



## **2<sup>nd</sup> Primary Trauma Care Course, Apollo Hospital, Delhi, India**

**March 18-19, 2006**

### **Executive Summary**

- A seven member team of PTC instructors from Delhi participated in the Course.
- Pre-course strategy meeting took place at Apollo Hospital, Education Room on 14<sup>th</sup> March 2006 to go through the slides.
- A practice session of trainers was organised on 17 Mar 2006 to go through the workshops and demo scenarios.
- 25 participants, consisting of surgeons and anaesthetists and two senior Emergency Department staff nurses, from Apollo hospital, (Corporate Hospital) and LNJP Hospital (Delhi Govt Hospital), were selected for the course.
- A two-day PTC course, was run on 18,19 Mar 2006.

### **Purpose of the Course**

- To introduce and teach the concepts and principles of PTC to the doctors of the above institutions of Indian capital.
- To identify doctors who would be suitable to join the team of instructors after the next course.

### **Background**

Every effort was made to learn from the experience of the previous courses and to maintain the appropriateness of this trauma course in accordance to the needs of the district hospitals of India. It was kept in mind that the level of course should not be an exhaustive exploration of clinical traumatology but to remain focused on the ABCDE of resuscitation. The format and contents of the lectures, small group discussions and the skill stations were kept realistic with the appropriate models and equipments. The disaster management presentation was made by Dr. Halim.



### **Key staff involved in PTC Delhi March 2006 Course**

Chairperson Dr Rajinder Prasad and Course Co-ordinator Dr Talat Halim along with Course Director Dr Arun Prasad organised the sessions.

Manikins, some of the equipment, IT support, venue, meals, refreshments and digital imaging facilities were provided by the Indraprastha Apollo Hospital.

Mr Rahul Raut provided secretarial and transport assistance. Manuals and other printed material including MCQs, Evaluation forms, Certificates, registration slips etc were arranged by him.

### **List of Faculty**

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### **Contents and Venue of the Foundation Primary Trauma Care Course**

The subjects which were presented during the founding PTC course are outlined in the program. Course content was similar to what is advised in the PTC manual. The instructors used different styles of lecturing and different audiovisual aids, like PowerPoint, whiteboard and group discussion.



The venue in Apollo hospital was a comfortable, air-conditioned lecture hall, with excellent audiovisual aids like a digital projector, an overhead projector (not used), a whiteboard and a cordless microphone. The hall was large enough to accommodate all the participants. Besides, we could make use of several spaces on the same floor for scenarios and workshops.

**Course Program**

<b>PRIMARY TRAUMA CARE COURSE (PTC)</b>
<b>Indraprastha Apollo Hospitals, New Delhi – India</b>
<b>March 18<sup>th</sup> &amp; 19<sup>th</sup>, 2006</b>

**2 Days PTC Course –Delhi Chapter**

**Day 1**

<b>TIME</b>	<b>TOPIC</b>	<b>INSTRUCTOR</b>
8:30 a.m.	<b>Welcome</b>	
8:35 to 9.00 a.m.	Opening Remarks, Introduction of PTC Faculty & Local Trauma Perspective	Dr. Rajendra Prasad
9.00 to 9:25 a.m.	PTC Overview & Course Introduction	Dr. Arun Prasad
9:25 to 9:45 a.m.	ABCDE of Trauma and Primary Survey	Dr. Talat Halim
9:45 to 10:00 a.m.	Demo. Scenario	Dr. Talat Halim/ Dr. R. Prasad / Dr. K. Lalitha / Dr. Vijay Kumar / Dr. Arun Prasad
10:00 to 10:15 a.m.	<b>TEA BREAK</b>	
10:15 to 10:45 a.m.	Airway and Breathing	Dr. K. Lalitha
10:45 to 12:00 p.m.	<b>SKILLS STATION</b>	
	1. Basic Airway	Dr. K. Lalitha
	2. Advanced Airway	Dr. Vijay Kumar
	3. Radiology of C- Spine / Skull Traction	Dr. Rajendra Prasad
	4. C-Spine control and Log Roll	Dr. Talat Halim
12:00 to 12:30 p.m.	Circulation & shock	Dr. Vijay Kumar
12:30 to 1:30 p.m.	<b>LUNCH BREAK</b>	
1:30 to 2:00 p.m.	Secondary Survey	Dr. Arun Prasad
2:00 to 2:45 p.m.	<b>SCENARIOS</b>	
	Head injury	Dr. Rajendra Prasad
	Chest Injury	Dr. Arun Prasad
	Abdominal Injury	Dr. Talat Halim
	Fracture with bleeding	Dr. Vijay Kumar
2:45 to 3:00 p.m.	Chest Injuries	Dr. Arun Prasad
3:00 to 3:15 p.m.	Overview and Summary	Dr. Talat Halim



