

PTC NEWS

Edition 31

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THIS EDITION

In this edition, we feature:

- PTC China - PTC Founder Letter
- PTC Report - Wuhan, China - (6-17/09/2010)
- PTC Report - Wuhan, China - (20-27/09/2010)

PTC CHINA



It is with great delight that I write to you concerning PTC's recent start of the Primary Trauma Care Programme in China.

As you may well know the PTC involvement in China has expanded over eight years and has been a slow boat coming. As you may remember we initially started in China with the WHO at the same time that Stephen Swallow and T W Lee organised a series of PTC courses in four cities in China including Beijing, Shanghai, Kungming and Xi'an. After these courses it became apparent that we would need to co-ordinate and work closely with the Ministry of Health should we to have any expansion within China.

For the last eight years I have been working with the Kadoorie Foundation to secure funding for a three year pilot as well as working with two separate directors within the Ministry of Health in China in order to set up a sustainable and cost effective trauma system in China. In the last four years I have been very grateful to Roy Fenner who has helped me enormously in this process, and the Director of the Department of Hospital Administration within the Ministry of Health, Yan Ying, has been key to our negotiations over the last three years.

After many last minute changes which threatened to derail the entire process we eventually had our opening ceremony in Wuhan in Hubei province in the beginning of September 2010. This was attended by the Ministry of Health and Dignitaries throughout China as well as representatives of each of the four National Trauma Centres where Primary Trauma Care was to be run in Year 1.



This month's newsletter is dedicated to two reports of the doctors who went out for two weeks each for the first month to train up the initial Chinese Instructors.

I am hugely grateful for Amaia Arana who was nominated the Medical co-ordinator for PTC while we set up the PTC project in China in the last two years. Work in standardising a new PTC examination thereby enabling the Ministry of Health to objectively assess candidates for the PTC two-day course as well as offering an assessment of the instructor course, has enabled the Minister of Health to offer 9 CME points for the successful completion of the PTC courses. I am also grateful to Jeanne



Frossard who essentially was involved in the first two weeks in co-ordinating the PTC course around my initial involvement in the first week.

The reports that you will read in this newsletter are the phase 1, where we trained the Chinese Instructors through interpreters in the two-day course and one-day instructor course. Phase 2 has already started as I write this in mid-November 2010, which includes overseas PTC Instructors going into China to coach them as the Chinese Instructors do their own two-day course and one-day instructor course themselves

Phase 3 starts in December 2010 whereby the PTC newly trained Chinese instructors will run the two-day course with the one-day Instructor course and also put Chinese instructors from the original Chinese courses in September on the ground to assess these courses themselves. Overseas PTC instructors will continue to intermittently and objectively assess these courses throughout the next three years.

I would like to thank all those who have been involved in this process, which has been very long and arduous in being resolved. In addition to the ones I have mentioned before I would like to thank Lize Xiong who was pivotal in getting PTC in Xi'an going. Unfortunately for many reasons we were not able to start PTC in Xi'an despite Xi'an being the one place from the first courses in 2002 that were still running courses.



Ye Ying, our Chinese Project Manager, has been pivotal in this whole programme in this last year. She is a very experienced administrator who has been pivotal to the success of the management of this PTC project since her appointment by the PTC Foundation earlier this year. I think it would be fair to say we would not have been able to start PTC courses in China without her. Many of you who have been into China in Phase 1 and 2 will be able to echo my thanks, I'm sure.

I do hope you find this of interest, and we will keep you informed as we go along.

Best wishes,

Douglas Wilkinson

PTC Founder

PTC REPORT WUHAN, CHINA

6th to 17th September 2010

1 Purpose of the visit

To provide the first 4 PTC & Instructor training courses in Wuhan, China. This is part of the project of exploring in three years the appropriate **Primary Trauma Care** training model suitable to Chinese context, especially that in the rural areas in China, and to establish PTC as the National Chinese Trauma Programme after eight years of negotiation. Planned cascade teaching should commence for one year in the first instance.

