

## "A Radiology Teaching Experience in two district hospitals in Ghana"

### Lead Contacts:

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2. Dr Adoma Dwomo-Fokuo  
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3. Dr Elizabeth Joekes  
Consultant Radiologist  
FRCR with subspecialty interest in Infectious Diseases and Tropical Medicine  
Royal Liverpool University Hospital  
Associate Lecturer Liverpool School of Tropical Medicine  
Liverpool  
United Kingdom

Location: Techiman and Dormaa, Ghana

### Aims:

1. Ultrasound and plain film X-ray teaching in district hospitals.
2. To enhanced and promote links and support for UK Radiologists with interest in overseas project.

### Contacts and local partners:

The initial set up of the project was via Dr Elizabeth Joekes and her contacts from her experience from working out in Ghana previously. She suggested a district hospital where there was no formal Radiology department, which would benefit greatly from a visiting Radiologist. After this, began the next few months of numerous daily emails and running around in organising the project. Drs Jacqueline Asibey and Adoma Dwomo-Fokuo were the lead contacts in Ghana and together we set up a teaching schedule that we felt would be most beneficial to the patients, hospital, doctors and other allied medical professionals. This was made split in ultrasound training consisting of

theoretical and hands on abdominal and pelvic and venous Doppler ultrasound.

The plain film interpretation was split into core system base of gastro-intestinal, genitourinary, paediatrics, neuro, musculoskeletal, breast, chest and cardiac Radiology. I also covered basic principles of CT, MRI and fluoroscopy.

Preparations:

Finally in November 2013, after a few months of organisation with visas, vaccinations, doing my reading on the Radiology of Infectious Diseases and preparing lots of power-point presentations, I boarded the flight to Ghana.

Funding

My trip was a self-funded trip to two district general hospitals where there was no formal department run by Radiologists. The ground cost in Ghana was covered fully by the hospitals I worked in respectively.

Programme / outcomes:

On my arrival at the Holy Family Hospital, Techiman, which was a district general hospital with facilities of about 210 beds providing primary and secondary levels of healthcare. Although the waiting rooms, clinics, Emergency and outpatient departments were always full and hectic as early as 7 in the morning, they generally calmed down about 6pm. My pleasant shock was how modern the Ultrasound machine was despite only having one curvilinear transducer to scan every part of the body! The X-ray department as a whole here is going through a re-vamp and building work is to be completed in early 2014, which will see the introduction of a new digital X-ray machine. My daily routine was attending an early morning hospital grand round where I presented and taught a mixture of doctors of different levels. Following this, I taught hand on practical US for majority of the day to paediatrician, obstetricians, physicians, surgeons, radiographers and nurses. Dispersed into the day, I also taught plain film reporting and assessed the acute case X-rays performed during my time there.

Following my time in Techiman, I travelled three hours north to Dormaa, which lies just on the border of the Ivory Coast. The highlight of my time here in Dormaa Presbyterian Hospital was teaching a more vast group of allied medical professionals from nurses, matrons, radiographers, midwives and even the receptionists. I was particularly impressed how knowledgeable and keen everyone was to learn, so much so I was still teaching till 8 pm every evening. Here I was particularly involved in scanning complex pregnant ladies, neonates and children. I spent 4 hours daily giving classroom based teaching and the remainder of the day with hands-on US and plain film interpretation.

I was fortunate to come across a wide range of interesting, common and rare pathologies, which included tuberculosis, HIV, malaria, yellow fever, cirrhosis, and primary liver and ovarian malignancies. Thus providing me not only the opportunity to teach but also my own individual benefit from a great learning experience.

The teaching I provided was well appreciated and they were particularly keen on the hands-on ultrasound experience and the plain film quizzes/rapid reporting style format.

### Challenges

There was no CT or MRI scanner in either of the hospitals. At first, this proved to be a challenge, as coming from the UK so much of a Radiologist's daily work is cross sectional imaging. However in no time at all, I was able to make imaging decisions based upon plain film and US. This was particularly helpful in terms of actually making a difference to treatment options and taking into account the financial constraints.

### The future

So what does the future hold? Since I have been back, I am maintaining links with Ghana, which I am building upon and I have already been in discussions for future projects in Uganda.

Throughout my trip, I met wonderful people in Ghana who made my stay a safe and memorising experience and made new friends along the way!

### Opportunities for RCR Fellows

I would highly recommend to those Senior Radiology Trainees and Consultants interested, to get actively involved in teaching and promoting Radiology Teaching abroad. Being able to teach in hospitals with minimal resources of basic x-ray and ultrasound to the non-radiologists with no dedicated Radiologists is a mutually rewarding experience. There are endless opportunities for Radiology Trainees and Fellows to support and provide education in these low and middle-income countries from which future collaborations can develop.

All it takes is enthusiasm and your individual willingness in making it happen!

### Summary:

To sum up my experience of teaching Radiology in Ghana in November 2013, I would say fantastic and an extremely rewarding time, which I will always cherish. I already have itchy feet for the next projects, which lie ahead for 2014 and look forward to being part of the Royal College of Radiologists Overseas Group.

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