

# Africa Grants Programme, THET 2016-2017

## Report on 3rd Training

**Sponsor:**



**FAMILY OF COMPANIES**

**Project Goal:**

Palliative care capacity building at a community level in Mauritania

**Activity:**

Training of 27 health care professionals from the interior of the country in the foundations of palliative care.

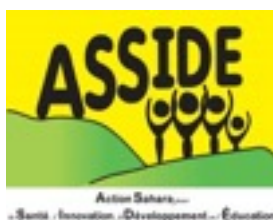
**Actors:**

Cairdeas International Palliative Care Trust

Action Sahara pour la Santé, l'Innovation, le Développement et l'Éducation

**Dates:**

27th February to 3rd March, 2017



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# Introduction

The third and final THET sponsored palliative care training took place from the 27th February to the 3rd March, organised by Cairdeas Sahara, a collaboration between the Scottish Charity, Cairdeas International Palliative Care Trust and the Mauritanian association 'ASSIDE'. Twenty-five health care professionals from rural Mauritania were able to travel to the capital, where the training took place at the office of ASSIDE. These were joined by one rural doctor who was on holiday in Nouakchott and a nurse based in Nouakchott.

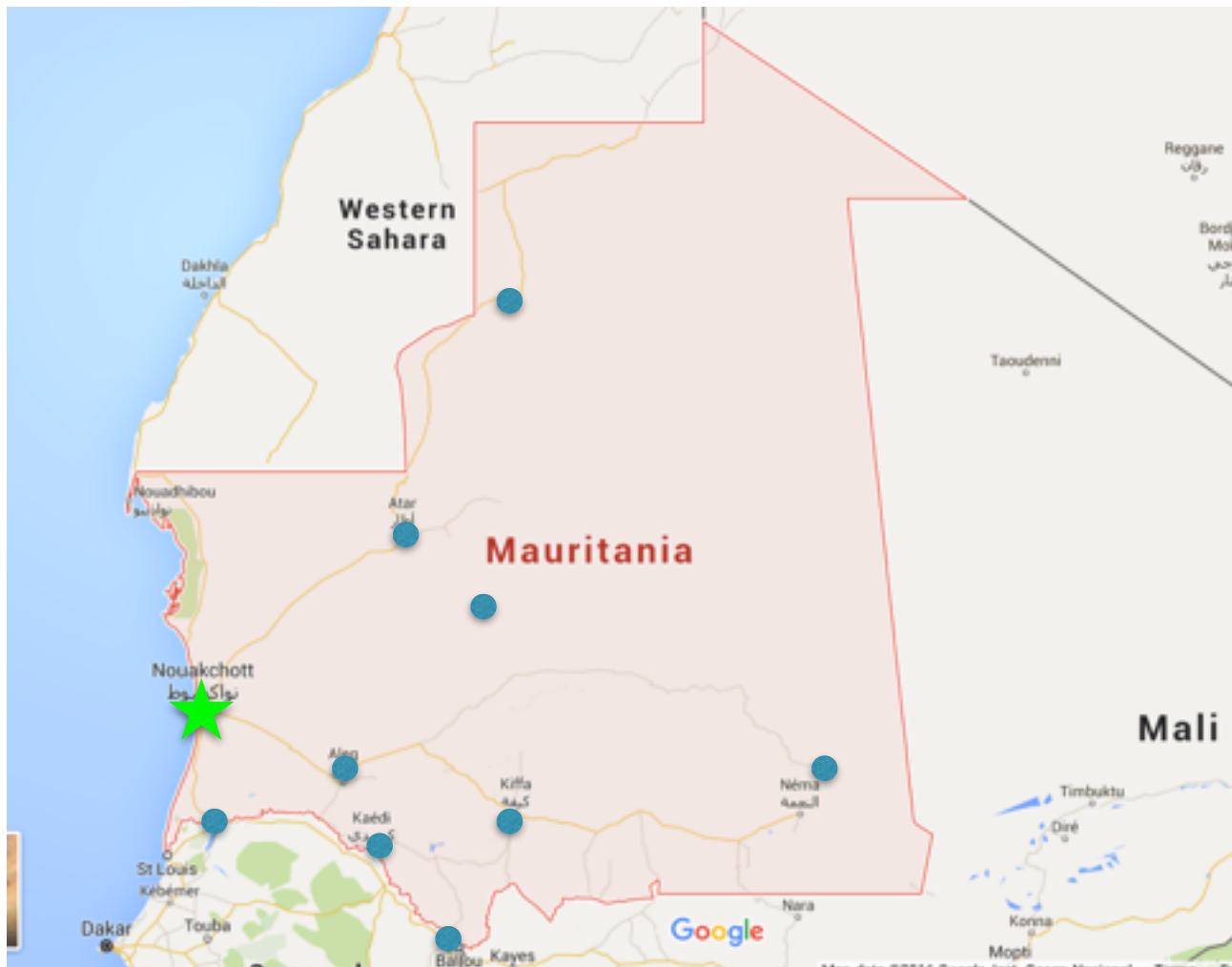


Image 1: Location of participants; the star shows the capital, Nouakchott where the training occurred

