

COURSE REPORT

MALAWI

3rd – 7th February 2014

Report Presented by: Mulinda Nyirenda

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



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POST PTC COURSE NARRATIVE REPORT
(For PTC Africa 2012-2014 Programme)

PTC Malawi 3rd -7th February 2014

The fourth COSECSA/COOL PTC training was held from 3rd to 7th February 2014. The course was held at University of Malawi College of Medicine (COM) Lilongwe Campus in the capital city of Malawi. This was a central venue for course participants in the central region of Malawi. The surgery department offered their lecture room at the campus as the venue for the course.

Planning and coordination of the course was done by:

Mulinda Nyirenda - Malawi PTC Faculty Representative

Carlos Valera – Central Region PTC course Lead instructor

The course was conducted by Malawian PTC Faculty members. We had the pleasure of Dr Palesa Chisala (a junior surgery resident in Blantyre) join senior faculty members on this course.

Course instructors Day 1-2

Name	Specialty
Mulinda Nyirenda (Lead)	Emergency Medicine (Queen Elizabeth Central Hospital - QECH, Blantyre)
Carlos Valera (Course coordinator)	Surgery (Kamuzu Central Hospital)
Wakisa Mulwafu	Surgery(QECH, Blantyre)
Linda Chokotho	Orthropaedics (Beit Cure, Blantyre)
Palesa Chisala	Surgery (QECH, Blantyre)
Hitler Sigauke	Family Medicine (Blantyre Adventist Hospital, Blantyre)

Following the vision of the steering national faculty in Blantyre, Dr Carlos Valera took on the course coordination after having participated and instructed on the 3rd PTC course in the northern region.

The strategy of training senior clinicians in district health facilities first to foster a mentorship program for the junior clinicians was reinforced as per previous courses. Participants were drawn from public, mission and a few private hospitals in central region. It was noted that the Kamuzu Central Hospital had a strong district outreach program that was offering specialist surgical and trauma support to central region district hospitals. This was possible with a strong surgical training program under COSECA and the COST Africa surgery training course for clinical officers stationed in the district hospitals. It was therefore agreed that the PTC participants will largely include the surgery registrars and the COST Africa clinical officer trainees from the district hospitals. Senior trainees in both programs were targeted as potential instructors and were invited to the first course.

We also ensured that other disciplines – medicine, obstetrics & gynaecology, paediatrics, and anaesthesia at Kamuzu Central hospital were invited. Heads of departments were asked to nominate participants who would champion trauma care in their departments.

Invitations to attend the course were dealt with as per previous course – notification of institutional heads and departmental heads about the course, submission of

nominees to Malawi PTC faculty representative 4 weeks before the course, and finally personalized invitations to the participants were sent out 2 weeks before the course dates. This seemed to be a very helpful way of ensuring notification to potential participants and also helped in formalizing institutional support for participants as they planned to attend the course.

The Blantyre faculty travelled to Lilongwe on Sunday 2nd February 2014 and arrived in Lilongwe by midday. At 2pm, the faculty met at the course venue with Dr Valera for a preparatory meeting. A final review and revision of the circulated timetable was made. Allocation of lectures, workshops and scenario allocation was reviewed. It was agreed to adjust the standard PTC timetable (see attached). The venue was then prepared to achieve the right PTC training environ. Once this was completed, the faculty was all set to start the training on Monday.

Name of Participants Day 1-2

Name	Place of work	Speciality	Seniority
Gift Mulima	KCH	Surgery	resident
Chifundo Kajombo	KCH	Surgery	resident
Judith Mkwaila	KCH	Surgery	resident
Charles Mabedi	KCH	Surgery	resident
Enock Ludzu	KCH	Surgery	resident
Nelson Msiska	KCH	Surgery	clinical officer
Tonera Chiume	KCH	Medicine	resident
Ennet Chipungu	KCH	Obs & Gynae	specialist
Mathewwa Muhota	KCH	Obs & Gynae	clinical officer
Harriet Ngwende	KCH	Anaesthesia	Anaesthetic CO
William Banda	KCH	Anaesthesia	Anaesthetic CO
Onias F Mtalimanja	KCH	Anaesthesia/ICU	Anaesthetic CO
Isyu Mwakasungula	KCH	Casaulty	senior registrar
Kenneth Murreno	Dedza District Hospital	COST trainee	clinical officer
Francisco Nkhoma	Dowa District Hospital	COST trainee	clinical officer
Gregory Khwimani	Mchinji District Hospital	COST trainee	clinical officer
Chimwemwe Monjeza	Nkhotakota District Hospital	COST trainee	clinical officer
Authur Chatsika	Salima District Hospital	maternity	clinical officer
Modai Mnenula	Nkhoma Hospital	Surgery	medical officer
Kingsley Magomero	Malawi Defence force	Medical	Physician
Mphatso Nyasulu Kumpumula	Lilongwe District Health Office	General	District Medical Officer



PTC Instructors and Course Participants on Day 1 and 2.

