

**REPORT BURNS UNIT  
MULAGO UNIVERSITY HOSPITAL  
JANUARI – MARCH 2007  
By MARJO AERTS**

**Introduction**

In 2005 I stayed for 14 weeks at the Burns Unit of Mulago University Hospital in Uganda. The purpose was to train the nurses at the Burns ICU, because there was a shortage of knowledge and practice experience in intensive care. Together with the nurses I developed a report-system for the nurses, so that the continuity of nurse care was supported by a 24 hour report. I trained them in monitoring the patients. In the reports of this period can be read about this period, the conclusions and the recommendations. The reports can be called in at the UBPSI-office ([ubpsi@utlonline.co.ug](mailto:ubpsi@utlonline.co.ug)) or at Stichting Interplast Holland ([info@interplatholland.nl](mailto:info@interplatholland.nl)).

Now one and a half year later and after a short assessment in November 2006 by myself I was invited for a follow up. The report of November can also be called in at Stichting Interplast Holland. The monitoring and the report of the progress of the patients, done by the nurses, are still poor. The reason I couldn't find: fear of monitors, fear to report so that everything is too transparent, fear to call a doctor when something is wrong with the patients, or something else? I asked everyone in the group or private, but they didn't give an answer.

During this period it was good to be at the Burns Unit again. Everyone was very enthusiastic and motivated. I hope the nurses learned again from the training and will make this in practice. I want to thank everybody for all the extra things they did for me.

**The first day**

In the evening of the 23<sup>rd</sup> of January I arrived at the Airport of Entebbe. Next day it was Wednesday and I knew this day will be the Big Round (the Major Ward Round) at the wards by the whole Staff of the Plastic and Burns Units. I decided to join it, because then I had the opportunity to meet most Staff-members. Stephen brought me to the hospital.



*The Big Round / Major Ward Round every Wednesday*

Dr. Robbert Ssentongo led the Big Round. The welcome was again very hearty and I was at ease immediately. After the ward round Dr. Ssentongo arranged a meeting with the whole staff (Medical and Nurse Staff, Staff of the Operation Theatre, Physiotherapist, Nutritionist, and Administrator). During last year the Nurse Staff changed a little bit. Two nurses were transferred to the Plastic Surgery Ward. Sister Maureen Pyffua is Sister in Charge of the Burns Unit at the moment.

During this meeting everybody had the opportunity to talk what bothers them. At the beginning nobody dared to say something. Dr. Ssentongo and I pushed and motivated them and most of the things which were discussed were material things and the number of nurses. There was also talked about the opening of the new Burns Ward, called "Holland Ward", which they wanted to open next Monday. Dr. Zeeman was coming next Monday. Some things needed to be arranged, such as a heater (boiler) for water in the Bathroom, the nurse equipment, the marking of the bed sheets and some other "small" things. The nurses, who work at two wards now (Plastic Surgery and Burns ICU), would be divided up at three wards. On forehand there can be said that this is not good. It is impossible to cover all the shifts with too few nurses. Mulago Hospital was not able to supply nursing staff at this moment.

Dr. Ssentongo finished the meeting by advising the nurses to take advantage of my stay at the Burns Unit and he asked me to train the nurses about the "First 48 hour management of the Burns Patient".

## **The Programme**

After the meeting I had a talk with Maureen about my presence at the Burns Unit. Maureen told me that she was on annual leave during my period in Uganda. This was a pity, because there was a lot to discuss. Also during the start of a new ward, it is important that the Sister in Charge is around. She wanted to be there a few times: for the training, meetings, and to have a look how everything is going on. The discussion was about the questions of the nurses to me. What do they want me to do these 6 weeks? Another problem was that the nurses didn't know about my stay in Kampala, so they didn't have the time to think about it. Therefore Maureen and I made a programme:

- To start "Professional Talk" with all nurses in private by Maureen: how is everything going on at the ward; how do they experience the work at the ward; are they satisfied and, when not, what do they want to change and what is their own role in this; the expectations of the nurses; and so on.
- To start a training with the possibility for everyone to come. Subjects:
  - Monitoring of the patients by the nurses and Reporting this
  - The first 48 hour Management of Burns Patients

## **Goal:**

To repeat and to improve the skills of the nurses about the Monitoring of the patients and about the first 48 hour Management of Burns Patients at the Burns ICU and at Holland Ward. Also the nurses who will be working at these Wards in future will be invited.