### Day 2

TIME	TOPIC	INSTRUCTOR
8:30 a.m. to 9:00 a.m.	Burns	Dr. Kuldeep Singh
9:00 a.m. to 9:15 a.m.	Abdominal injuries	Dr. Arun Prasad
9:15 a.m. to 9:30 a.m.	Limb injuries	Dr. Y. Kharbanda
9:30 a.m. to 10:00 a.m.	Head and Spinal Injuries	Dr. Rajendra Prasad
<b>10:00 a.m. to 10:15 a.m.</b>	<b>TEA BREAK</b>	
10:15 a.m. to 10:45 a.m.	Disaster management	Dr. Talat Halim
10:45 a.m. to 12:15 p.m.	<b>WORKSHOPS</b>	
	Analgesia	Dr. Bhart Bhusan Jain
	Transportation	Dr. Talat Halim
	Paediatrics	Dr. Anita Bakshi
	Neurological Assessment	Dr. Rajendra Prasad
<b>12:15 a.m. to 12:45 p.m.</b>	<b>LUNCH BREAK</b>	
12:45 p.m. to 1:15 p.m.	Paediatrics and Obstetrics	Dr. Anita Bakshi
1:15 p.m. to 2:00 p.m.	<b>SKILLS STATIONS</b>	

	Chest Drain	Dr. Arun Prasad
	Recovery Position	Dr. K. Lalitha
	IV / Interosseus	Dr. Vijay Kumar
	Helmet Removal	Dr Talat Halim
2:00 p.m. to 2:30 p.m.	MCQ's	All Faculty
2:30 p.m. to 3:15 p.m.	Scenarios	All Faculty
3:15 p.m. to 3:30 p.m.	Summary and evaluation	Dr. Arun Prasad

3:30 p.m.  
**CERTIFICATE  
PRESENTATION &  
THANKS**



**Notes on delivery of the Course and lessons learnt**

We showed excellent time management. The delegates and faculty were punctual and stuck to time. The level of enthusiasm was very high on both sides.

Every one enjoyed the course thoroughly and all good things come to an end feeling was there at the time of certificate presentation.

As the course director I felt that although the faculty had prepared their lectures well at home adding jokes, pictures, xrays etc, no one had prepared the skill stations and scenarios.

We did not know what to do at the time and were able to put up a show just because of clinical experience and not teaching experience.

It meant the scenarios were planned on the spot, questions asked etc were ad hoc. The skill station tutorials were not systematic and time bound.

So even though the quality of the scenarios and skill stations were excellent, the delivery and finish were not polished and professional.

**Evaluation of the success and relevance of the visit**

Remarks made by the participants on the evaluation forms and during the evaluation session can be found below. In general the course was much appreciated, however, as with most PTC courses, the participants would value more time for skills stations and practicing scenarios.

**COMMENTS OF PTC COURSE**

**LECTURES**

<b>EXCELLENT</b>	<b>GOOD</b>	<b>AVERAGE</b>	<b>POOR</b>	<b>VERY POOR</b>
1. ABCDE of Trauma 2. Burns	1. Airway 2. Circulation 3. Chest 4. Head & Spine 5. Disaster	1. Local Trauma perspective 2. Abdomen 3. Child & Pregnant	1. Secondary survey 2. Limb	None

### **WORK STATIONS**

<b>EXCELLENT</b>	<b>GOOD</b>	<b>AVERAGE</b>	<b>POOR</b>	<b>VERY POOR</b>
Day2 skill	Day1 skill	Day2 workshop	1. Instructor scenario 2. Day2 scenario	Day1 Scenario practice

### **WERE SCENARIOS THE BEST OR THE WORST PART OF THE COURSE ?**

Every one ( all 25 !!) said scenarios were the best part of the course in their feed back forms but in the scoring they gave a poor score which probably means that expectations of time and quality are much higher in these sessions.

**Interestingly** after my own criticism of the above last time, I had ensured that we spent twice the time on these but alas that is still not enough when looking at it from the delegate point of view.

### **LECTURES**

7 lectures were ok and the other 5 were either un-informative or went over the head. We need to see these lectures and modify them critically.

### **CHANGES SUGGESTED ?**

1. Venesection station
2. Details of IV cannulas used
3. 4 persons per skill station not 6
4. More hardware on tables
5. Old students to be invited to watch the final day scenarios
6. Cardiac massage and defibrillator
7. CPR
8. 2 airways stations instead of 1
9. Some lectures were too slow in places and exceeded time limits
10. Secondary survey lecture is very 'bland' and one continuously ends up saying : "this will be emphasized in a subsequent presentation."
11. Grand stage scenario for each candidate at end with powerpoint scenario on back ground.
12. Inauguration, camps, candles etc on end of day 1 merging with banquet.
13. Day 2 has 6 lectures in the 4+1+1 format with tea and workshops as the +. I would suggest that we make this 2+2+2 to prevent monotony.

### **Multiple Choice Questions**

During the first and then the last day of the PTC course the participants were asked to fill in the MCQ's, which appear in the instructor's manual. These were used for motivational purpose and self evaluation was encouraged.

### **Teaching materials provided**

Each member of the Foundation Course were presented with a copy of PTC Provider manual, these having been provided by PTC Sindh. Although the OHP's were not used in teaching the course, the instructors were encouraged to use OHP's as well, since the District hospitals will often not have facilities for PowerPoint.

### **Course Delegates**

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