Contents of the Primary Trauma Care course

Day 1

The faculty arrived one hour earlier than when the training was due to start. A brief preparatory meeting was held to revisit the timetable. All workstations were inspected to make sure that all training equipment had been setup at stations. A well prepared goat chest carcass for the chest drain insertion demonstration.

Participants started arriving by 8.20am and the course started on time at 9.00am. All participants were keen and eager to learn in the lectures. They asked questions, shared observations and experiences as lectures were given. The participants enjoyed the workshops and scenarios.

The faculty team spirit ensured the cementing of the PTC structured approach to trauma patient. The course was adjourned at around 4:30 pm and participants were urged to read the PTC manuals. The faculty members convened to evaluate the day performance and highlight all areas of improvement. They also revisited Day 2 teaching plan. The faculty agreed to arrive early at the venue the following day to prepare for Day 2.

Day 2

The faculty members arrived early as agreed and by 8:30 am all members were well versed on their role for Day 2 PTC training. Teaching aids and equipment were placed in appropriate stations. The course started at 9am as per timetable.

The faculty displayed different types of lecture delivery to make sure participants remained awake, focused and enthusiastic on the lecture laden morning of the course. As usual, participants were very keen and excited with the scenarios sessions.

At the end of the day participants were given a post test. Following the analysis of the MCQ, increase in scores was an average of 14%.

Dr Valera then conducted a brainstorming to see how the participants felt about the course (table below).

What was good	What can improve
Organization of the course : content and time management	Need a scenario drill for disaster preparedness
workshops	
scenarios	
Prepared instructors	
Positive attitude of instructors	
Diversity of participants	
Adherence to group norms by participants	
Food was good	
Friendly environment	

Course certificates were then issued. Participants were reminded to attend the PTC instructor course on day 3 if still possible.

Day 3 (Instructor course)

The contents of the instructor course were standard (attached program).

All participants were from the Day1/2 cohort.

The trained instructors were:

Name	Institution	Speciality	Position
Gift Mulima	KCH	Surgery	resident
Chifundo Kajombo	KCH	Surgery	resident
Judith Mkwaila	KCH	Surgery	resident
Charles Mabedi	KCH	Surgery	resident
Enock Ludzu	KCH	Surgery	resident
Nelson Msiska	KCH	Surgery	clinical officer
Tonera Chiume	KCH	Medicine	resident
Mathewwa Muhota	KCH	Obs & Gynae	clinical officer
Onias F Mtalimanja	KCH	Anaesthesia/ICU	Anaesthetic CO
Isyu Mwakasungula	KCH	Casualty	senior registrar
Kenneth Murreno	Dedza DH	COST trainee	clinical officer
Francisco Nkhoma	Dowa DH	COST trainee	clinical officer
Gregory Khwimani	Mchinji DH	COST trainee	clinical officer
Chimwemwe Monjeza	Nkhotakota DH	COST trainee	clinical officer
Modai Mnenula	Nkhoma	Surgery	medical officer
Mphatso Nyasulu Kumpumula	Lilongwe DHO	General	District Medical Officer

The participants enjoyed the instructor course content and appreciated the skills taught. The workshops were the highlight of the day. Participants required more guidance and time to practice teaching a scenario. At the end of the day, the confidence evaluation survey indicating ability to teach and deliver a PTC lecture, run a trauma scenario and discussion group improved remarkably

The newly inducted instructors then started preparing to facilitate the course on Days 4 and 5. Dr Judith Mkwaila was appointed the main coordinator of the new instructors. The experienced instructors provided mentorship to the new instructors as a group and individually. This mentorship was greatly appreciated in the preparatory process and later in the next 2 days.

The new instructors allocated one another lectures, workshops and scenarios on the timetable in readiness to start teaching on the next day.

DAYS 4/5

Most attendees of the instructor's course except for Onias Mtalimanja, taught on day 4/5.

