about the basics of burn care, rather than mid level service providers. This can be achieved by working more closely together with the SHBC in the future during the preparations for the training. Together with the SHBC colleagues we could investigate the need for training in the regions surrounding the locations of the floating hospital. This inventory can already start now. Since we found out that Prof. Sen is head of Burn Care in Bangladesh, he might be able to advise and assist this during process. Friendship will benefit significantly from this strategy, because in this way they can refer the people with severe burn wounds to the bigger hospitals in the corresponding regions, where well-trained medical doctors are present. This will improve acute burn care and prevents severe burn contractures for a large population in the remote areas that are left behind in the current situation.

The training facilities were excellent and the organization and communication of Friendship to make the training possible was great. A list with tips and tricks for the training coordinator is provided in the appendix. For future trainings GSA will work on standard presentations that can be used and adjusted according to the preferences of the presenter and level of education of the trainee.

Friendship Netherlands made the training financially possible. This mainly included the accommodation and local promotion materials. GSA as an organisation invested many hours in preparing the training strategy. This was possible thanks to a charity event in Amsterdam where 16k euros was raised. For the coming years a new strategy is needed to fund the ongoing collaboration beyond the current situation with financial support the two weeks visits per year.

To conclude, some concrete questions to be answered in the future:

- How can we help to ensure that the expertise of SHBC in collaboration with Friendship can be optimized for the benefit of all patients in Bangladesh, especially those in the more remote areas?
- For the nearby future; how can we create a collaboration with SHBC and its university to obtain the knowledge that it essential to know what to do? We believe that this is possible by setting up research projects, preferably two, with one PhD from Bangladesh and one PhD from the Netherlands, working on prevention/education
- How can we create a sustainable partnership with SHBC and Friendship to decentralize burn care in Bangladesh by teaching and training activities
- How can we expand the impact of the trainings?
  - o One the opportunities is to extend the train the trainer model to enable Friendship doctors to provide Basics of Burn care courses for all Friendship mid-level service

providers, tailored to the local setting, with the basics of burn care teaching materials adapted and translated in Bengal.

## 7. APPENDIX

### **1. Quotes from patient interviews**

“After the burn injury, I build a fence around the house with bamboo sticks of 10 ft high. Ten households in the village copied this idea.”

“We are worried if she can marry someone with these burn scars.”

“Unfortunately, we did not know where to go to seek for care.”

“The local healer put salt in the wounds, that was very painful.”

“We did not have the money to seek for medical care.”

### **2. Social media content reference**

Social media content

<https://globalsurgeryamsterdam.com/>

<https://www.linkedin.com/company/globalsurgeryamsterdam/>

<https://www.instagram.com/globsurgams/>

### **3. Blog about the work with team members: Ujjal and Prodip**

**Mahbub Ur Rahman Ujjal**

What is your educational background?

Completed My Masters in Anthropology from Jahangirnagar University, Savar, Dhaka, Bangladesh.

When and why did you start working for Friendship NGO?

I've been working here since March 1, 2014. I began my career as a government employee, but after a year I realized that this place was not for me. From the beginning, I hoped I would work in the development sector for the welfare of the underprivileged and destitute. This is my sixth job in Friendship. After that, following my dream, I changed jobs and was given the chance to work in the NGO sector. I chose to work for and with non-profits, social purpose organizations because I like working for mission-based organizations, rather than profit-based organizations. My expertise is in social research, monitoring, and evaluation. I accepted the challenge to work for this organization when I saw that the Friendship was hiring researchers for its research wing. I was fortunate enough to be hired for the position indicated here. Friendship is a non-profit organization that prioritizes its

social mission over its bottom line. I believe that in Friendship, I have the opportunity to work to the fullest extent of my abilities for the underprivileged, which has always been my desire, and to witness the positive effects of my efforts. Whether they reside onsite or participate in our programs, seeing the individuals I am genuinely working for every day is tremendously humbling.

What are your main responsibilities at Friendship NGO?

- Designing and implementing research and assessment strategies to create knowledge or to help enhance interventions designed to strengthen the basic rights of the rural poor, especially ultra-poor of the hard-to-reach areas.
- Designing and testing, research, and impact assessment, evaluation tools.
- Designing databases and supervising data entry and data cleaning activities.
- Analysing primary and secondary quantitative and qualitative data using software such as SPSS.
- Producing clear, compelling, and methodologically robust reports, journal articles, policy briefs, slide presentations, and other ways of making research results available and accessible to Friendship audiences.
- Presenting research finding and recommendations to key target audiences, including policy makers, rural communities, civil society, researchers, and donors.
- Find academics, researchers, universities for establishing a network and collaboration work.
- Develop ToR and MoU for third party research work.
- Maintain regular contact with identified academics, researchers, universities.
- Supporting efforts to build health, DRR, CC, Education, good governance-related research, monitoring and evaluation capacity of Friendship and its partners.
- Research Report writing.

How did you experience the collaboration with GSA and Myrthe?

Working with GSA and, in particular, in person with Myrthe, has been a tremendous experience for me. The GSA's humanitarian stance greatly influenced my decision to do a joint study on burn injuries in Friendship's northern region. I would argue that in this case, I discovered all of the aforementioned qualities among the GSA team. These include shared sentiments, a sharing mindset, in-depth subject knowledge, experiences, and soft skills. I consider it an honor to work with GSA.

