COURSE REPORT

FORT PORTAL, UGANDA

11th – 15th November 2013

Report Presented by: EMMA BELLCHAMBERS

COSECSA Oxford Orthopaedic Link (COOL)
This Primary Trauma Care course is part of a project funded through the Health Partnership Scheme, which is funded by the UK Department for International Development (DFID) for the benefit of the UK and partner country health sectors and managed by the Tropical Health Education Trust (THET). The project is called the COSECSA Oxford Orthopaedic Link (COOL). More information is available at www.ndorms.ox.ac.uk/cool.php.

PTC Programme Report Fort Portal November 2013

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PTC Report Fort Portal, Uganda 11-15 November 2013

Introduction

This report provides details of a Primary Trauma Care Foundation course delivered in Fort Portal, Uganda from 11th to 15th November 2013. A team of 3 UK instructors together with 3 Ugandan instructors provided training to 53 local healthcare workers. This was funded via the COOL project which is based in Oxford, UK. It was the 4th PTC course to be delivered in Uganda since this project began 12 months ago.

In Uganda, trauma is one of the leading causes of death of the working population. Road conditions, isolated communities and varying standards of healthcare contribute significantly to this issue. Formal training of healthcare workers in the management of multiply injured trauma patients has until now been lacking in Uganda. The promotion of basic principles of identification and management of life threatening conditions is central to the aims of PTC.

This report provides a summary of 2 PTC courses consisting of 2 days each in addition to a 1 day instructor course and the outcomes and issues raised during the project.

Emma Bellchambers

Course Director, November 2013

Purpose of visit

To provide a 2 day PTC course for local healthcare professionals followed by a one day “train the trainers” style course to enable new instructors to be recruited for future PTC course. Finally, a second 2 day PTC course to be provided by the newly recruited instructors under close supervision of the experienced instructors.

Key Staff Involved in Planning and Co-ordination

Dr Alex Bangirana (AB) PTC Coordinator Uganda
Dr Edwin Mzungi (EMZ) Consultant Surgeon and Fort Portal coordinator
Dr Emma Bellchambers (EB) UK Course director
Annette Clack (AC) PTCF Administrator
Professor Emmanuel Moro (EM) PTC Representative for Uganda COSECSA
Nigel Rossiter (NR) UK Country Coordinator for PTC Uganda

UK PTC Instructors

Dr Emma Bellchambers (EB) ST5 Anaesthesia and ICM Severn Deanery
Ms Deepa Bose (DB) Consultant in Trauma and Orthopaedics Birmingham
Mr David Woods (DW) Consultant in Trauma and Orthopaedics Swindon

Uganda PTC Instructors

Dr Edwin Mzungi (EMZ) Consultant Surgeon Fort Portal
Dr Kintu Luwaga (KL) Consultant Surgeon Kampala
Professor Emmanuel Moro (EM) Consultant Surgeon Gulu

Executive Summary

1. 53 local healthcare workers trained during 2 PTC courses (2 days each). Most successful course so far in Uganda.

2. 6 local healthcare workers trained as PTC instructors during 1 day instructors course.

3. Previously trained Ugandan instructors played pivotal role in organisation and delivery of PTC courses. Financial support for this is greatly appreciated.

4. 2nd PTC course delivered entirely by 6 new instructors trained in Fort Portal.

5. UK organisation by AC and NR extremely efficient and successful in ensuring UK team fully prepared for trip.

6. UK support for organising payments and bank transfers within Uganda well organised and easy for course director to manage.

7. The contents of PTC course may need to be adapted or simplified to enable roll across other non-clinical disciplines such as police officers and community leaders.

8. All participants gained an excellent understanding and appreciation of the key aims of PTC. Basic principles and ABCDE approach embraced by all participants.

9. Fantastic feedback by all participants.

10. Interest expressed from local cement factory in Fort Portal to train their first aiders in management of trauma.

Professional Aspects of Visit

EB had previously travelled to Uganda with NR in February 2013 to deliver the first PTC of this programme in Kampala. This meant that EB had prior knowledge of the course content and likely format for the whole week. EB had met AB, EM, EMZ and KL during this trip which enabled pre-trip communication to occur.

DB and DW are experienced trauma surgeons who have previously not taught on a PTC course, but have extensive teaching experience in the UK. DB is an ATLS instructor and attended a PTC instructors information day in Oxford prior to volunteering for the project. DW is an instructor on the UK based AO course. DB and DW both have experience of delivering healthcare in the developing world. DW has worked in Bangladesh as part of a RCS initiative and DB is an examiner for the COSECSA examinations in East Africa. DW and DB received thorough briefings and all educational material from NR prior to leaving the UK so that the programme was familiar to them.

AB coordinated with AC to arrange paperwork photocopying in Kampala. This was much appreciated as it meant that the UK instructors did not need to travel with this from the UK.

AC arranged direct flights from the UK with British Airways departing on Saturday 9th November from Heathrow and arriving in Entebbe at approximately 23.00.

Accommodation in Kampala for Saturday 9th November was arranged by EB at Whitecrest Guesthouse, Kampala.

AB arranged a driver and car for the transfer to Fort Portal and for the entirety of the course in Fort Portal.

