

PTC NEWS

Edition 22

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THIS EDITION

In this edition, we feature:

- PTC Chairman Report on China
- PTC Course Report from Ethiopia

PTC Foundation Chairman Report on China

As you may be aware, we have been negotiating with the Ministry of Health in Beijing, and the Kadoorie Foundation, to run a 3 year trauma programme with the MOH in China.

We started this in 2002, with a visit to Shanghai with the WHO and independently did 4 small pilot courses in China.

In order to start this on a proper and sustained footing, it was felt important to negotiate a MOU with the MOH and then secure funding to run a 3 year PTC programme, so that the MOH could review, adapt and take ownership of the programme.

I am very pleased to announce, on behalf of all who have worked so hard in the last 8 years, that we have now signed MOU's with the MOH in Beijing and with the Kadoorie Foundation in Hong Kong and the first courses are planned for starting later in 2010.

The initial courses will be run in Xi'an, where the PTC courses have been running and will spread to 5 National Trauma Centres in year 1, followed by expansion in years 2 and 3.

I am indebted to all those who have made this finally possible, especially Lise Xiong, Stephen Swallow and TW Lee initially, who had the vision for China, and Roy Fenner, who has worked tirelessly to bring this about.

We will keep you posted re progress, and now the work of training begins. If anyone has an interest in helping with these courses, please let the Head Office know

Best wishes

Douglas Wilkinson
PTC Foundation Chairman

Primary Trauma Care Course Addis Ababa, Ethiopia September 21st – 26th 2009

Executive summary

- A team of PTC instructors from the UK, South Africa and The Netherlands went to Addis Ababa, Ethiopia, to teach Primary Trauma Care.

- The local coordinator of the course had selected 20 participants, consisting of specialists in general and orthopaedic surgery, gynaecology, anaesthesiology, paediatrics and internal medicine as well as nurses, all from the Addis Ababa metropolis, to follow the initial foundation course. For the subsequent course 16 Participants were selected from hospitals outside Addis.

- Following two two-day PTC founding courses, a one-day instructors' course was run, and it was there and then decided that PTC would be part of emergency service delivery in Ethiopia under the auspices of the Federal Ministry of Health.

Purpose of the visit

To visit Addis Ababa in Ethiopia to teach a PTC founding course and an instructors' course to senior specialists and nurses of different hospitals, to assist in establishing PTC as the standard trauma management system in the country.

Background

Following a request by the Ethiopian Society of Anaesthesiologists, it was decided that **Paul Borgdorff** would present and discuss PTC during their 2nd annual conference on the 1st and 2nd of November 2008. **Dr Borgdorff** gave an overview of PTC, its aims, its content and international perspective. He stressed the importance of a joint request from anaesthesiologists, surgeons and orthopaedic surgeons in order to plan a PTC founding course, including an instructors' course, in Ethiopia. During the discussion most doctors and nurses stated that the trauma management in the hospitals is either sub-standard or virtually non-existent. Additionally pre-hospital ambulance facilities are scarce. **Dr. Kunuz Abdela** of the WHO said that what Ethiopia

needs most is increased road safety and awareness of the public. This is of course a long road and he supported the need for improved trauma management. All agreed that PTC could boost the sense of urgency amongst decision makers in the country regarding trauma.

On the 24th of March 2009 the Addis Ababa University Medical Faculty and the Federal Ministry of Health jointly requested the PTC foundation to run a PTC founding course and to discuss the implementation of PTC as the trauma management system.

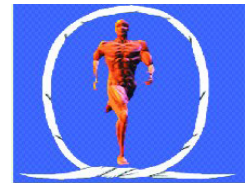
Healthcare provision with respect to Trauma

Ethiopia is one of the oldest countries in the world and with 80 million people Africa's second-most populous nation. Ethiopia has only 1 to 2.5 medical doctors per 100,000 people, and a total of 20 anaesthesiologists.

In 1999 trauma was one of the most common reasons to visit the casualty department of Black Lion Hospital in Addis Ababa (the national referral hospital), representing 25% and 62% of the surgical and orthopaedic admissions respectively.

A one-year (July 2005-June 2006) retrospective descriptive audit of injuries in public health facility of Addis Ababa was conducted using external causes of injury codes on the district health information system. A total of 1,044,025 patients were seen at the out-patient departments of health facilities under the health bureau of Addis Ababa city administration during the twelve months between July 2005 and June 2006 (health centers and hospitals). About 30% of all first emergency visits to any health facility in Addis Ababa were trauma related. This figure increased to 60% if only the hospitals were considered. Falls were the most common cause of first emergency visits and accounted for 37.7% of cases. They were exceptionally common in females aged over 65 years (52.2% of their injury related complaints). 34% of the first emergency visits were related to road traffic accidents. The majority of the patients, 26,854 (65.9%), were in the age groups of 15-44 years.