Nurses and doctors attended from all over Mauritania, the furthest away was 2,200km away from the capital, with the average distance being 1,160km (Image 1 and Appendix 3). This training was the first Palliative care training hosted in Mauritania held exclusively in Arabic. It covered a wide range of topics relating to palliative care in a resource limited setting. It was based on the Palliative Care Toolkit, which was provided to each participant in both French and Arabic. The training

benefited from a rich mix of trainers, both international and local (appendix 1). Multiple approaches to teaching were incorporated in to the training; lectures, small group work, interactive activities, role playing.

We evaluated the training employing knowledge tests, evaluation forms and selective individual interviews.

## Evaluation

Daily anonymous evaluation forms were completed, which enabled a reflective and flexible approach to comments. On the second day, there was a group exercise of completing a prescription chart and explaining to a colleague in a role playing exercise. Overall the group did not perform the task well. This proved to be a great learning opportunity as the trainer was able to lead the group to reflect on this and to think of themselves in the position of the patient. Appreciation of this learning was evident in the evaluation forms.

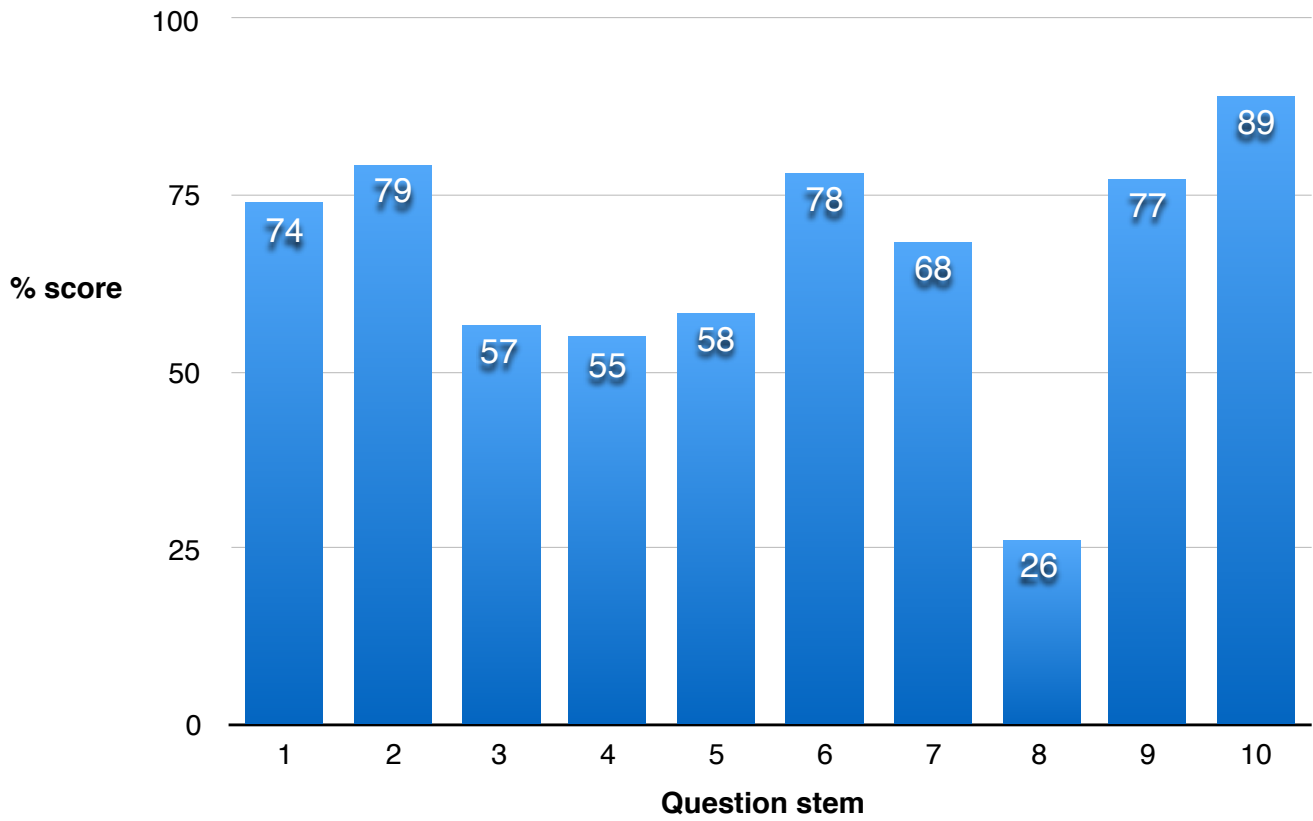
Overall the training received very positive feedback, both in personal communication and in formal written anonymous feedback. **100%** of participants found the training to be relevant to their context. Special appreciation was made of the training being in Arabic, which many highlighted as lacking in Mauritania.