EMZ arranged the venue in Fort Portal “Hotel Cornerstone” where the instructors would stay and the course would be provided. PTCF paid 75% to Hotel Cornerstone by direct bank transfer with an agreement that the remaining fee would be paid at the end of the course. Hotel Cornerstone is in the centre of Fort Portal which was an ideal location for the team to be based and for participants to attend. The conference facilities were ideally suited for our course with a large room and plenty of tables and chairs to allow lectures to be delivered in a separate area to skills stations and scenarios. Lunch was provided in the room on 3 of the 5 days as the restaurant area was being used for another course on 2 days of the week. All food and beverages were of an excellent standard and the hotel staff were extremely helpful. The hotel was also very flexible when more participants arrived than expected. There were some minor issues with water and electricity supply intermittently being unavailable. This did not impact on the course to any great extent.

The 3 UK instructors met with EM and KL on Sunday 10th November at Mulago Hospital, Kampala where the PTC teaching equipment, projector and paperwork was collected. The 5 instructors travelled to Fort Portal together and arrived at lunchtime. An instructors meeting was held soon after arrival and the conference room was set up according to the instructors preferences. Roles were delegated to all instructors.

Instructors spent time rehearsing and discussing the clinical skills stations, discussion groups and clinical scenarios so that all were familiar and comfortable with the format. We were informed that 12 participants were expected at 9am on Monday 11th November. EMZ had spent time marketing the course to local healthcare workers at the 3 hospitals in Fort Portal (1 government hospital and 2 church funded hospitals).

Following the end of the course the Ugandan team returned to Kampala with the equipment on Saturday 16th November. The teaching aids were returned to Mulago hospital for safekeeping. The UK instructors all had plans to travel around Uganda for varying periods of time and so travelled independently after the end of the course on day 5.

PTC Course 1 – Day 1 and 2

We had previously been informed that we would be teaching to 12 participants. The course commenced at around 10am on both days with 29 participants (see Appendix 1 for names and contact details) which was initially quite a surprise but we were able to accommodate these extra participants due to the size of the conference facilities and the flexibility of the hotel and staff. Attendance was 100% on both days. Some participants arrived early or on time at the publicised start time of 9am whilst others were considerably later and lead to the late start time at approximately 10.00.

The experience and skill mix of the participants was vast. We always concentrated on the basic ABCDE principles of PTC and ensured that everyone grasped this. We spent a lot of time during the interactive sessions discussing with the participants the available resources at their places of work. This meant that we were able to adapt the teaching to what is actually realistic for the participants. DW visited the government hospital in Fort Portal on the morning on day 2 before the course started. EB had previously visited Mulago hospital in Kampala. These visits were vital to the team to give them an insight into the workings of a hospital in Uganda.

Table to demonstrate gender and job roles of course participants on day 1 and 2

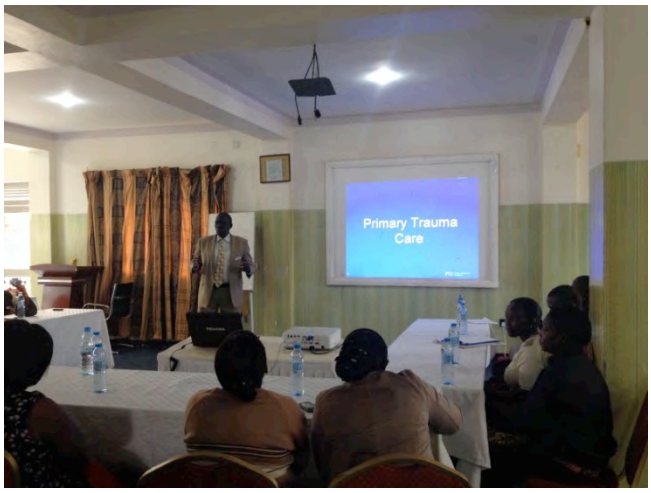
Job Title	Female	Male	Total
Doctor	1	6	7
Enrolled Nurse	8	1	9
Nursing Officer	4	0	4
Medical Clinical Officer	3	1	4
Nursing/Theatre Assistant	4	0	4
Theatre manager	0	1	1
Total	**20**	**9**	**29**

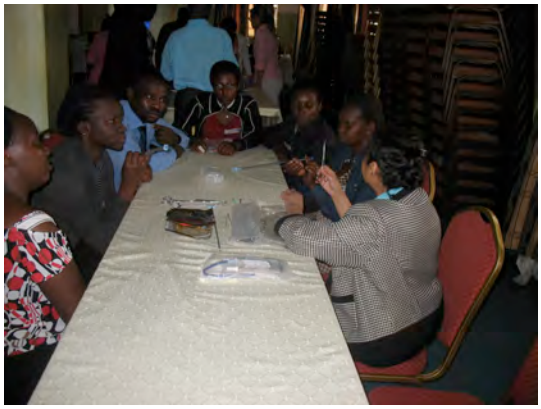
MCQ scores varied widely with a mean pre-course score of 13/30. The lowest score was 7/30 and the highest score was 25/30.

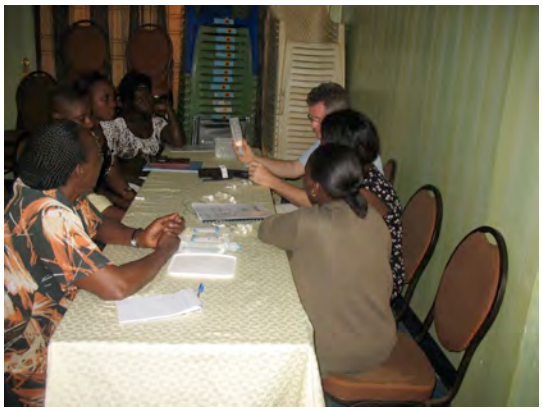
The teaching was well received with excellent interaction with all participants. Due to the late start of the course we were able to adapt the timetable accordingly (mainly by shortening lecture times) to “catch up” and finish by 17.00. This ensured that time for the skills stations, discussion forums and scenarios was maximised as this is where the team felt most benefit is gained by participants.

