



WELCOME REMARKS

By

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RECTOR

POLYTECHNIC OF NAMIBIA

AT

**THE OFFICIAL MEDIA RELEASE ON DONATIONS FROM
STAKEHOLDERS TOWARDS SIMULATION AMBULANCE**

TUESDAY, 20 JULY 2010

11:30

POLYTECHNIC CAMPUS

Master of Ceremonies

Mr. Marius Alberts – *Managing Director, ABSA Bank*

Mr. Pangwa P. Gabriel – *ABSA Namibia*

Mr. Jerry Muadinohamba – *CEO MVA Fund*

Mr. Mike Spraggon – *Auas Rotoray Club*

Mr. Johnny Bezuidenhout – *Bezerl's Trailor and Body Craft*

Distinguished Delegates representing Government Ministries
Parastatals and Private Industry

Members of the

Media

Ladies and Gentlemen

Ten years ago the first training was initiated in Namibia for Emergency Care Practitioners – Basic and – Intermediate. This training, however, never reached the Advanced Life Support level until 2009 when the Polytechnic and the Motor Vehicle Accident Fund agreed to commence and fund an early stage Emergency Care Programme which would ultimately lead into a full Bachelor's Degree of Paramedic.

What brings us together today is the development and progress in Emergency Medical Care spearheaded by an institution which strives to lead the way for excellent education, applied research, innovation, and service, in partnership with and supported by industry to the tune of N\$207 837 for the construction of an ambulance simulator. We appreciate this gesture of support: it is in line with our vision to provide students with the skills they need to be competent graduates in their future careers. Without corporate partnerships it would be difficult for the Polytechnic to provide timely state-of-the art equipment for applied

learning.

Our current situation presents a significant lack of skilled professionals to serve the communities in the pre-hospital field. Registrations with the Professional Body (i.e. the Health Professions Council of Namibia) indicate that there are approximately 321 Emergency Care Practitioners for almost 2.2 million citizens, excluding the tourism industry. That is a ratio of about 1 : 6900.

Ladies and Gentleman

About 65% of the approximately 2.2 million people in Namibia live in rural areas. At the same time, 10% of rural households take up to three hours to travel to the nearest hospital / medical facility due to this shortfall of skilled personnel.

Of the 13 regions in Namibia, only 2 (Khomas and Erongo Regions) have Advanced Life Support professionals available and this leaves the rest of the country without the pre-hospital care the communities and tourists desperately rely on.

Namibia as a developing country faces a lot of health challenges. The three leading causes of death in Namibia are AIDS, TB and malaria. HIV/AIDS, which is responsible for 53% of all the deaths in the country, has caused a lot of devastation to the extent that life expectancy at birth is now 50 and 48 years respectively for females and males. This is a significant decline from the 1991 estimates of 63 and 59 years respectively for females and males.

Our infant mortality rate is 53 per 1000 live births and the maternal mortality rate is 271/100 000.

The three main causes of death among children under five years of age are measles, malaria and pneumonia. Given the inadequacy of proper health facilities in rural areas, these health challenges are more pronounced in rural areas compared to urban areas.

Given these huge health challenges, inadequate health care system, extensive distances between towns and Namibia's poor transport infrastructure, the need for such a professional qualification has become more than apparent. It was against this background that after extensive international research and support from local and international partners, the Emergency Medical Care Program was initiated.

The peri-urban and rural areas of Namibia are in dire need of a more efficient emergency care system and this category of qualified practitioners will fill a gap in these areas as they practice independently and with responsibility.

Students will be offered a course in Pre-hospital Emergency Care – Practical. This course is divided into three sub-modules: Clinical Skills, Patient Simulation and Experimental Learning. The patient simulation is where the student is doing simulated responses to a medical emergency and the presence of a simulation ambulance is critical in this learning phase. With a simulation ambulance on site, the students will walk into a class room with all their primary equipment (medical

bag, oxygen, heart monitor, and more) and approach a simulated patient (manikin) based on a scenario from the instructor. On completion of patient stabilization on the scene, the student is to transport his/her patient to the hospital and en-route continues with the required treatment which will be simulated in the simulation ambulance.

Master of Ceremonies,

The benefit of the simulation ambulance is that the student will be able to become confident in his/her clinical environment by spending time with the patient in the back of an ambulance before they proceed to experiential learning. The students will work collectively on a patient to share experience and by so doing they will gain confidence. The blending of theory and practice will also enable them to move into the practitioner role without having to go through a transitional phase when the experimental learning phase starts.

In short, the simulation ambulance will be useful in the following ways:

- First and foremost, it will create a conducive environment to enable the students to be trained to the required standards.
- It will be a good opportunity for the exposure of the profession and the course at career fairs, trade shows and so forth.
- Demonstrations for the public, business and other organisations on emergency medical care can be organised.
- Short training courses for the purpose of further professional development of current practitioners can also be facilitated.

The Polytechnic has currently 40 students enrolled in the National Higher Certificate programme and envisages extending its training to both lower and upper levels. The simulation ambulance will be used to train all the students to the required level, and hopefully this will help to reduce the skills shortage in this critical field.

Finally, let me once again thank ABSA Namibia, the Motor Vehicle Accident Fund, Auas Rotary Club and Bezer's Trailor and Body Craft for the unwavering and professional support that has made this project possible.

I welcome you all warmly and thank you for your kind attention.