## Knowledge Tests

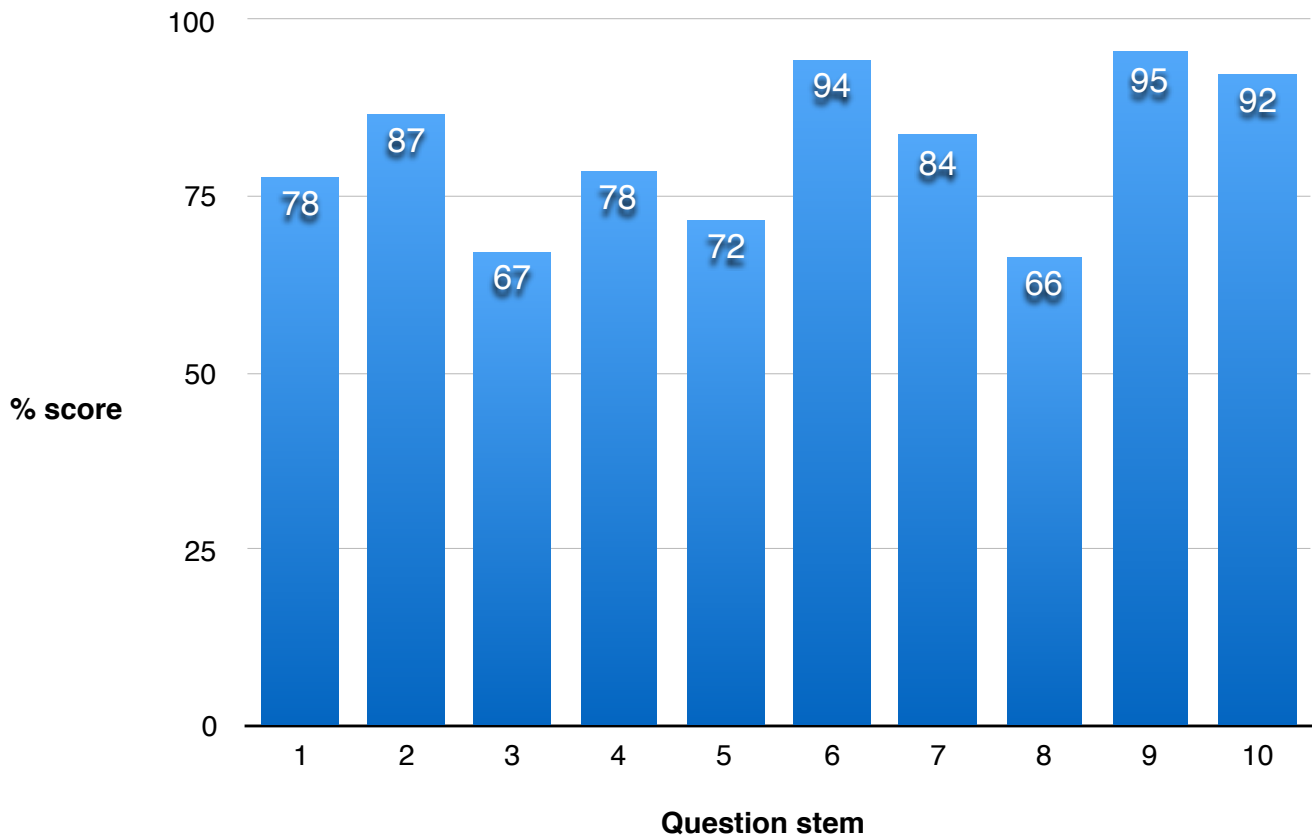
Knowledge related to palliative care was tested through the completion of a exam with 43 multiple choice questions, divided across 10 domains. The medium score of results per domain are represented in the graphs below. The domains are; the foundations of palliative care (1), the holistic approach (2), the WHO pain ladder (3), oral morphine (4), chronic pain (5), neuropathic pain (6), emotional pain (7), end of life care (8), the control of symptoms (9), and communication (10). The two graphs below demonstrate a global improvement in knowledge of palliative care, especially in regards to the WHO pain ladder (domain 3) and end of life care (domain 8). The same questions were presented to each participant before and after the training, they had 15 minutes to complete the questions.