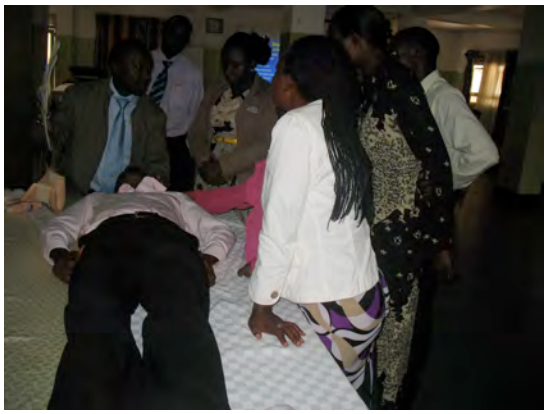
The mean post-course MCQ score was 19. The lowest score was 10 and the highest score was 28. This demonstrated a huge improvement in all individuals. This table demonstrates the scores for individual participants and mean scores based on job title.

Job Title	Pre Course Score /30	Post Course Score /30
Doctor	Not done	26
Doctor	Not done	24
Doctor	22	28
Doctor	19	20
Doctor	20	23
Doctor	20	27
Doctor	25	25
Enrolled nurse	9	20
Enrolled nurse	10	19
Enrolled nurse	7	19
Enrolled nurse	11	20
Enrolled nurse	13	22
Enrolled nurse	Not done	17
Enrolled nurse	9	11
Enrolled nurse	Not done	16
Enrolled nurse	11	15
Nursing officer	Not done	18
Nursing officer	13	18
Nursing officer	Not done	18
Nursing officer	16	21
Medical clinical officer	11	20
Medical clinical officer	15	24
Medical clinical officer	12	19
Medical clinical officer	14	19
Theatre assistant	8	11
Nursing assistant	Not done	13
Nursing assistant	8	11
Nursing assistant	Not done	10
Theatre manager	8	10
Doctor Mean	21.2	24.7
Nurse Mean	11	18
MCO Mean	13	20.5
Other Mean	8	11
Overall Mean	13.3	18.7


Primary Trauma
Care








Secondary Survey


Spinal Trauma

Feedback from PTC Course 1 - Day 1 and 2

The best feedback that we received was the first hand experience of seeing participants improve in front of our eyes. This was an extremely rewarding part of the course for the team. The improvement in MCQ scores also demonstrates an exceptional amount of knowledge acquisition by the participants. The written feedback was almost entirely positive and a summary of this is shown below. The tables show the scores for each session. The free text relates to the answers given to the 2 questions in bold on the feedback sheets.

Day 1

Session	**Mean Score /5**
Local trauma perspective	4.04
ABCDE of trauma and primary survey	4.79
Airway and breathing	4.62
Circulation and shock	4.58
Skills stations	4.04
Secondary survey	3.95
Demonstration scenario by instructors	4.54
Scenarios practice	4.5

Day 2

Session	**Mean score/5**
Chest injuries	4.45
Head and spinal trauma	4.45
Abdominal and limb trauma	4.45
Trauma in children and pregnancy	4.08
Burns	4.12
Discussion groups	4.15
Disaster management	3.83
Scenarios practice	4.5
MCQ	4.17

What was the best part of the course?

Scenarios practice
It was very practical
The presentations we brief but detailed
All questions were answered
All participants were involved
ABCDE
The ABCDE of trauma
Primary trauma care
Cervical injury and its management
I think I will improve on my nursing care
ABCDE survey
Airway and breathing
ABCDE of trauma and primary survey
Practical aspect
Everything
Putting into practice and considering use of ABCDE in management of all trauma patients before referral saves the lives of many
Changes I will now make; need to respond sooner when called upon to rescue any trauma patient, put into practice use of ABCDE, willingness to rescue any patient who's life is in danger
Scenarios practice and demonstrations
Practicals and skills sessions were good
They are all best and teaching plus refreshing
I will change: whatever I have not been doing well eg, following the ABCDE rule
Practical sessions
The practical session
Practical sessions
ABCDE of trauma and primary
Trauma in children and pregnancy
Burns
Head and spinal trauma
Generally all parts were good but the primary survey has been interesting and includes ABCDE
I promise to be repeating my assessment after my resuscitation measures whether a patients shows response or not i.e., after ABCDE
The ABCDE of trauma and primary survey
Airway and breathing
Trauma in children and pregnancy
Burns
I promise to change in the management of trauma using ABCDE methods
Primary trauma care and applying ABCDE
Demonstration was very interesting and educative at the same time
The group discussions and scenarios
I know how to handle trauma patients and what to do now I can PTC alone
Scenario practicals day 1 and 2
Demonstrations and scenario practices
All presentations were excellent

What would you change?