Of all patients who were admitted for trauma, 35% and 8% was following a road traffic accident and a fall respectively. Pedestrians are especially vulnerable to accidents, as well as men working in building construction, where weak wooden scaffolding is usual. Though from the statistics it seemed that mortality due to trauma was low, (6 over the 12-months study period), this was due to underreporting.



We were told that in Addis every day six people die in road traffic accidents alone. Some of the contributing factors include poor ambulance services, refusal of hospitals to accept patients and poor resuscitation facilities at some hospitals. It is striking that Ethiopia has the highest death rate per 10,000 vehicles per year of Africa and maybe of the world. Statistics vary between 114 and 180 deaths/10,000 vehicles annually. This compares very unfavourably with countries like Zimbabwe or South Africa each with 17 deaths/10,000 vehicles/year.

It was concluded that road traffic accidents are the most common reason for trauma in Addis Ababa, followed by falls. It is suggested that road safety should be improved and also that data collection and statistics should improve in order to draw meaningful conclusions.

Key staff involved in planning and co-ordinating

- **Local:**

Dr. Assefu Woldetsadik was the local coordinator, responsible for inviting the participants, liaising with the **WHO** and the ministry, organizing venue, food and drinks and arranging medical supplies and animals. **Dr. Aklilu**, internist and acting dean, **Dr Kunuz Abdella** representative of the **WHO** and **Dr Abraham Endesh**, deputy Director of Health Services of the Ministry of Health collaborated with Dr. Assefu organizing and financing the course.

- **International:**

Dr. Paul Borgdorff was the convenor and director of the course; the other instructors were **Dr. Sarah Bakewell**, **Dr David Oloruntoba** and **Dr. Paul Breedveld**. The chairperson of the Education Committee of the **WFSA**, **Jannicke Mellin-Olsen** has been involved from the onset.

Overall Timetable 19th to 29th September

Saturday 19th

Arrival of faculty in Addis Ababa

Sunday 20th

Preliminary discussion with **Dr. Assefu** and a visit to Black Lion Hospital casualty dept and intensive care

Monday/Tuesday 21st/22nd

Initial PTC foundation course

Wednesday/Thursday 23rd/24th
Subsequent PTC instructors' course

Friday 25th
Instructors' course

Saturday 29th
Return flights to UK, South Africa and Holland

Foundation Course Participants

Before the faculty left for Ethiopia the wish of the local organizers was discussed that all participants of the PTC course would participate in the instructors' course on Friday. The reason for this request was the fact that participants from both courses were all senior, the only difference being that those in the first group would come from Addis, while those in the second group would come from other cities in Ethiopia. This would mean that the group during the instructors' course would be quite large and that the newly trained instructors would not have the opportunity to practice what they had just learned. Nevertheless, for practical reasons it was decided to train the whole group of 40 participants on Friday. Twenty senior specialists in general and orthopaedic surgery, gynaecology, anaesthesiology, paediatrics and internal medicine as well as nurses, all from the Addis Ababa metropolis attended the foundation course on Monday and Tuesday. Sixteen specialists from mixed specialisms and nurses, all from hospitals in the different states in Ethiopia attended the PTC course on Wednesday and Thursday. Almost all attended the instructors' course on Friday. The names of the participants of the two courses are listed in full below.



St Paul Hospital

Dr. Seyoum Assefa Anesthesiologist
Dr. Ayelign Tsehay Surgeon

Black Lion Hospital

Dr. Bahiru Bezabih Orthopedics

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Addis Ababa University

Dr. Dereje Negash Orthopedics

Dr. Haileyesus Adam Paediatrics

Armed Force

Nurse Hintsu Nega Nurse



AAU-MF

Dr. Mersha Abebe Neurosurgeon

Dr. Nebyou Seyoum Surgeon

Dr. Adane Haile Surgeon

Dr. Sisay Teklu Gynaecologist

Dr. Assefu W/Tsadik Anaesthesiologist

Nurse Behailu T/Mariam Anaest. nurse

Dr. Robel Fikre GP

Nurse Sirak Gugsu Nurse

Nurse Tafesse Bekele Anaest. nurse

Dr. Tesfaye Alemu Paediatrics

Dr. Muluwork Tefera Paediatrics

Dr. Haile Orthopedics

Police hospital

Dr. Abiy Mulugeta Anaesthesiologist

MOH

Dr. Abraham Endesh Dep. Dir. Health Services

AAU-MF

Dr. Abenezer Tirsit GP

Minilik II Hospital

Dr. Biniyam Getu GP

Nurse Eyaya Taregne Anaest. nurse

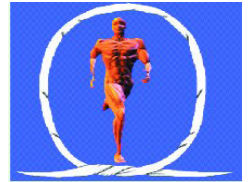
Armed force

Dr. Mekonnen Wordofa Orthopedics

AAU-MF

Dr. Aklilu Azash Internist

Dr. Philipos Kidane GP



Dr. Tsegazeab Laeke	GP
Dr. Azarias Kassahun	GP
Dr. Tsegazeab Laeke	GP
Dr. Azarias Kassahun	GP

