



8th Primary Trauma Care Course

December 20-22, 2007



Abdur Razzaque Ansari Memorial Weavers - Apollo Hospital, Ranchi, India

Executive Summary

- A 7 member team of PTC instructors and 1 Administrative Co-ordinator from Delhi.
- 24 participants were selected for the course (one dropped out due to personal reasons).
- A two and a half day PTC course was run.

Purpose of the Course

- To introduce and teach the concepts and principles of PTC to the doctors of Jharkhand, India.
- 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. A lot of stress was given to hands on experience and real life simulations as seen in the picture above.

Key staff involved in PTC Ranchi December 2007 Course

Chairperson Dr Rajinder Prasad, Course Director Dr Arun Prasad, Chief Executive Dr Tarun Sahni, Dr Kuldeep Singh, Dr Yatinder Kharbanda, Dr Purnima Dhar, Dr Yash Jhaveri and Mr Rahul Raut organised the sessions. Local Patron Mr Ansari, Dr Vinay Mishra and Dr PD Sinha

organised the venue and stay of the visitors. Press conference, daily press releases and extensive print media coverage was given to the course emphasising the need for such training programs and the extent of trauma as a disease.



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

Mr Rahul Raut, Chief Organisational Officer, provided secretarial and organizational assistance. Manuals and other printed material including MCQs, Evaluation forms, Certificates, registration slips etc were arranged by him. He went to Ranchi a day earlier and with his past experience with PTC since the first course, he was able to set up the place to perfection. His role was most crucial and

without his organizational skills, the program would not have materialized.

List of Faculty

Dr. Rajendra Prasad Neurosurgery & Spine Surgery	Dr Purnima Dhar Anesthesiology
Dr Tarun Sahni Internal & Hyperbaric Medicine	Dr. Yash Javeri Intensive Care
Dr. Arun Prasad General & Minimal Access Surgery	Dr. Y. Kharbanda Orthopaedics
	Dr Kuldeep Singh Plastic Surgery



Picture of faculty at Tagore Hill Ranchi

Day one – 20th December 2007

We took the evening flight from Delhi to Ranchi and reached at 6 pm. We had a very warm welcome by the local organizers who received us at the airport and took us to Gymkhana club where we were put up in comfortable cottages. The evening program too was scheduled at the same place.

At 7.30 pm, after a brief freshening up, we met the local press. Press had a very good coverage of the course on all the days with detailed



pictorial reports.

The pre course MCQ was then conducted for all the delegates and at 8 pm, we started the program with a welcome speech by Chief Patron Mr Ansari. Chief Guest Brig (Dr) BR Jha and Medical Superintendent Dr PD Sinha shared their views on the status of trauma management locally.

This was followed by the Course dinner at 9.30 pm where all the faculty and delegates got to know each other and have an informal meeting. Introductory lectures which normally take a good part of the morning during a regular course were purposely shifted to the evening before.





Floored by the enthusiasm and seriousness of the delegates and wonderful local organization, I called for a midnight emergency faculty meeting where we practiced the course to ensure good standards.

Paan and coffee at midnight was arranged by course secretary Dr Vinay Mishra.

Day two, 21st December 2007

Course started on time with lectures, followed by scenario sessions and skill stations. Delegates got to understand what it takes to re-orient the knowledge that already exists. The local arrangement was excellent and everything went like clockwork. We finished on time and took a break at the Gymkhana club where we were put up by the organizers. A game of tennis, good dinner followed by the customary midnight faculty meeting brought the day to an end.



Day three, 22nd December 2007



Faculty members went to Tagore Hill in the morning. Pleasant climb with excellent views of Ranchi.

Course started and finished on time. Day was more enjoyable for everyone as by now the faculty and delegates had got to know each other. The sessions were more informal with a lot of discussion. Faculty too got to learn new things based on the local experience by the highly experienced 'delegates'.

Feedback sessions were enthusiastic and planning for next course

was done.

We took the evening flight back to Delhi.

Note on the 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, Lap top videos and group discussion.

The venue in ARAM Hospital was a comfortable, air-conditioned lecture hall, with excellent audiovisual aids like a digital projector, audio system with a cordless microphone. The hall was large enough to accommodate all the participants.

Besides, we could make use of several spaces on the same venue for scenarios and workshops.