Use diagrammatic illustrations and figures eg burns use a human figure labelled as it is much easier to remember
The number of participants should be increased
A simplified form of teaching (first aid) should also be given to other community members other than medical workers
The slides were too fast
Nothing
The manual provided to the participants does not include all the information discussed and in the questionnaires I recommend the manual should be enriched with more information
Nothing
Nothing
The information in the manual should be the same as that on the powerpoint presentations
Provide both hard and soft copies of the presentations
Allocate more facilitation to the course
Get more instruments to use during practical sessions
Nothing everything was done well
Nothing everything went on well
Nothing
Time management
The slides were too fast so there is a need to slow down a bit during sessions
Considering that the training is undertaken by health workers of different cadres, certain concepts should be explained better i.e., definitions of new words/concepts
Use of drawings and labels
Also consider attendants transport refund

Instructors Course – Day 3

Following the 2 day PTC course on days 1 and 2 there were 6 participants (see Appendix 2 for list of names and contact details) who were selected and available to attend the instructors course and the following two day PTC course. Unfortunately there were a number of other participants who were selected for the instructors course but were not available to attend due to working commitments. This was predominantly due to the fact that they were required to return to their places of work to allow other staff to attend the second 2 day PTC course. The 6 selected were top quality candidates who showed extremely high levels of enthusiasm for the course and had managed to pick up the principles of PTC to a high standard during the first 2 day PTC course. This was the first course in Uganda where non-doctors were trained as instructors.

We decided to structure the instructors course slightly differently to the prescribed format. We allocated each candidate a skills station or discussion group to practice and lead on the 3rd day between the small group. This meant that we were able to complete the lectures and then "practice" the actual content of the PTC course which they were going to teach on days 4 and 5. We then allocated the lectures at the end of day 3 so that instructors had time to prepare for the following 2 days with their roles confirmed. We did not have time to talk about delivery of lectures but felt the priorities were the practical sessions and discussion groups so we concentrated on these areas.

Table to demonstrate gender and job roles of instructors course participants on day 3

Job Title	Female	Male	Total
Doctor	1	2	3
Medical Clinical Officer	2	1	3
Total	**3**	**3**	**6**

Feedback from instructors course

Feedback was excellent from the 1 day instructors course. A summary of the feedback is shown below. The new instructors grasped the teaching techniques very quickly. The small group meant that we had plenty of time to spend with each instructor and on every teaching method (lectures, skills stations, discussion groups and scenarios).

The table below summarises the mean scores out of 5 that the new instructors rated each of the sessions we ran on the course.

Session	**Mean Score /5**
Introduction	4.5
How adults learn	5
Asking questions	4.75
Feedback	5
How to lead a discussion group	4.5
How to teach a skill	4.75
Workshop – Discussion group	4.5
Workshop – Teaching a skill	4.5

What was the best part of the instructors course?

It was practical enough
I gained confidence since I got more compliments than criticism
I learned to always think positive and less negative
No changes needed
It was practical
The instructors got all the opportunity to practice
How to lead a discussion group

What would you change to improve the instructors course?

Instructors should get a copy of the powerpoint presentations
Take participants through how to give lectures

PTC Course 2 – Day 4 and 5

The format for this course remained the same as the 2 day PTC course run on days 1 and 2. This time it was provided entirely by the newly trained instructors. Roles were allocated on day 3 at the end of the instructors course. EB, DB, DW, KL and EM were present for the entire course to provide support and advice. We tended to be present for the start of each practical session giving guidance to the new instructors. Following this we would withdraw and allow them to run the sessions more independently.

The course started late on day 4 as on previous days at approximately 10.00. The lectures were completed in shorter times than advised in the PTC manual, allowing plenty of time for skills stations, discussion groups and scenarios. No part of the course was omitted. At the end of day 4 participants were informed that the course would start at 8am to allow everyone to leave on time at the end of the day. This ensured the course started at 9.00 and finished by 17.00.

Once again the course proved to be extremely popular with 25 participants on day 4 and 22 returned on day 5 (see Appendix 3 for list of names). The 3 people who did not return on day 5 had working commitments. They were not given a certificate of attendance for the course but were welcomed to attend a future PTC course.

The experience and abilities of the participants was very variable. We impressed upon the new instructors that the key aim was for participants to fully grasp the basic principles of PTC and to concentrate on ensuring that everyone was able to achieve this.

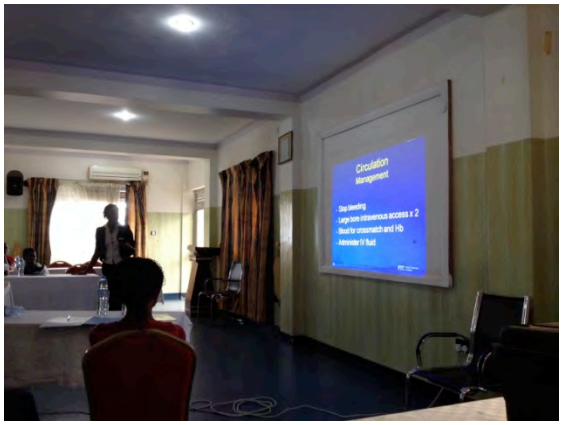
Table to demonstrate gender and job roles of course participants on 2nd PTC course days 4 and 5