Deder Hospital

Dr. Seid Salih	Surgeon
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Jimma University Hospital

Dr. Yemane Ayele	Anaesthesiologist
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Gondor University Hospital

Dr. Amezene T.	Surgeon
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Dr. Sahlu Wondimu	Surgeon
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Mekelle

Dr. Asmamaw Mirutse	Surgeon
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Haramaya

Dr. Gashaw Seid	GP
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Hawassa

Dr. Shimelis Assefa	Surgeon
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Dr. Chuchu Girma	
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Course Instructors

The visiting instructors were:

- **Dr Paul Borgdorff**, Consultant in Anaesthesia and Pain Management, Utrecht, Netherlands
- **Dr Sarah Bakewell**, Consultant in Anaesthesia and Pain Management, Gloucester, UK
- **Dr Davis Oloruntoba**, Consultant in Orthopedics, Umtata, South Africa
- **Dr Paul Breedveld**, Consultant in Trauma Surgery and Intensive Care, Maastricht, Holland



Drs. David Oloruntoba, Sarah Bakewell and Paul Breedveld

Contents and venue of the Foundation Primary Trauma Care Course

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 Black Lion hospital was a comfortable lecture hall, with excellent audiovisual aids like a digital projector, an overhead projector, and a whiteboard. The hall was large enough to accommodate twenty or more people. Besides, we could make use of several spaces on the same floor for scenarios and workshops.

Instructor course, Sunday 28th November

Following the two 2 day PTC courses all the participants proceeded to take part in the PTC instructor course, which was convened by Paul Borgdorff. This used the PTC instructor materials and a programme based on that in the Instructor manual, with presentations in the morning by all faculty on Adult Learning, Feedback and Questioning, Language Issues as well as the various teaching and presentation styles. Following this the course split into four large groups and did practical sessions on giving a lecture (coordinated by **Paul Breedveld**), teaching a skill (**David Oloruntoba**), leading a discussion group (**Sarah Bakewell**) and running a scenario (**Paul Borgdorff**). The day finished with a feedback session and then a discussion on the practicalities of running further courses. After a lengthy discussion, in which **Dr Kunuz Abdela(WHO)**, **Dr Abraham Endesh (MoH)**, the faculty and all participants took part, it was decided that PTC is the method of choice for the whole of Ethiopia for the management of patients with severe trauma. On the issue of establishing a PTC committee, it was decided that a present body, consisting of representatives of the different trauma units in Addis Ababa and of the Ministry of Health will be used for organizing PTC courses and for advancing PTC in Ethiopia. It was also concluded that during the next course a reduced number of overseas faculty should be present for assistance and monitoring.

Notes on delivery of the Courses and lessons learnt

- Different presentation styles were used during the Foundation course and instructor day to provide modelling for future courses, many of which will be taught in locations without complex AV equipment.

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 practicing scenarios.

Positive points:

Well- organized, relevant, informative.

Interactive, good feedback, culture sensitivity.

Enthusiastic, smart, friendly, harmonious faculty with good presentations and improvisation skills.

Location, food, audiovisuals, materials used and transport were all good.

Points which deserve improvement:

More scenario practice

Video presentations could be used to teach skills

CPR training could be included

Multiple Choice Questions

At the beginning and the end of the PTC course the participants were asked to fill in the MCQ's, which appear in the instructor's manual. The average pre-test score was 14.6 and 15 correct answers out of 23 questions in the first and second group respectively. The average post-test score was 19.5 and 21 in the first and second group respectively. The questions on CPR were excluded because this is not core course content.



Media coverage

There was no coverage in the Ethiopian media of this course.

Teaching materials provided

At the end of the PTC course a number of CDs of the electronic copies of the PTC materials together with the trauma picture slides was left with the founding committee.

Acknowledgements

Most local arrangements were done by **Dr Assefu Woldetsadik**, who did an outstanding job to make this course a success. We would like to thank her for this, often last-minute arrangements, and her great hospitality. We also wish to acknowledge **Dr Aklilu**



for all the preparations. We would like to thank **Dr Kunuz Abdella** of the **World Health Organization** and **Dr Abraham Endesh** of the **Ministry of Health** for their support and financial assistance.

Finally I would like to thank my fellow instructors **Sarah Bakewell**, **David Oloruntoba** and **Paul Breedveld** for dedicating their time to PTC and for their invaluable input during the course.

Dr Paul Borgdorff

**Consultant in Anaesthesia and Pain Management
Utrecht, The Netherlands**

(Course director)

**(The full report is now available to read online at
www.primarytraumacare.org)**

CONTRIBUTIONS

We welcome contributions for forthcoming issues of the Newsletter

- **Course reports and photographs**
- **Upcoming course details**
- **Country visits**
- **All PTC news welcome**

Please send items to:

admin@primarytraumacare.org