

**Sue Carter,  
clinical tutor  
from Furness  
General  
Hospital,  
presents an  
account of her  
radiography  
teaching mission  
to Cameroon.**

*Drying films at Banso Hospital.*



#### **Introduction**

In November 2004, I spent just over three weeks teaching and working in two hospitals in the English speaking region of north west Cameroon. I was accompanied by radiologist, Genny Scarisbrick, who had previously spent six weeks there, providing intensive ultrasound education to a group of x-ray technicians. Our joint visit some months later enabled the ultrasound teaching to continue and allowed me to provide some radiographic help.

We worked in Banso Baptist Hospital for two weeks and Mbingo Baptist Hospital, a leprosy hospital, for one week. The two hospitals are not government-run, and are mainly funded and supported by America. Considered to be the best in Cameroon, they are situated about four to five miles apart in the mountains at around 6500 feet. In spite of the altitude there is still plenty of rainforest and, apparently, mountain gorillas. Our journey between the two was an eventful one as part of the dirt road had been washed away by rain.

#### **Getting to work**

Our objective was to teach ultrasound and radiography, both practically and theoretically. We had sent in advance a crate of rare earth cassettes and film, grids, and other accessories. Instruction was needed in the use of these 'new' rare earth cassettes, and exposures needed to be reduced dramatically.

# A mission

Both departments were still using very old, artefact covered calcium tungstate screens and blue sensitive film. Mbingo Hospital didn't have any grids at all and until we arrived, was making do without. Because of the reputation of these two hospitals they are very busy, with people travelling immense distances to be treated. They receive some dreadful RTAs and the usual flow of advanced pathologies. Each patient has to pay for all treatment received with the exception of those

suffering from TB and leprosy.

Interspersed between working in the departments, we provided lectures for hospital staff. We took with us a laptop, printer and powerpoint projector which allowed us to illustrate our tutorials with images. We lectured between 7am and 8.30am, then worked in the department until 4pm, returning to teach again until 5pm. The staff groups we taught included, doctors, x-ray technicians, physiotherapists, occupational therapists and

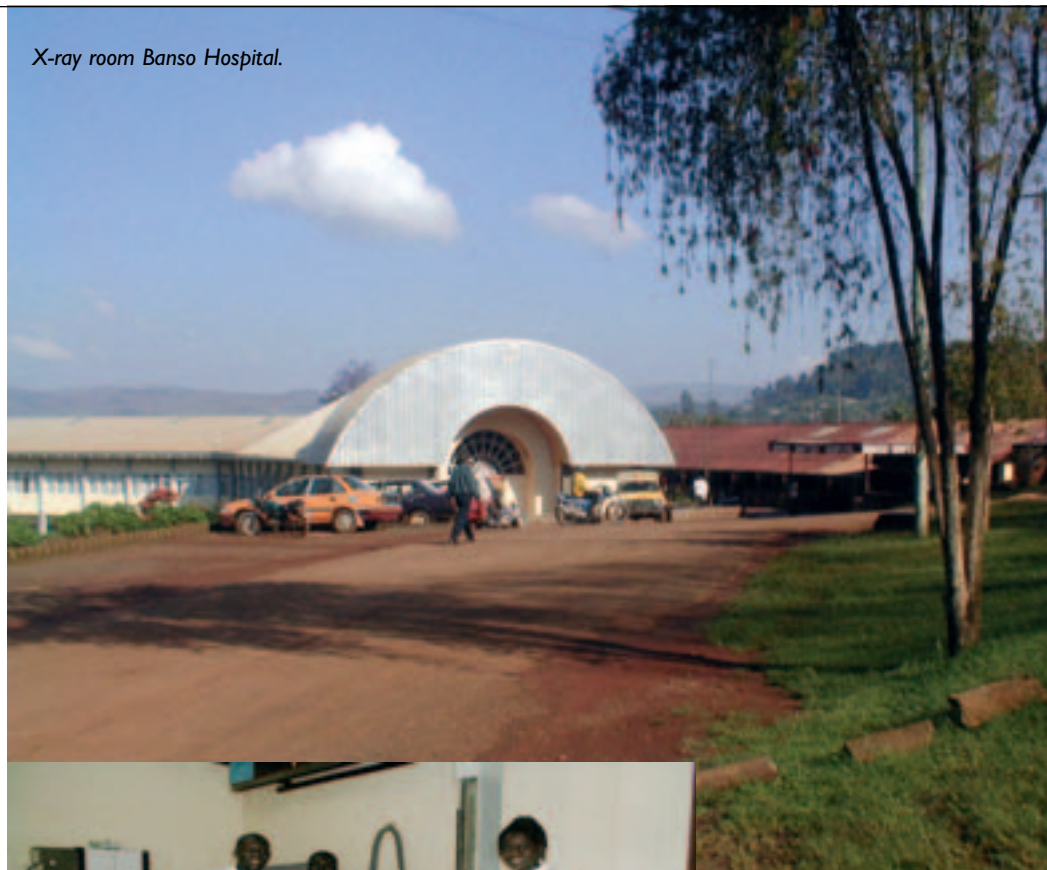
some nurses.

We also held a two-day symposium for x-ray technicians. This was attended by 26 in all – more than we'd expected and unfortunately we'd only bought 20 copies of Muller's *Radiographic Positioning*. Genny has since posted six more copies to them which have been received and are being avidly read by staff.

The subjects we covered at the symposium included a review of basic understanding (mainly physics of imaging and



X-ray room Banso Hospital.



prizes including books and calculators. We were exhausted when we finished and the intermittent power supply to our laptop and projector didn't help our stress levels.

We do not have a sponsor for our overseas work, however the Rotary Doctor Bank have previously provided air tickets for our work in Ghana. In recent years I have received funding of several hundred pounds from a local Soroptomist society, and two years ago we received money from the SCoR overseas fund. These funds have helped buy books, which means the flight tickets are our biggest expense. In the past five years we have bought over 250 books.

#### Can you help?

Sue is collecting cassettes and film (rare earth – green light emitting) to send to Cameroon. Has your department recently gone over to CR and has cassettes or film that are surplus to requirements? Email [Sue.Carter@fgh.mbht.nhs.uk](mailto:Sue.Carter@fgh.mbht.nhs.uk).

# to Africa

image critique); radiation protection and working with radiation; pregnancy and medical radiation (staff are petrified of radiation and any pregnant radiographer is removed from her post); radiographic technique – upper and lower limb; trauma imaging spine and skull – hints and tips; IVU and bariums – what films to take, when to take them and why and pathologies.

We also covered ultrasound, the imaging essentials – general and obstetrics; film evaluation,

what to do when the image isn't right – positioning, exposure, chemistry, film/screens, artefacts; chest – we introduced them to high KV (and they still use it), correct positioning and how to achieve a film on inspiration (most of their patients have difficulty in understanding 'hold your breath' and those who can are unwilling to do it), as well as bony image interpretation and commonly encountered chest pathologies.

I finished with an introduction to current imaging in the West

and new developments, including 3D ultrasound, nuclear medicine, spiral CT, and MRI.

Our students were enthralled by the images. We went into a fair amount of detail and provided them with lecture notes, illustrated with images. To closely copy the sponsored study days in the UK, we offered all sorts of freebies – pens, post-it notes, foam wedges, empty sandbags(!), tourniquets, R&L markers. There was a quiz on the lectures at the end and we gave away