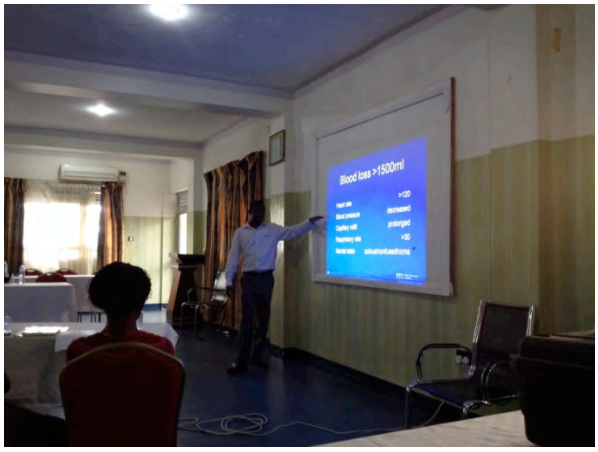
Job Title	Female	Male	Total
Doctor	0	2	2
Enrolled nurse	1	4	5
Nursing Officer	1	0	1
Clinical Officer	4	4	8
Medical Clinical Officer	1	1	2
Nursing Assistant	2	1	3
Social Worker	0	1	1
Midwife	3	0	3
	12	**13**	**25**

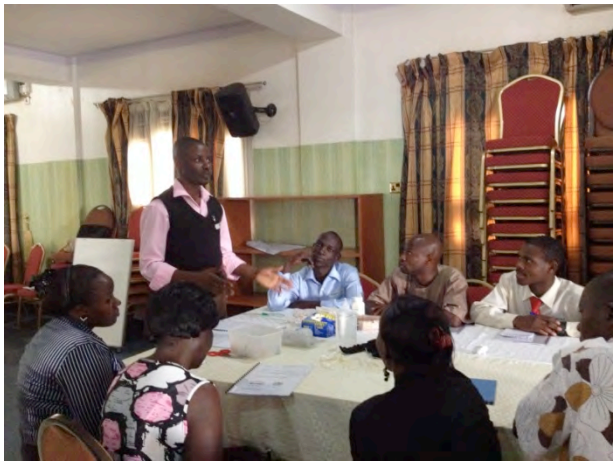
MCQ results demonstrated great improvement in all participants. The pre-course mean score was 13. The lowest score was 6 and the highest score was 26. The post-course MCQ mean score was 19. The lowest score was 12 and the highest score was 29.

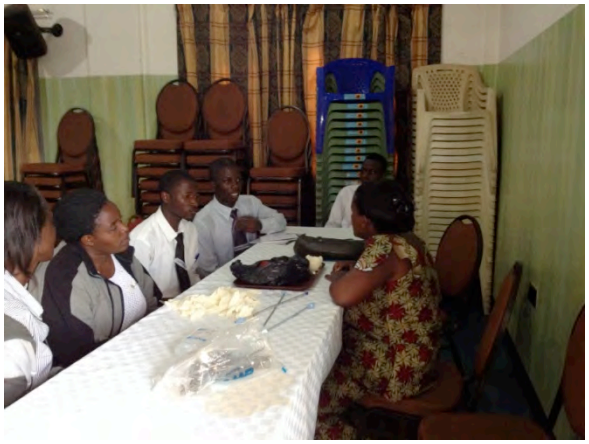
Table to show individual and mean MCQ scores based on job titles

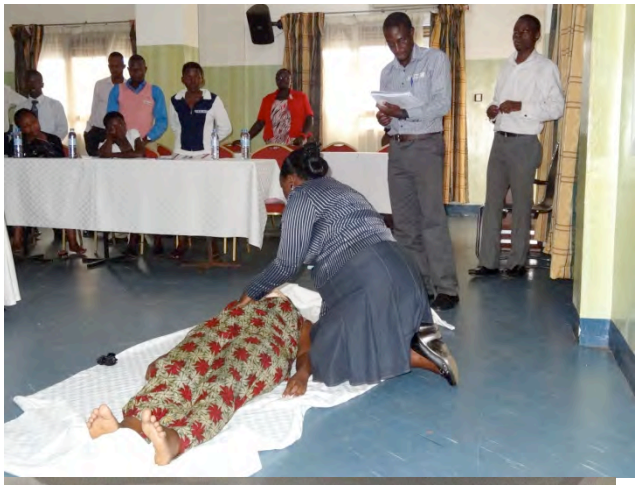
Job Title	Pre-Course Score /30	Post Course Score /30
Doctor	23	Not done
Doctor	26	29
Enrolled Nurse	10	16
Enrolled Nurse	8	16
Enrolled Nurse	14	21
Enrolled Nurse	11	14
Enrolled Nurse	13	Not done
Nursing Officer	12	Not done
Clinical Officer	16	21
Clinical Officer	12	22
Clinical Officer	13	21
Clinical Officer	14	18
Clinical Officer	11	20
Clinical Officer	19	22
Clinical Officer	17	18
Clinical Officer	14	16
Medical Clinical Officer	7	12
Medical Clinical Officer	10	21
Nursing Assistant	7	17
Nursing Assistant	11	18
Nursing Assistant	6	17
Social Worker	12	Not done
Midwife	10	Not done
Midwife	14	18
Midwife	Not done	17
Doctor Mean	24.5	29
Nurse Mean	11.3	16.7
Clinical Officer Mean	13.3	19.1
Other Mean	9	17.3
Midwife Mean	12	17.5
Overall Mean	12.9	18.7

