UNIVERSITY OF NAIROBI

COLLEGE OF HEALTH SCIENCES

Department of Oral & Maxillofacial Surgery, Oral Pathology & Oral Medicine

Annual Report for the Academic Year 2011/2012

Introduction

Dear colleagues, it gives me great pleasure to provide a report of activities and achievements that have taken place in our department over the past academic year. This report will serve as a point of reference for our achievements over the year and also for our future aspirations. As usual the department worked under a lot of constraints in order to fulfill its mandate and I am happy to report that we have done fairly well under the circumstances. Therefore, I would like to thank all members of the department, both support and academic, for putting in extra effort to ensure that we succeeded. In this report we will go through the various functions and functional units to see our performance and challenges in each of these areas.

Governance, Leadership, and Management

In line with the University's commitment to open, transparent, and consultative leadership and management the department holds regular departmental meetings at which all departmental transactions are discussed, duties and responsibilities assigned and decisions agreed upon and minuted. In the academic year under review the department held 20 departmental meetings and the attendance are summarized below.

Departmental meeting attendance		
Attendance	Absence with apologies	Absence without apologies
57%	18%	25%

This means that the majority of the members of staff fully participated in and owned the decisions made within the department. This, in my view, is one of the reasons why our operations have been cordial and effective. In the current academic year, I would hope that the attendance rate will be higher than 70% and absence without apology less than 5%.

Teaching:

The teaching programs were completed on time despite interruptions due to industrial actions. All the lectures were completed as scheduled. This, of course, meant that a number of lectures had to be done

after hours and over the weekends. I would like to thank and commend staff and students alike for that extra effort.

Examinations:

In general the department did very well in both the undergraduate and postgraduate teaching and examinations in the 2011/2012 academic year. A total of 73 undergraduate and 8 postgraduate students were taught and examined in the department. The performances of these students are summarized in the schedule below. Only 2 students failed their subjects in the undergraduate course (a pass rate of 97.3%) and all postgraduate students passed their subjects (a pass rate of 100%)

2011/2012 University of Nairobi examination: Dept OMFS/OP/OM							
Level	**Code**	**Subject**	**Distinction**	**Credit**	**Pass**	**fail**	**Total**
Undergraduate examination							
BDS II	VDS 330	Oral Med. Oral Path	**3**	**18**	**16**	**1**	**38**
BDS III	VDS440	OMFS, Anaesth. ODR	**0**	**10**	**24**	**1**	**35**
Postgraduate examinations							
MDS-OMFS IV	VMS 940	Oral Maxillofacial Surg IV	**-**	**1**	**-**	**0**	**1**
MDS Paedo II	VPE 723	OMFS for Paed. Dent I	**0**	**2**	**1**	**0**	**3**
MDS Paedo III	VPE 823	OMFS for Paed. Dent II	**-**	**1**	**-**	**0**	**1**
MDS –OMFS I	VMS 642:	Oral path. Oral med	**0**	**1**	**1**	**0**	**2**
MDS Paedo I	VPE 623:	Paed. Oral path. Oral med					
MDS Perio I	VMS 642:	Oral path. Oral med	**-**	**1-**	**-**	**0**	**1**

Departmental Performance contract report

The department strove very hard to fulfill its performance contract it had signed with the school. During the review academic year staff carried out research and published their findings in a number of journals and also attended a number of useful workshops which added value to the school's overall performance. Here below are summaries of workshops attended and publications from the department.

Summary of 2011/2012 Departmental Performance contract report					
	1st Quarter	2nd Quarter	3rd Quarter	4th Quarter	Total
Journal Publications			16	3	
Workshops attendence			6	3	
Masters Thesis completed				1	1
PhD Registration	-	-	-	-	-

Staff Performance

The schedule below shows the scores of our staff appraisal scores. Overall the staff was rated very favourably by their peers and supervisors. The only flaw noted was that very few members of staff had actually set their targets clearly and early in the year. I would like to urge all peer appraisers and supervisors to sit together early in the year and set out their appraisee's performance targets against which their performance appraisal will be judged. I would also urge that these targets be submitted to the chairman's office for accountability.