Course Program

8th Primary Trauma Care Course Abdur Razzaque Ansari Memorial Weavers' Hospital 'Apollo Hospitals Group' Irba, Ranchi, Jharkhand December 20 - 22nd 2007		
Day 1		
7.30 – 8 pm	Registration & Pre Course MCQ's	Mr Rahul Raut
8 – 8.10 pm	WELCOME ADDRESS	Mr Sayeed Ansari
8.10 – 8.20 pm	PTC Introduction	Dr Rajendra Prasad
8.20 – 8.30 pm	Indian Trauma Perspective	Dr Tarun Sahni
8.30 – 8.40 pm	Course Overview	Dr Arun Prasad
8.40 – 8.45 pm	Address by Chief Guest	Brig (Dr) BR Jha
8.45 – 8.50 pm	VOTE OF THANKS	Dr. PD Sinha
9 p.m.	COURSE DINNER	
Day 2		
TIME	TOPIC	FACULTY
9.00 to 9.30 a.m.	ABCDE of Trauma and Primary Survey	Dr. Arun Prasad
9.30 to 10:00 a.m.	### Trauma Scenario I ###	All Faculty
10.00 to 10:15 a.m.	TEA BREAK	
10:15 to 10:25 a.m.	Secondary Survey	Dr. Tarun Sahni
SKILLS STATIONS – I		
10:30 to 12:30 p.m.	1. Airway Management – 2 tables (30 minutes)	Dr. Purnima Dhar Dr. Yash Jhaveri
	2. C-Spine control and Log Roll (20 minutes)	Dr. Rajendra Prasad Dr Tarun Sahni
	3. Chest Drain (20 minutes)	Dr. Arun Prasad Dr. Kuldeep Singh
12:30 to 12:45 p.m.	Airway and Breathing	Dr. Yash Jhaveri
12:45 to 1:00 p.m.	Circulation & shock	Dr. Purnima Dhar
1 to 1:30 p.m.	LUNCH BREAK	
Day 2 Post Lunch		
1.30 to 1:50 p.m.	Head and Spinal Injuries	Dr. Rajendra Prasad
1.50 to 2.10 pm	Limb injuries	Dr. Y Kharbanda
2:10 to 3.10 p.m.	### Trauma Scenario II### Table 1, Table 2, Table 3 - 20 mins each 2 faculty at each table	Dr. Tarun Sahni
3:10 to 3:30 pm.	Burns	Dr. Kuldeep Singh
3.30 to 3.50 p.m.	Paediatrics and Obstetrics	Dr. Purnima Dhar
3.50 pm to 4 pm	TEA BREAK	
4 to 5.30 pm	SKILLS STATIONS – II 20 mins each	
	Analgensia	Dr Kuldeep Singh
	Transportation	Dr Y Kharbanda
	Paediatrics	Dr Purnima Dhar
5.30 pm	CPR	Dr. Yash Jhaveri
	Overview and Summary	Dr. Rajendra Prasad
Day 3		
TIME	TOPIC	INSTRUCTOR
9 to 9.20 a.m.	Abdominal injuries	Dr. Arun Prasad
9.20 to 9.40 a.m.	Chest injuries	
9.40 to 10.30 a.m.	### Trauma Scenario III ###	Dr Kuldeep Singh
10.30 to 10.45 a.m.	TEA BREAK	
SKILLS STATIONS – III 25 mins each		
10.45 to 12.15 pm	Fracture Stabilization	Dr. Y Kharbanda
	Venous Access	Dr. Purnima Dhar
	Intubation Practice	Dr. Yash Jhaveri
12.15 to 12.30 pm	MCQ's	Mr Rahul Raut
12.30 to 12.45 pm	Summary & Evaluation	All Faculty
12.45 to 1 p.m.	CERTIFICATE DISTRIBUTION & GROUP PHOTOGRAPH FOLLOWED BY LUNCH	

COLOUR CODE OF PROGRAM: LECTURES (33% time), PRACTICALS (67% time divided into 3 skills workshops and 4 trauma scenarios) & BREAKS

Notes on delivery of the Course and lessons learnt



We showed excellent time management. The delegates and most 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.

Skill stations have to be for teaching skills and not for group discussion or lecturing. Minimum time should be spent on demonstration and maximum time on making the delegate perform the skill that is being taught.

Course manual should be given before hand and delegates to be encouraged to read them once before coming to the course.

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. This was the best prepared course so far with very enthusiastic response. I hope that we match the success of this course in future too.



CANDIDATES FEEDBACK OF PTC COURSE

LECTURES

EXCELLENT	GOOD	AVERAGE	FAIR	POOR
1. ABCDE 2. Chest 3. Airway 4. Limb 5. Head & Spine 6. Burns 7. Abdomen	1. Circulation 2. Paeds & Obs	1. Secondary survey		

WORK STATIONS

EXCELLENT	GOOD	AVERAGE	FAIR	POOR
1. Chest Drain 2. Transportation 3. Intubation practice 4. Fracture	5. Airway 6. C spine & log roll	7. CPR 8. Pediatric	9. Venous access 10. Analgesia	

SCENARIOS

All delegates gave excellent scores to the scenarios and found them to be the eye opener of the course. Most people realized that trauma alphabets are easily forgotten !!

CHANGES SUGGESTED ?

1. Merge the Primary and Secondary survey lecture as secondary survey lecture on its own gets consistently poor scores despite being delivered very well.



2. Tutors to talk less and make delegates do more by hands during skill stations.
3. Skill stations of Analgesia and IV access to be made hands on or be removed.
4. Instructors to talk slowly as delegates do not belong to their specialty
5. More time for Pediatric injuries.
6. Lectures to include pictures and videos of how not to do and how to do.
7. Make Analgesia a lecture instead of skill station.
8. Instructors to act as patients in the Scenarios.
9. Cricothyroidotomy session in the Skill station instead of Analgesia
10. Better quality book including the slide. Give a CD in addition.

11. Revision session after 6 months.

Multiple Choice Questions

New MCQs have been made in the true false variety with negative marking. Pre course and post course MCQ were matching to reduce any difficulty skew. All questions were dealt with in the course.



SCORE ON DAY ONE (PRE COURSE) -- 9 / 35
SCORE ON DAY TWO (POST COURSE) – 22 / 35
– **well done PTC faculty**

Teaching materials provided

Each member of the Foundation Course was presented with a copy of PTC Provider manual. 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.

Instructors would be given a USB drive loaded with all manuals and slides for future courses

Acknowledgements

I would like to thank the faculty members for taking time out of their busy schedule for the mission.

The Medical and non medical staff and IT department from ARAM Hospital

Mr Ansari without whose efforts, the course would not have happened.



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