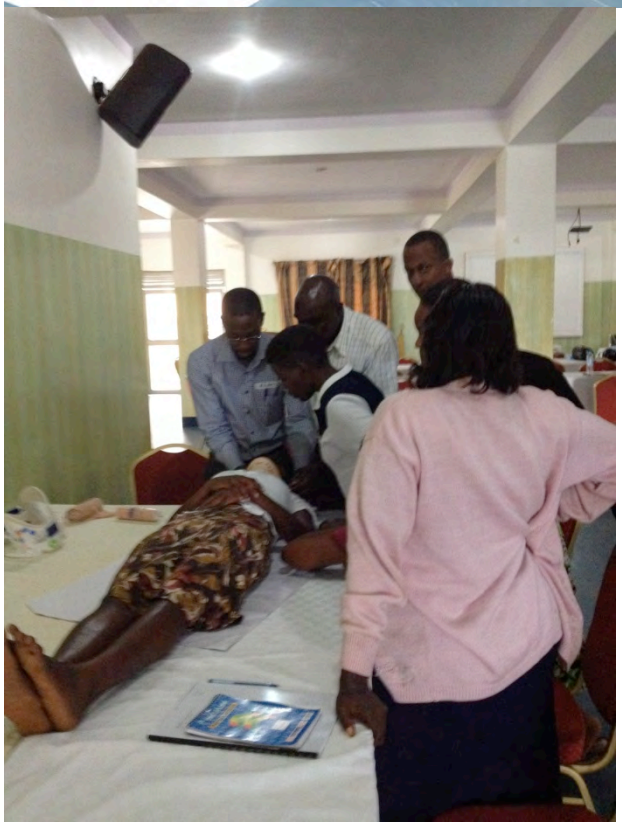


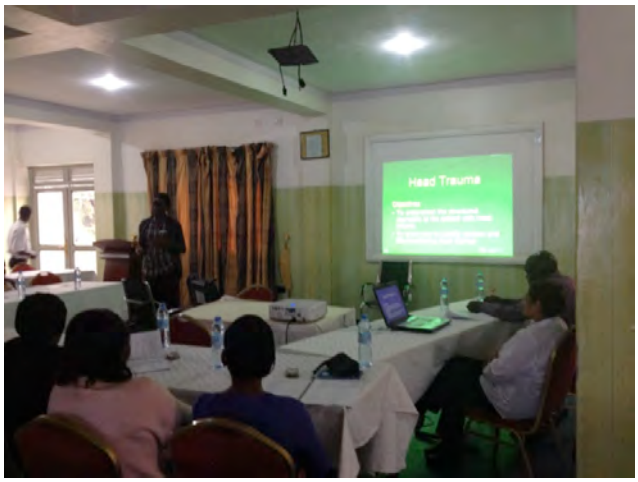

Blood loss >1500ml










Head Trauma

Feedback from PTC Course 2 – Day 4 and 5

Once again, feedback was provided by the improvements seen in the participants in front of our own eyes. This time however it was even more evident to see new instructors sharing their newly acquired knowledge and skills to their colleagues. The enthusiasm with which this was undertaken was extraordinary. The MCQ scores only reflect a small part of what was learned by everyone during the course. As a team we also learned a great deal from the new instructors as they were able to adapt the PTC programme to be even more realistic and appropriate for their local area and colleagues.

The tables show scores for each session and the free text relates to comments based on the 2 questions in bold given on the feedback sheets.

Day 1

Session	**Mean Score /5**
Local trauma perspective	3.78
ABCDE of trauma and primary survey	4.57
Airway and breathing	4.28
Circulation and shock	4.21
Skills stations	4.42
Secondary survey	4
Demonstration scenario by instructors	4.21
Scenarios practice	4.14

Day 2

Session	**Mean score/5**
Chest injuries	4.38
Head and spinal trauma	4.21
Abdominal and limb trauma	4.42
Trauma in children and pregnancy	4.28
Burns	4.28
Discussion groups	4.5
Disaster management	3.69
Scenarios practice	3.92
MCQ	4.30

What was the best part of the course?

Management of trauma in children and pregnancy
The ABCDE of trauma and primary management of burns was taught well
ABCDE – it's easy and practical in the daily management of patients
Primary and secondary survey
Workshops and scenarios – practical part of it because we could ask as much as possible
It was an adult kind of teaching because we could both participate in class and group work
The ABCDE of trauma and primary survey
Head and spinal trauma assessment of GCS
The meals were delicious despite being upstairs
ABCDE
Head injuries
Abdominal injuries
Chest injuries
ABCDE and primary survey and management of chest injuries
Scenarios practice
The practical part because we had to get skills on how to apply our theory work that we had discussed
Practical part
The best part of the course was ABCDE
I will be following ABCDE whenever I get a trauma patient
The best part of the course is ABCDE of trauma and primary survey
The best part of the course was on how to manage ABCDE because they are the basic priorities of the life of the patients otherwise the patients can die in no seconds
As a result of this course I will always perform primary survey whenever I get a patient who has been traumatised, basically ABCDE. I will also follow AVPU whenever I get a patient with trauma and consider reassessment.
Demonstration scenario by the instructors

What would you change?