The participants are listed on the next page:

Name	Place of work	Speciality	Seniority
Vanessa Msosa	Kamuzu Central Hospital (KCH)	Surgery	resident
Natasha Ngwira	KCH	Surgery	resident
Keller Kumwenda	KCH	Surgery	resident
Steve Mjuweni	KCH	Surgery	clinical officer
Yusuf Mtende	KCH	Medicine	registrar
Rodrick Chibwe	KCH	Medicine	clinical officer
Godfrey Phiri	KCH	Anaesthesia	anaesth. Clin. Officer
Martin Kapito	Dedza District Hospital	Surgery	clinical officer
Maxiwel Yambeni	Dowa District Hospital	Surgery	clinical officer
Chancy Tembo	Mchinji District Hospital	Surgery	clinical officer
Gideon Nyasulu	Nkhotakota District Hospital	surgery	clinical officer
Nicholas Kasunga	Salima District Hospital	Surgery	clinical officer
Moffat Kachomba	Nkhoma Hospital	Anaesthesia	anaesth. Clin. Officer
Colin Pfaff	Partners in Hope	genaral medical	family medicine
Clement Kadyaudzu	KCH	icu	clinical officer
Hape Tembo	KCH	Orthropaedics	clinical officer
Annie Chauma	Lilongwe District Health Office	District Medical officer	Medical officer

Day 4

The new instructors met early that morning and had a review of the timetable and their roles and responsibility. Each new instructor was assigned and informed of who was their mentor. The individual mentoring debriefing sessions were done immediately after a session that the new instructor had conducted. All equipment and material were put in readiness for the workshops and scenarios. The timetable started at 9am with introductions and the pre-test examination.

The new instructors delivered the lectures with power points successfully. Participants were eager and keen to learn the course content. The skills station and scenarios were well facilitated. The new participants enjoyed the scenarios.

Judith did an amazing job in coordinating the new faculty. At the end of the day, she gave a lovely summary that helped reinforce the fundamentals of PTC. A faculty meeting was then convened to review the day's activities and plan for the last day of the training.

Day 5

The day started as per timetable. The instructors delivered the lectures well and diverse styles of lecture delivery were displayed. The instructors were well coordinated by Judith all day long.

The participants were enthusiastic and eager to learn. The scenarios remained the highlight of the day. Instructors identified potential instructors from the participants so that they could be trained on the next instructor's course.

A post-test was done at the end of the day. While the scripts were being marked, Dr Mwaila and Dr Valera conducted a brainstorming feedback session in the PTC style. The results are below

Feedback day 4/5	
What was good	What can improve
Diversity of participants	More information on local trauma perspective
Course content	Include a session in which the radiology and Lab staff can attend to understand about trauma
Workshops and scenarios good	
Good instructors and well prepared	
Food was good	

The MCQ results showed a 37 % improvement in knowledge for the group.

This course also provided an opportunity to showcase the PTC course to the clinical directorate in the Ministry of health – with the possibility of formalizing the course as the essential certification for providing trauma care skills to health workers in Malawi. We invited the Program Manager of Non communicable diseases (includes trauma) in the clinical Directorate – Dr Beatrice Mwangomba and the Assistant Director of Clinical Services – Mr Chimwemwe Mvula.

Dr Mwangomba attended the course on day 1. Mr Mvula came to the instructor's course and day 4 and 5 to observe how the course is delivered. They all were impressed with the content and style of delivery of the course. They recommended and endorsed the PTC course was indeed the appropriate basic trauma course that every clinician in Malawi should attend to be able to deliver basic trauma care. They were particularly impressed that the course was being offered to all clinicians regardless of specialty. They were glad that this approach was definitely unify and encourage teamwork amongst clinicians in the various hospitals, an essential component of disaster preparedness.

The course ended with Mr Mvula giving the participants their PTC certificates.



Right to Left: Chimwemwe Mvula, Carlos Valera, Mulinda Nyirenda, Steve Mjuweni , Annie Chauma, Judith Mkwaila, Moffat Kachomba.

Acknowledgements:

We greatly appreciate the institutional heads of the participants' hospitals for supporting them while attending the course.

It should not be taken for granted that the program manager for NCDs and the Assistant director spared some time to come and participate on the course.

The College of Medicine – Lilongwe campus faculty secretary is appreciated for providing the administrative support to Dr Valera and Dr Nyirenda.

Queen Elizabeth Central Hospital Management is greatly appreciated for providing the vehicle that transported the Blantyre faculty to Lilongwe.

We thank the Beit Cure hospital, Blantyre Adventist Hospital and the department of surgery at Queen Elizabeth Central hospital for allowing the Blantyre faculty to travel to Lilongwe for the week and instruct on the course.

All instructors on the course – old and new – are valued for the time they spared for an excellent delivery of the PTC course.

As a national faculty, we were greatly honored and appreciated the vote of confidence that the PTC foundation had in us to deliver this course independent of international faculty.

Mulinda Nyirenda

PTC Malawi course coordinator