Myrthe is the type of person who possesses a strong sense of professionalism and humanity. She is well aware of the duties she has been given and how to complete them using her abilities, experiences, sense of community, and team-building attitude. She has a high degree of cultural

sensitivity and understanding, which are essential traits of a researcher. We were able to accomplish the objectives because of her in-depth subject expertise. She is not a workaholic, but I would describe her as mission-driven. I'm thrilled and pleased to be working with her.

Last but not least, she has a beautiful smile, which is a great asset for someone to motivate people.

What are your lessons learned from this collaboration and do you have any recommendations for future collaboration?

Without a doubt, the partnership promoted a positive work atmosphere where the GSA team and the Friendship team assisted one another in achieving goals through shared knowledge, expertise, and hard effort. This kind of cooperative teamwork encouraged creativity, raised knowledge levels, helped people solve difficulties, and produced exceptional soft skills.

We should fortify our cooperation network for any burn related research work. We can develop a platform where we can share our experiences, future plan etc. In order to raise awareness of the burn issue, we need to disseminate the research findings to a wider audience.

**Michael Prodip Singh (medical doctor at LAMB Medical Hospital in Bangladesh)**

Can you tell us something about your background?

I grew up on a mission hospital compound in a rural area of northern Bangladesh. As I grew up, especially after starting medicine study I saw and felt the desperate need for proper care for under-privileged and vulnerable people including affordable surgeries. After completing my medical studies, I started to work at LAMB hospital where we provide values-based service to the people who really need it.

What does a work day look for you?

I usually work 6 days 7 hours per week. I get at least 6 days off per month and I have 6 on call shifts of 31 hours duty in a month. I am currently working with a general surgeon, Dr Antje Oosterkamp from the Netherlands in the surgery department. In my regular daytime duty, I join morning rounds, assist in operations, see outpatients along with the surgeon and help in the emergency department if needed.

Can you describe what you did during the training on and off the job with GSA?

Initially, I started my training by screening patients on the first day of the plastic surgery camp. Next 6 days, I actively participated in several operations mostly burn contracture releases, patient follow-up and dressing changes. In the operation theatre, I had the opportunity for hands-on training on how to give z-plasties/jumping man, full-thickness skin graft, new suturing techniques, inserting k

wires and an introduction to WALANT technique. In the following evenings, we did some reflections on our workday and how we can improve. I had a wonderful time exploring the char area with the GSA team during the camp as well. It really helped me to understand the life of the char people and how we can help them to the fullest. I was both a trainer and a participant in the training of basics of burn care. It was such a delightful opportunity. I prepared and presented a session on the basics of surgical burn care with the help of Dr Matthijs Botman. He is an excellent mentor and a wonderful colleague to learn and work with. Everyone on the GSA team was tremendously helpful and friendly. I helped with Bangla translations in a few sessions to help other participants understand the session effectively. In small group discussions, I participated as a moderator and helped in activities as well.

#### What are the most important lessons you have learned?

The most important lessons that I learned are as follows-

- Give running lukewarm water immediately after a burn.
- Prevention is better than cure. Emphasize more on how to prevent the burn from happening in the first place.
- Surgical techniques and interventions to carry in my workplace for better surgical burn wound management.
- Only together, working as a team, we can make changes!

#### How did you experience the collaboration with GSA?

It was an amazing experience to work with GSA and Friendship Hospital in collaboration. Their professionalism and dedication were highly admirable. I enjoyed and learned a lot from everyone on the team. Everyone was super friendly and eager to help. We did not just work there; we made a connection with each other which to me was one of the best parts of my experience on this training on and off the job. I would love to be with this team of GSA for any future learning opportunities.

#### What are your recommendations for future training on and off the job?

The training duration can be prolonged and maybe collaborate with other hospitals to be able to share more practical experiences. If possible, the GSA team can train more doctors like me and continue the training with their materials locally in their respective workplaces. I believe this will help to spread knowledge and have an impact at the community level.

I am very grateful to everyone on the team and I really appreciate the opportunity. It was a brief but a memorable time with wonderful GSA team. Thanks again to everyone for the great teamwork. All the best!!



#### **4. Role GSA training coordinator**

Providing tailor made professional trainings required a lot of preparation hours for the team of GSA. The following information is helpful to define the tasks of the training coordinator for future courses about the Basics of Burn care.

##### Preparation:

- First contact with the collaborating organization members
- Make an inventory of the goal of the training
- Identify target group, level and number of participants
- Appoint a local person who is responsible for the daily collaboration, also during the training
- Identify trainers (especially local trainers). Strive for trainers who have experience and the right qualifications to be trainers. After the inventory, contact them for preparation (explanation of Basics of Burn Care e-Book and presentations to be prepared)
- Prepare Dutch team members (program and presentations to be prepared)
- Preferably, also organize a meeting/1 day course for the trainers together a few weeks before the training (train the trainer).

##### During stay on the boat there are several supporting roles to be divided:

- Which doctors will receive training on the job and what are their learning objectives, ensure they are relieved of other duties
- Maintain a screening list and assist with planning operations
- Make the last preparations for the training program and training documents, preferably supplemented by material generated during the first days of training on the job
- Start preparing mission report
- Assist PR and communications team to provide material and assist with creating content for social media to show what is happening.

##### Training supplies:

- Banner, nice for the pictures
- Beamer + computer connection, bring a hdmi cable, usbc cable and pointer
- If the course is given with moodle, prepare everything on moodle: pre-assessment, pretest posttest, evaluation

- If no Moodle because of limited access to laptops/smartphones/internet, print everything in advance, and hand out a USB stick with e-Book and PDF version of the course material
- Pen and notebook per participant
- Certificates
- Humby knife and if possible, an electric hand dermatome
- Models to practice contracture release