Performance appraisal Score	Numbers of staff	
	Academic	Nonacademic
Outstanding	3	4
Exceeds expectations	8	21
Meets expectation	2	3
Below expectation	-	-
Far Below Expectations	-	-

Student Lectures appraisal

The schedule below shows how the students rated their lecturers and lectures. The score were from 1 to 5, with 1: representing poor, 2: representing fair, 3 representing good, 4: representing very good and 5: representing excellent. Even without statistical analysis it can be appreciated that most of the staff were scored as very good or excellent.

	Lecture Domains and Performance indicators	**Scores**				
		1	**2**	**3**	**4**	**5**
	A. Objectives					
1	Clarity of course objectives (classroom/clinical)	-	-	2	6	8
2	Achievement of course objectives	-	-	-	10	6
3	Relevance of course to programme objective	-	-	1	8	7
	B. Content and Methodology					
4.	Interpretation of concepts and theories	-	-	4	4	8
5	Coverage of course syllabus	1	-	2	6	7
6	Clarity In interpretation	-	-	1	8	7
7	Effectiveness of presentation method	-	-	-	9	7
	C. Materials and physical facilities					
8.	Sufficiency of handouts	-	-	1	9	6
9	Value of recommended resource materials	-	-	-	9	7
10	Use of audio-visual and other teaching aids	-	-	-	8	8
11	Guidance on the use of web-based material/journals	-	-	-	9	7
12	Adequacy of physical facilities	-	-	1	7	8
13	Sufficiency of computer (ICT) facility	-	-	1	7	8
14	Relevance of laboratory experiments (if any)	-	-	-	8	8
	D. Evaluation					
15	Relevance and usefulness of assignment/practicals/CATS	-	-	-	8	8
16	Appropriate coursework assessment	-	-	1	9	6
17	Satisfaction with methods of evaluation for classroom theory	-	-	-	9	7

18	Satisfaction with methods of evaluation for practicals	-	-	3	12	3
	E. Availability of Lecturer					
19	Attends class regularly	-	-	1	6	9
20	Keeps to published timetable	-	-	1	11	4
21	Is available for consultation when necessary (outside class time)	-	-	1	8	7
22	Is available for guidance in practical sessions (e.g. Nursing)	-	-	1	10	5
	F. Preparation					
23	Explains the scope, recommended readings, delivery, and evaluation methods of the course	-	-	-	8	8
24	Uses organized up-to-date notes and course materials	-	-	-	9	7
25	Uses up-to-date materials with general/industrial practice	-	-	1	7	8
26	Manages time well (punctual, uses class time efficiently)	-	-	-	8	8
27	Demonstration of procedures n the practical sessions	-	-	-	6	10
	G. Course delivery					
28	Presents course concepts and theories n a clear and interesting way	-	-	1	8	7
29	Facilitates meaningful and active class participation by students	-	-	-	9	7
30	Answers questions clearly and knowledgeably	-	-	-	7	9
31	Uses relevant examples and illustrations in the class/practical	-	-	-	9	7
32	Is open to diverse view points and opinions	-	-	-	5	11

This appraisal system has several weaknesses. First it provides an average performance score from different performance indicators which makes it very difficult for the staff to identify the areas in which they need to make improvements. Second, there is such a wide variation in the student scores that one wonders if the students have a clear yardstick for making their judgment and evaluation. Thirdly, the analysis of the appraisal is very complex and difficult to interpret. This becomes clear when the student score are averaged for each performance indicator. Therefore, the evaluation system needs to be clearly thought through and redesigned. However, some areas of improvements clearly stood out in detailed analysis. These include lateness, poor preparedness, and problem with communication and delivery. Inability to use information technology and multimedia to communicate was a major contributory factor. Those who were rated highly scored well in those key areas. It really boiled down to how good a teacher one was prepared to be.

I believe that theses problem are college-wide and one hopes that establishment of a department of medical education in the college may help equip staff with teaching skills and solve some of these problems.

Customer feed back

Formal customer feedbacks have been very few and far between in spite of the fact that suggestion boxes have been conveniently and prominently placed. It may be a reflection of African modesty, sheer laziness, or ignorance. However, the few feedbacks that we have received have been very informative and have led us to make some changes in our operations. Our plan in the next year is to actually carry out opinion polls with a sample of patients before, during, and after treatment.