## **Activities**

The first week I am going to arrange a training everyday from 11 am till 4 pm about "**monitoring the patient**". The nurses can come at any moment they want. I announce it by a poster at all Wards and approach all nurses personally.

The second week will be about **“The first 48 Hour Management of the Burns Patient”** every day between 8.30-9.30 am and between 2.00-3.00 pm. Again I announce it by a poster at all Wards and approach the nurses personally.

For the training everyone has to sign for their attendance. After the training sessions I'll be at the Burns Unit every day and instruct and support the nurses where they need this.

### **Place of the training:**

In the training room and at the Wards of 2C (ICU and later also at the Holland Ward)

### **Evaluation:**

The evaluation is at the end of every training session with the nurses and the last week by individual talks with the nurses.

The evaluation with the Head of the UBPSI (Dr. Ssentongo) will be in an individual talk and by means of a report.

The Board of the UBPSI and everyone else who is interested is by report.

### **Execution**

In the attachment of this report is the handout, which I made for the nurses. In this the text of the training can be read.

The first week the training of monitoring the patient was fulfilled. The problems of the nurses were that they didn't know how the monitors work, and what to do with them. Some thought the monitors didn't work, some thought it was a part of the treatment, and some didn't know what alarm-limits are and didn't use the monitor because of the loud alarm-sounds.

The monitors I installed in the training room and after theoretic part everybody had to exercise with all monitors:

- What is the purpose of the monitor?
- How must the parameters be interpreted?
- How do you handle the alarms and the alarm-limits?
- And for the more advanced monitors: how to set up things like the loudness of the sounds of the beats and the alarms, the respiration curve and rate, the blood pressure.

Now after this it is up to them. I'd advised them to take the monitors and use them with the patients. When the nurses don't practice on them, they never learn. Because with monitors it is important to use them a lot, so that all possibilities of the monitor are in their mind. After the training they were enthusiastic.

The second and third week I trained the nurses about **“The First 48 Hour Management of Burns Patients”**. Instead of one week it took two weeks to train almost everybody. This was because the Holland Ward opened in the first week of this training session. It was amazing to see how a new Ward opens without the equipment the nurses need for fulfilling their job! Also the number of nurses was too small: only three nurses for the Holland Ward. A warm tribute must be paid to the nurses. On the duty roster of the Burns ICU was also the duty roster of the Holland Ward for the nurses. Where necessary the nurses of the ICU supported the Holland Ward, although there is already a shortage of nurses at the Burns ICU (this didn't change after 2005). So there were shifts that the Holland Ward had poor attendance by nurses. During the day the staffs were complimented by a local volunteer, who assisted the nurses of the Plastic Surgery Ward, the Burn ICU and the Holland Ward. In this case it was also a pity that the sister in charge was on annual leave.



*Burns Patients need a lot of care and cure: as well at the Intensive Care as at Holland Ward. Consequence is the necessity of more nurses per patient.*

Due to this my training schedule was threatened to fail. So I changed my plans. I decided to do this training more individually. I approached the nurses, who didn't appear the first week, individually. I asked them when they had the possibility to come and made an appointment. Instead of large groups I had small groups and sometimes a nurse individually, but almost everyone joined the training. Again the nurses were very enthusiastic: they asked everything they wanted to know and showed their interest.

The evaluation with the nurses was positive: the importance of monitoring and a good management during the admission of the patients and the first days after this were clear for them. Now they know what to do and they have to bring it in practice. I attended a few admissions at the Burns Unit (Burns ICU and Holland Ward). Although during the training the priority schedule during admission was discussed, I saw that this was a problem in practice. The few nurses I supported at this period I tried to train this. The reports were still poor. Sometimes patients still died after a week, while they were improving. Then the question was: why? In the report couldn't be read something was wrong. The treatment of high body temperature is poor: it was me who always asked for a blood slide for the patient when the patient had an intermitting high temperature during the day. For themselves they suffer from malaria a lot, but for the patient they don't think of it.