The graphs demonstrate an improvement across all domains, most marked in section 8. The ethics and end of life issues.

### Pre-training



### Post-training



# Adjustments

In December, in the second training, three participants did not attend the training, despite confirming their presence. We were therefore keen to have a full training. We therefore accepted a nurse based in Nouakchott who has been involved in palliative care but has never undergone the training. We were also delighted to have a request from a doctor who was on holiday from the interior of the country and wished to participate in the training, and did not require accommodation payment. Participants were selected so that every region of Mauritania was represented. There were at least two participants from each health care structure represented in the cohort of participants. This was to encourage a small team to implement the learning.

During the training five participants participated in home visits with a trainer. As in previous trainings, this experience was well appreciated and allowed a short exposure to the actual putting into practice of their learning.

# Research

Three semi-structured interviews were carried out with participants. The two participants who attended home visits were interviewed, in addition to a nurse who was previously interviewed during the mentoring trip at their health post.

# Conclusion

Overall the team of trainers was pleased with the participation and motivation of the participants. The mix of doctors and nurses worked well, enriching the debates within the group. It was encouraging to witness how the components of the THET sponsored capacity building have been built upon, creating a momentum. An Arabic-speaking nurse trained in May as a partner returned to help in the training. This was helpful to the team as he contributed insights from his place of work. He was also able to participate in several home visits. Insights from the mentoring trip were incorporated throughout the training, for example health professionals have argued that it is not necessary to treat pain as it relieves sins according to their religion. This claim contradicts the data from the several focus groups held with imams during the mentoring trip.

# Acknowledgements

The Cairdeas Sahara collaboration would like to sincerely thank all those involved in the training, up front and behind the scenes. Special thanks goes to the visiting trainers, Dr Nahla Gafer and Dr Mohja ElAllah (Sudan) and the team in Mauritania specifically Ndiaye Aliou and Dr Mohamed Nour. This training provided an excellent opportunity to reinforce the international network of Arabic speaking people passionate about palliative care.

# Appendices

## Appendix 1: Trainers

Trainers	Experience	Role
<b>Dr Nahla Gafer</b>	Clinical Oncologist and Palliative Care Champion, Khartoum, Sudan	Volunteer
<b>Dr Mohja El Allah</b>	Resident in Family Medicine with a strong interest and experience in palliative care, Khartoum, Sudan	Volunteer
<b>Dr Dave Fearon</b>	General Practitioner, PhD student in palliative care	Volunteer with Cairdeas International
<b>Ndiaye Aliou</b>	Mauritanian Nurse and palliative Care nurse and trainer	Employed by ASSIDE
<b>Dr Mohamed Nour</b>	Mauritanian. Clinical Oncologist, Centre National d'Oncologie, Nouakchott	Friend of Cairdeas Sahara
<b>Mamadou Boubacar Sow</b>	Mauritanian nurse, trained as partner in the first THET training in May 2016	Partner with Cairdeas Sahara
<b>Kari Kinard</b>	Nurse	Volunteer



## Appendix 2: Programme

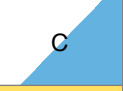
	Lundi 27/02/2017	Mardi 28/02/2017	Mercredi 1/03/2017	Jeudi 2/03/2017	Vendredi 3/03/2017
8h30-10h00	Introduction <b>Ndiaye</b>	PC in the community <b>Ndiaye</b>	Symptom Management 1 <b>Mohja</b>	Paediatric PC <b>Mohja</b>	PC advocacy <b>Nahla</b>
10h00-10h30	Pause	Pause	Pause	Pause	Pause
10h30 - 11h45	What is PC <b>Nahla</b>	Pain and Symptom assessment <b>Nahla</b>	Pain Management <b>Mohja</b>	Bereavement care <b>Ndiaye</b>	Ethical issues <b>Mohja</b> Post-Tests, évaluation et clôture <b>Ndiaye</b>
12h15 - 12h30	Pause	Pause	Pause	Pause	Fin
12h30 - 14h00	The Holistic approach <b>Mohja</b>	Communication skills <b>Nahla</b>	Symptom Management 2 <b>Nahla</b>	End of life care <b>Mohja</b>	
14h00 - 15h00	Déjeuner	Déjeuner	Déjeuner	Déjeuner	
15h00 - 15h45	Spiritual care <b>Mohja</b> PC for the elderly <b>Nahla</b>	Treat, care and Prescribe <b>Ndiaye</b>	Breaking bad news <b>Nahla</b>	Cancer <b>Dr Nour</b>	