Student attendance analysis

Student attendance was generally good. This has been summarized in the schedule below

Attendance rate	BDS IV students	BDS III Students
95-100%	7	9
90-94%	9	9
85-89%	2	-
80-84%	9	5
75-79%	4	-
70-74%	2	6
Below 70%	2	9
Total	**35**	**38**

The reasons for failure to attend classes were varied but the most outstanding were family issues, illness, and pressure of work in other departments

Student mentorship and support

Despite its recognised importance student mentorship and support continues to be a major challenge. A number of staff feel ill-prepared as mentors and would like to have some induction into mentorship. Consequently the numbers of students who receive mentorship when they most need it are very low. In fact our informal survey has revealed that most of the students never meet their mentors throughout their stay in the program. The few who do are those who have already landed in trouble and are facing possible disciplinary action. I would like to urge our staff to make effort to meet their mentees at least once in a semester.

Clinical Services

As part of our mandate the department provides clinical services to the general public. These services are provided in the Oral diagnosis and minor surgery clinic, the diagnostic radiology and imaging unit, the diagnostic laboratory, the pharmacy, the theatre, and the ward. The schedule below provides a summary of work output in these sections by the number of patients served. Where appropriate the patients have been divided into general hospital patients and private patients. The general hospital patients are those seen by the students under supervision in the teaching clinics at subsidized rates. The private patients are seen by consultants at full fee rates.

	OMFS/OP/OM		Ophthalmology	Other Dental departments	Total No. Of Cases
	Hospital cases	**Private cases**			
Oral diagnosis and minor Oral surgery Clinic	4,903	-	-	-	4,903
Diagnostic Radiology and imaging	4,743	2,976	-	-	7,719
Oral Pathology Research and Diagnostic laboratory	631	62	-	-	693
Pharmacy	295	N/A		N/A	295
Theatre	86	6	99	2	193
Ward	94	6	99	-	199

Financial performance

Running a dental teaching hospital is a very capital intensive and complex investment. The equipment and materials are very expensive, the intensity of teaching is very high, levels of capitation are very low and yet we have to keep service fees low in order to attract patients for teaching. This means the money generated in the clinics do not meet the cost of the services rendered and we are continually running at a loss. Unfortunately this is a fact that is rarely appreciated in the general university community and getting additional funding to cover the deficit often proves very difficult. In our next strategic plan we would like to relook at income generation as a major strategic issue with a view to achieving self sufficiency and sustainability. In theory we are the department in the entire school that is most well placed to generate enough income to meet its needs and yet we are struggling. Recently the department set up a committee to look at the various ways and means of generating income within the department over and above our current levels. The schedule presented below provides a summary of 2011/2012 financial status.

2011/2012 Financial year departmental financial status					
Vote	**Description**	**Allocation**	**Income**	**Expenditure**	**Surplus /Deficit**
110/428/316	Travelling; Transport	133,845		133,845	Nil
150/428/306	Teaching & Office	726,984		723,031.2	3,952.8
220/428/960	Equipment & Furniture	206,088		179,481.4	26,606.61
400/638/003	Oral Surgery Income Project. (OD/MOS)		1,468,050	1,458,600	9,450
400/638/004	Theatre and Ward		2,365,423	2,039,280	326,143
400/638/007	Dental X-ray (student clinics)		1,958,640	1,941,080	17,560
400/638/058	Oral Max. Staff Project (Income from Private patient x-rays, Oral path Lab, Dental plaza)		939,038	710,901	228,137
400/638/164	School Pharmacy		736,101.65	1,349,982	(613881.35)
	Total	**1,066,917**	**7,467,252. 65.**	**8,536,200.60**	**(2,030. 91)**

Operational background, opportunities, and challenges

There are a number of operational challenges that we have had to cope with as a department. Unfortunately these challenges are going to be further compounded by accelerated intake. We therefore, need to carefully think through them and come up with ways of dealing with them before we get overtaken by events. As we understand it the accelerated intake is scheduled for September this year. Creativity, flexibility, and innovative teaching and service delivery will be required of us all. Therein lays our opportunity.