Include video in the presentation
Supply kits for practice of skills
Visit real patients at casualty units and practice
Time to start the morning sessions
The grouping: As how it was with the mixtures of cadres and it was the high cadres presenting it could sound as if we all know all the terminologies but other words could need to be explained in s simpler way
Time management was poor
Please start giving transport allowances to participants who are out of pocket
Time management
There is nothing to change but we just need to practice the new skills which you have given us to improve on the ones we have been using
I would want to change the time of having such workshops from one week to two weeks such that more skills and knowledge are acquired. Otherwise the workshop has been so beneficial and educative
Everything was really perfect and convincing so I would not change anything
Provision of enough practical equipment and provision of wider knowledge about primary trauma care
Empower more health women including VHTs such that the information spreads over and over again

Discussion and Issues Identified

In summary, the entire week was a huge success. All of the team who travelled to Fort Portal felt confident that the skills and knowledge of all participants was improved. In particular it was often the subtle skills and attitudes which we saw change throughout the week. The participants generally felt more empowered to return to their places of work and share their knowledge and skills. We tried wherever possible to help the participants gain confidence in themselves and their abilities. The PTC principle of positive reinforcement was embraced by all participants and the newly trained instructors. The MCQ scores demonstrate that every single participant improved their knowledge of trauma management due to the course.

The fantastic relationship which has developed between the Ugandan team (namely EM, AB, EMZ and KL, but also those others who travelled to other courses this year) and the UK PTC team in the last 10 months is absolutely crucial to the ongoing success of PTC in Uganda. It is a credit to NR and EM for initiating this in Kampala in February. The relationship has developed to enable high quality PTC courses to be delivered in exactly the manner that they are intended. The Ugandan and UK teams have a mutual respect for one another's knowledge, skills and experience. We are continually learning from each other and developing our teaching skills by watching one another and providing feedback wherever possible. This in itself sets a great example to those who attend the courses and in turn build enthusiasm and motivation for PTC in the local areas.

Below are a few issues which were identified during the week and are not meant as criticisms but should provide some food for thought.

- **Marketing** – EMZ did a fantastic job of advertising and recruiting for the course. The numbers far exceeded our expectations. This was easily manageable in the Hotel Cornerstone and with a relatively large faculty. Other locations and courses may not have the ability to be as flexible. For this reason we would perhaps ask whether the course number should be limited or not and how to deal with extra numbers. It did not seem fair or appropriate to turn people away once they arrived.

- **Content** – Throughout the course all the instructors felt at times that the content of the course was too complicated for some of the participants. The key concepts of PTC such as ABCDE and management of shock and cervical spine injury are easy to grasp for most healthcare workers. Some of the more complicated lectures such as head injury, could possibly be simplified or even omitted when instructors feel that the participants would find it too much. We would be interested to hear from other teams and the PTC foundation as to whether this issue has been discussed before.

- **Paperwork** – Despite multiple email communications there was a little bit of confusion regarding the formal paperwork to be completed in Uganda and returned to the UK. Perhaps a briefing between UK team leaders needs to be held before each course and hard copies may need to be taken as a back up

as printing facilities are very limited but photocopying is not usually a problem. In addition extra certificates, MCQ sheets, manuals and evaluation forms should be available in the case of extra participants as these needed to be photocopied locally which wasn't a problem in fort portal but more isolated places could be difficult.

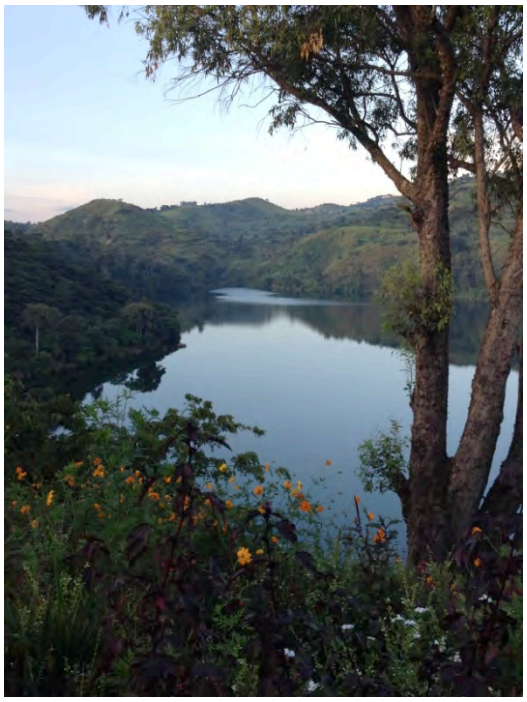
- **New Instructors** - Some participants on day 1 and 2 would have been excellent candidates for the instructors course but could not commit to the following 3 days due to work commitments and to allow the other staff in their department to attend days 4 and 5. I am not sure how this can be avoided in future. They will be unable to attend the upcoming course as it is in Arua which is over 400 km from Fort Portal. Perhaps future schedules could be arranged so that the courses which follow one another could be geographically closer?