### Appendix 3: List of participants

Name	Function	Town	Distance
Boudahould Awah	Nurse	Aioun	1,650
Aichete mint H'bib	Nurse	Aioun	1,650
Limrabottould Ahmedine	Nurse	Aioun	1,650
Mariam Mint Mohamed Lemine	Nurse	Selibaby	1,300
Ely Cheickould Adesselam	Nurse	Selibaby	1,300
Dr Mohamed Leminould Mohamed Salem	Doctor	Tijigja	1,300
Bendji Bougo Barry	Nurse	Tijigja	1,300
Dr Lechyakh Sidi Abdalla	Doctor	Kiffa	1,250
Mohamedould Bilal	Nurse	Kiffa	1,250
Mohamed Lemineould Sidaty	Nurse	Kiffa	1,250
Dr Limrabottould Mohamed Moustapha Abd El Malik	Doctor	Aleg	550
Oumoshab mint Khelifa	Nurse	Aleg	550
Mohamed Mactarould ElKherchi	Technician	Rosso	400
Dr Sidibrahim	Doctor	Rosso	400
Mouftahould Zaki	Nurse	Atar	900
Beti mint Mohamed Mahmoud	Nurse	Atar	900
Ahmedouould Mohamed ElHassen	Nurse	Zouerat	1,550
Ahmedould Brahim	Nurse	Zouerat	1,550
Mahfoudould Moustapha	Nurse	Kaedi	850
Tall Moussa Hamath	Nurse	Kaedi	850
Hassenould Taleb	Nurse	Néma	2,200
Cheickould Boweu	Nurse	Néma	2,200

Name	Function	Town	Distance
<b>Moulaye ould Abdramahman</b>	Nurse	Néma	2,200
<b>Mohamed Salem ould Sidi Jebe</b>	Nurse	Boutilimit	350
<b>Abdalahi ould Moctar Mouloud</b>	Nurse	Boutilimit	350
<b>Aissata Diack</b>	Nurse	Nouakchott	0
<b>Dr Terouzi</b>	Doctor	Rosso	400

## Appendix 4: Updated GANTT Chart

Definition	Symbol	Explanation
Completed task	C	
Partially completed task		The activity consists of 2 focus groups (completed) and qualitative interviews (not yet completed)
New task to be completed	X	The program and modules needs to be adapted as per evaluation, and for translation into Arabic for the third training
Task to be completed	X	

Activities	Timing of Activities											
	Months											
	M	J	J	A	S	O	N	D	J	F	M	A
	1	2	3	4	5	6	7	8	9	10	11	12
Organisation and preparation of training	C	C	C				C	C	C			
<b>Training:</b> 25 participants each training		C						C		C		
M&E: Pre and post quantitative evaluation of training		C						C		C		
M&E: Observation of training		C										
M&E: Qualitative Evaluation of training		C						C		C		
Training of trainers: 8 participants trained		C										
M&E: Transcription and Translation of interviews		C	C									
M&E: Analysis of research from first training and feedback to inform the mentoring visit			C	C	C							
<b>Mentoring Visits: 4 community health posts visited</b>						C	C			X	X	
Community workshop during visit						C	C			X	X	
M&E: Qualitative interviewing of participants and families						C	C					
M&E: Analysis of data from 1st training and 1st visit						C	C	C				
Implementation of research findings in subsequent training and visits							C	C	C	C	X	
Creation of video							C	C	X	X	X	X
M&E: Analysis of data from 2nd visit								C	X			
M&E: Most Significant Change										C	X	X
M&E: Synthesis of quantitative and qualitative data											X	X
M&E: Writing up of research for submission to academic journal										C	X	X

## Appendix 5: Photos of training



**Dr Mohja leads a session on holistic care**



**Dr Nahla provides guidance on group work**





**Participants**



**Role play**



Dr Nour leading a session on cancer



Feedback from small group work