Here below are some of the highlights of the opportunities and challenges in the different sections:

1. **Oral Diagnosis and Minor Oral Surgery Clinic**

   The Oral diagnosis and minor Oral surgery (OD-MOS) clinic is the main filter clinic in the school. Almost all patients (except children), who attend the dental school and hospital are seen and diagnosed in the OD-MOS clinic. It has 8 fully functional dental units. The morning sessions are utilized in seeing new patients while the afternoon sessions are reserved for minor surgical procedure. It is the main teaching facility for out-patient procedures for both undergraduate and post graduate students. Each session is supervised by at least two consultants.

   In the 2011/2012 academic year a total of 4,903 patients were attended to in the oral diagnosis and minor oral surgery clinic. Of these 1,922 were attended by intern doctors and 2,981 were attended to by undergraduate students.

   The main challenges in the clinic are shortage of materials, inadequate and aging units and equipments, frequent unit and equipment breakdowns, high maintenance costs, shortage of personnel, and lengthy procurement procedures. The clinic is particularly handicapped because all procedure carried out here are at highly discounted rates in order to attract patients willing to be attended by students. The clinic is therefore an overall loss centre and, ironically, the more patients we see the more losses we make.

2. **Diagnostic Radiology and imaging**

   The radiology department has been in operation since 1980's and provides dental radiography and dental radiological procedures to patients within the school and patients referred from outside the school. It also acts as a teaching facility to both undergraduate and post graduate students. The section has 1 Consultant radiologist, 1 senior technologist and two radiographers.

   The numbers of cases seen in the unit have been rising over the years and went up significantly with the introduction of the Dental plaza, which caters for private patients with the school of dental sciences.

   In the academic year 2011/2012, the unit saw a total of 7,719 patients. Of these 4743 were from the student clinics with the school and 2976 were from private referral patients.

In 2012 the unit acquired a digital OPG machine with a cephalometric attachment which greatly enhanced the quality of radiographs produced, aided in teaching the students and increased revenue. The rooms were renovated making the working environment comfortable. Currently the radiology section is major referral centre for radiological services within the city.

The challenges facing the unit are lack of a stable processing machine. The current one keeps on braking down greatly affecting day to day activities and the quality of the radiographs produced. Ideally the unit requires 3 processing machines to handle the workload efficiently. Other challenges are delay in supply of essential commodities due to lengthy procurement process, lack of personnel, and inadequate equipment.

3. **Research and Diagnostic Oral Histopathology laboratory**

The laboratory has been operational for the last 22 years, having opened in 1991 with donated second hand equipment. Through the ingenuity and creativity of the maintenance technicians the equipment has been kept operational throughout that period. The lab has accumulated a wealth of specimen that has provided research material for both undergraduate and postgraduate students. The lab provides reference for head and neck pathology nationally and collaborates with the national cancer registry in documentation of head and neck cancers. The lab is also a referral center for retinoblastoma diagnosis. For the last one year the lab has collaborated with Daisy Eye cancer fund, Canada, and Daisy Eye Cancer Fund, Kenya, in training in retinoblastoma diagnosis both locally and abroad. Through these collaborations the lab has acquired iScan Coreo Au, a state-of-the-art histopathology slide scanner which allows it to digitize, archive, and transmit high quality histopathological images for telepathology.

The iScan Coreo Au brightfield whole slide Scanner currently in the lab

The lab has three consultant oral pathologists, one chief medical technologist and one senior medical technologist.

In the 2011/2012 academic year the lab processed a total of 693 specimens, drawn from the school itself and other hospitals throughout the country.

The main challenges facing the lab are lack of space, old equipment, lack of material, and financial constrains. Because of these constraints the lab cannot carryout sophisticated histopathology investigations like immunohistochemistry and special stains

4. Pharmacy

The dental school pharmacy was opened in November 2011 with absolutely no funds to purchase drugs. It was through negotiation with suppliers that credit facilities were arranged and drugs worth KSh. 1,662,506 procured. The primary goal of opening the pharmacy was to support theatre operations and in-patient services. This still remains its major source of revenue. However, over the time there has been a steady growth in out-patient prescription as well.