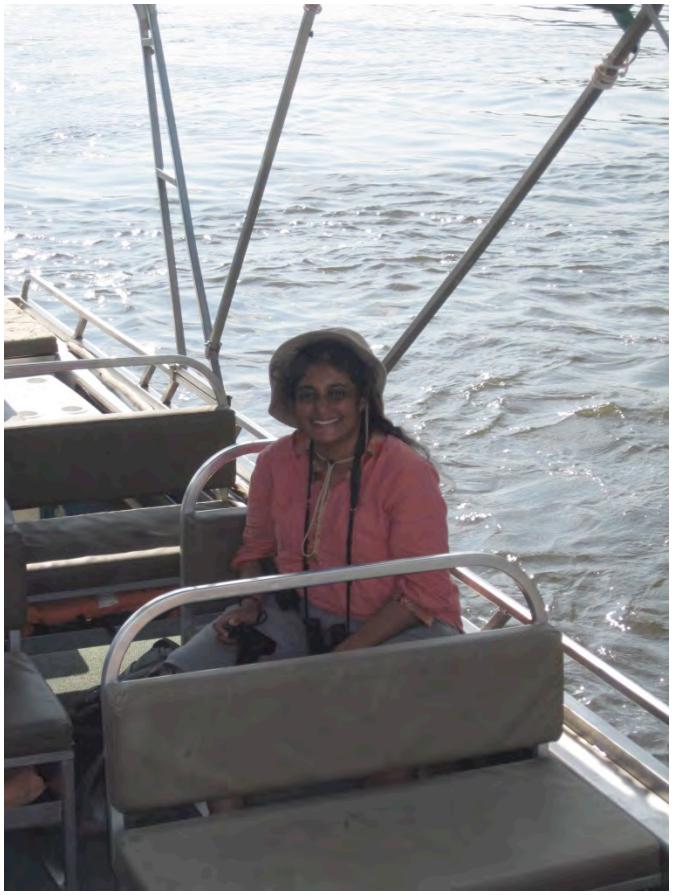
- **Funding** - Funding for local instructors proved invaluable and it was greatly appreciated by the UK team. It allowed previously trained instructors (KL and EM) to demonstrate the success of the programme firsthand to the UK team. The local instructors are now fully confident in teaching PTC courses and are extremely helpful with all aspects of the course including teaching, administration, organisation etc. We would go so far as to say that the future of PTC in Uganda may only be secured if funding is made available to the local instructors. Whether this is provided by PTC or the local government or both is a matter for discussion.

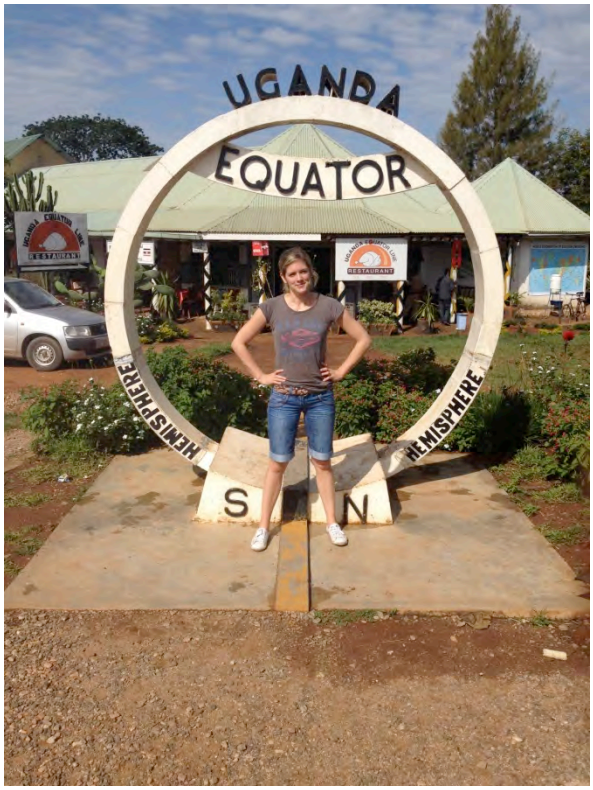
- **Timing (**!) – As always there were a few issues with late starts. This is usually not too much of a problem as time can be made up during the course. We did have a few comments on feedback regarding the lectures being too fast which is a shame and this was mainly due to us trying to make up time to allow enough time for practical sessions. We also had a few "time management" comments on the feedback. This is also a shame but is understandable as some candidates were always at the venue before the advertised start time (9am) but had to wait for over 1 hour until we started as we generally tended to wait until all participants had arrived. Friday afternoon is usually a time when people in Uganda travel home to their families and so a prompt finish on the final day is much appreciated by them. This can only be achieved by starting at 9am on the final day.

Subsidiary Activities

The PTC team (EB, DW, DB, EM and KL) went for dinner at the Mountains of the Moon Hotel in Fort Portal, an old hotel originally built before Ugandan independence. The team also visited Ndali Vanilla Farm and Lodge. We had a tour of the vanilla farm where local farmers provide vanilla for processing, packaging and transporting to the UK. The lodge itself is run as a luxury holiday destination and we met a friend of DW, who runs the lodge and were kindly treated to dinner at the lodge. We visited a local market where we purchased some local crafts. Following the course DB and EB spent a further 8 days touring Uganda where we visited Queen Elizabeth National Park, Mburo National Park and Murchison Falls National Park. We also went Gorilla trekking in Bwindi which was a magical experience.



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This was an extremely successful course and there are many people who worked very hard to make this happen. Firstly I would like to thank the support in the UK from Annette Clack, Nigel Rossiter and Charles Clayton who are incredibly committed to this project. I would also like to thank the invaluable support and input from Dr Alex Bangirana and Professor Emmanuel Moro. Without their enthusiasm and motivation for the PTC project the Ugandan success would not have been possible. Dr Edwin Mzungi did an incredible job to recruit such a large number of participants in Fort Portal and worked hard to ensure the venue and delivery of the course was of the highest standard. The expertise and skills of Dr Kintu Luwaga are excellent and his continued commitment to the PTC project is highly appreciated. Finally I would like to thank the UK instructors who travelled to Fort Portal, Ms Deepa Bose and Mr David Woods. They fully embraced the concept of PTC and worked tirelessly through the week to motivate and enthuse others. The whole team had a lot of fun working together and I would hope to work with them again in the future.