## **Evaluation and Recommendations**

After this period of almost 6 weeks I can tell that it was very good to be at the Burns Unit again. The circumstances for training were not optimum:

- My stay at the ward was unexpected for the Nurse Staff. They were glad I was with them again, but they were not prepared.
- At the end of my stay everyone was amazed I was leaving. They expected me to be there for 3 months, but I was only a period of nearly 6 weeks.
- The Sister in Charge had her annual leave.
- Holland Ward opened at once, pressured by higher levels. Only three nurses (two from Paediatric Ward, one from the Plastic Surgery Ward) joined the nurse staff of the Burns Unit. After two weeks another nurse came, but this is still too small a number to cover all shifts. Besides there was no equipment for the nurses available at the start of this Ward! Therefore it was difficult to get the nurses to the training.
- It is not mandatory for the nurses to come to the training. It had no consequences for the nurses (no exams, no certification, no stop of allowance, and so on) when they do or don't attend the lessons.

The first goal was to approach the nurses individually by private meeting between the Sister in Charge and the nurse. Because Maureen was on annual leave I couldn't train her. Perhaps it is possible for her to start it by herself.

The training sessions were attended by almost all nurses. The second goal is reached partly. In theory they showed a lot of interest and were active in participation. In practice a lot of failures can be observed. The reports are still poor. Monitors are hardly used. It is important that also at bedside they get the training.

## **Recommendations**

1. Of course the nurses can, by the knowledge they already have, train each other up to a certain level. Till now this is not done. The Medical Staff can improve on them when something is going wrong with the patient, by evaluation. All these possibilities are short term activities.

2. For a structural solution other activities must be looked for. I have brainstormed a little bit about this with some people. I think it is important they get an education to get the title of a "Burns Nurse" with certification, recognized and registered by the Ministry of Health of the Government of Uganda. This must be accompanied by pay rise. I think this education can be organized at the Burns Unit of Mulago University Hospital and will take about 8 months. The nurses need to go to class for 1 day a week, for example every Monday. For the nurses of the Burns Unit and the Plastic Surgery Ward it must be free of school fees. Not all nurses can be educated at once, but at the start there can be one of Holland Ward, two of the Burns ICU and one of Plastic Surgery Ward. Also for other nurses in the country it must be possible to be trained here. They have to pay for it.

The structure can be different from the classical education (lectures); perhaps it is possible to introduce Module Education. For this education 9 modules will be necessary. There is already a job description for "Burns Nurses" at the UBPSI and these modules can cover the job description. The Modules are made by a Module Leader together with the coordinator of the Education. Every module has to be finished with an exam. The nurse passes the exam when she/he meets the demands which are made by the Module Leader.

The subjects of the Modules:

- First 48 Hour Management of a Burns Patient
- Monitoring and Reports
- Infection (Diseases) and Wound Care
- Pain Management
- Nutrition
- Rehabilitation (incl. Physiotherapy and Ergo therapy)
- Mental Health Care (incl. Reintegration)
- Burns Prevention
- Communication

Modules don't need to be finished at one day or four days. Some can be short and others can take longer. A module is divided in parts and some parts are taught at school and some parts are take-home tasks (for example literature which must be read at home). At one education day from a few Modules a part is educated.

I think it is important to have a teacher for nurses, who has also the task to start the education together with the Head of the UBPSI, the Coordinator of the Burns Unit and the Ministry of Health, and/or Markere University. When everything is going on well and the first nurses are qualified, the teacher and the coordinator have the task to train them to continue this education and become the trainers. The preparation must be done carefully.

3. The last recommendation I want to mention, although everybody knows already, is the number of nurses: it is too small!!!! Another thing is the wages: the nurses need to have a second job and sometimes also a third one to earn enough money. So it is important for the Ministry of Health to find out how to solve this problem.

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