From the beginning the pharmacy made a strategic decision to keep low margins and improve its efficiency to remain competitive. This has served us well. We have recorded steady growth and minimized losses. In the year 2011 we realized a gross income of KSh. 312,513.70, and in the year 2012 we realized gross income of KSh. 1,318,482.20. Currently, our accounts indicate that we have repaid all our debts, posted a net profit of KSh. 469,858.00 and have stock worth about one million shillings. We expect much higher growth in the year 2013 as theatre activities are expected to grow with completion of the ongoing theatre expansion. In the later part of this year all the other disciplines that form the **University of Nairobi Institute of Head and Neck Surgical Sciences** (UNIHANSS), will be operating at the dental school so patient turn-over is expected to increase. With this development the pharmacy intends to distinguish itself as the centre that carters to the specialized needs of this special category of patients. This will give it a competitive advantage over its rivals. The department regards the pharmacy as its key income generating unit with tremendous potential for growth.

The main challenges facing the pharmacy are limited capital base, slow debt recovery from the National Hospital Insurance Fund (NHIF), long procurements process, and limited personnel. Currently the pharmacy is manned by one senior pharmaceutical technologist who has to divide his time between administration and dispensing, when he is present or close altogether when he is sick, goes on leave or is caught up in some other matters. Lack of computerization of the pharmacy management is also a major handicap. It is difficult to keep track of finances and stock and to respond in a timely manner to patient needs and requests.

5. Theatre

The dental school theatre opened in 1995 and has operated since then except for a brief period in 2008 when it was closed for renovation and upgrading to enhance patient safety. The theatre is now fully operational and operates 4 day in a week. The theatre is our main teaching facility for our postgraduate students and is expected to get busier with time as other disciplines, including ENT, Neurosurgery, and ophthalmology, gradually transfer their surgical operations to this facility. It has an excellent anaesthetic machine, two operating microscopes, and an assortment of maxillofacial surgical instruments. In the ongoing theatre expansion program a

new theatre suite is being constructed to supplement the existing one and create room for more operations.

In 2011/2012 academic year a total of 193 cases were operated upon. This number is expected to go up in the current academic year. The main challenges experienced are manpower shortage, financial constraints, and lengthy procurement procedures.

6. **Ward**

The department runs a twelve bed ward which was opened in March 1995. It is a major teaching facility for both undergraduate and postgraduate students and supplements the ward space at Kenyatta National hospital. It receives a wide variety of patients from within and outside the country. .

In the 2011/2012 academic year there were 173 admissions. Of these 100 cases were from the department of Oral and maxillofacial surgery while 73 were from the department of ophthalmology. It is anticipated that admissions in the ward will be greatly increased once the theatre expansion program is completed.

The challenges currently facing the ward are lack of space, lack of personnel, and lack of equipment.

QMS and ISO surveillance performance

The department has performed very well in all ISO evaluations. We have corrected almost all the nonconformities that had been pointed to us in the past. Ms Irene Opi has totally reorganized our office and we all agree that it is quite neat and tidy. We have also purchased water dispensers for all the sections. Our only fear is that placing a dispenser in the waiting room may be subject to abuse. We are looking at the most reasonable way of protecting our water dispenser while providing clean drinking water to our patients. However, our current good performance in ISO surveillance should not let us drop our guard. Excellence is a commitment to continual improvement and I believe there are a number of areas in which we need to improve.

Ongoing projects

The following projects are ongoing in the department and we look forward to a new look and invigorated department.

1. Expansion of theatre facilities

2. Rehabilitation of the Oral diagnostic and minor oral surgery clinic

3. Re-upholstering of the dental units

4. Tiling of the ground floor corridor, laboratory, and clinics , and

5. Computerisation of patient data

Future Plans

Our future major undertaking is the construction of the **University Of Nairobi Institute Of Head And Neck Surgical Sciences** (UNIHANSS). All the background work has been completed and a marketing document is under preparation. In fact the ongoing theatre expansion is part of the UNIHANSS project. Soon we will have ophthalmology, ENT, and Neurosurgery operating together with us. This is an exciting moment to look forward to.

Retirements

Mrs. Agnes Wanja Ngare will be retiring on 6th of June 2013, after 27 years of distinguished service in the department. Her attention to details and management of the CSSD will be greatly missed. We all wish her a happy and fruitful retirement.