This will be the beginning of the establishment of the **Primary Trauma Care** training network in China. The initial first year will concentrate on training medics in the 4 National Trauma Centres, which will be responsible for the teaching and training of further doctors in over 50 hospital throughout China in year one. The cascade model of teaching will enable this straight forward course to rapidly move to District and rural areas in years 2 and 3.



2 Executive summary

Following lengthy negotiation with the **Chinese MOH** and the **Kadoorie Charitable foundation** a team of foreign instructors came to Wuhan in Hubei province. The team from overseas arrived on the

4th September. These consisted of:

- **Douglas Wilkinson (PTCF Founder and Chairman)**
- **Sir Terence English** (Expresident of the Royal College of surgeons, **Patron of PTC**)
- **Roy Fenner** (PTCF Director, Secretary General)
- **Keith Willett** (Professor of Orthopaedic Surgery, University of Oxford)
- **Jeanne Frossard** (Consultant Anaesthetist at UCLH London, course director)
- **Sanjay Paudyal** (Consultant General Surgeon, Kathmandu, Nepal)
- **Howard Kingus**, (Consultant General Surgeon, Umtata, South Africa)
- **YeYing VasbyBurnie**, (PTC China project manager)



In the first two weeks the instructors completed 4 basic PTC provider courses and 4 instructor courses training a total of 83 providers and 83 instructors.

3 Key staff involved in planning and coordinating

PTCF:

Douglas Wilkinson, Roy Fenner, YeYing VasbyBurnie, Amaia Arana

Examination Committee of Group 1 instructor:
Bruce Lister, Jeanne Frossard

MOH-NIHA:

Yan Ying, Huo TianQi, Sun XiaoYu, Guo ShuYan

Kadoorie Foundation:
Ronald Li

4 Professional aspects of the visit

It was fascinating for the instructors to apply the PTC course and principles to a place where there were many cultural differences and to see how the Chinese doctors adapted to teaching methods that were in general new to them.



We were also taken around the cardiac intensive care at The Union hospital, a 32 bed facility in a hospital for 2700 people.

5 Details of activities

In the first 2 weeks four basic course were completed and four instructor courses.

6 Subsidiary activities

Open Ceremony of **PTC China Training Program** was held 5th Sept in Union Hospital, Wuhan. 700 people attended the open ceremony, including representatives from **PTCF**, officials of **MOH**, officials of **MOH/NIHA**, representatives from **Kadoorie Foundation**, officials and staff from Union Hospital of Wuhan, Expert Group, Work Group, leaders of 4NTCs, **PTC** students to be, officials of hospital that **PTC** students come from, leaders of City Level Training Centre, officials of hospitals in the city of regional training centre. Speeches were given by representatives of various parties. Please refer to Appendix II open ceremony agenda for more details.

Day tour to the places of interest in Wuhan was arranged by Union Hospital on 11th Sept Saturday. 2 Day tour to big dam was arranged by Union Hospital on 18th Sept Saturday.

PTC instructors team together with interpreters team go together for Kalaoke 10th Sept Friday.

PTC instructors were invited for banquets arranged by Union Hospital Wuhan leader and by Wuhan Training centres.

PTC instructors went to local shops, streets, restaurants and message place every day after finishing the teaching, assisted by staff from Union Hospital Wuhan.

7 Media coverage

Over 10 newspaper and news websites reported the open ceremony and launching of PTC training program in China, including Xinhuanet.com, News.china.com.cn, science and technology daily newspaper, Chu Tian Du Shi newspaper, East China Health, etc..

http://www.chinadaily.com.cn/dfpd/hubei/20100909/content_843494.html

http://health.ifeng.com/news/news/detail_2010_09/06/2442127_0.shtml

<http://news.pharmnet.com.cn/news/2010/09/06/306254.html>

http://www.stdaily.com/kjrb/content/201009/06/content_226766.htm

http://news.china.com.cn/rollnews/201009/10/content_4234345.htm

<http://hb.people.com.cn/GB/194146/194148/12645700.html>

<http://hb.qq.com/a/20100907/001720.htm>

<http://www.zghdjk.com/info/135298.htm>

<http://www.cei.gov.cn/index/serve/showdoc.asp?Color=Eight&blockcode=wnzcg&filename=201009061625>

<http://www.chncare.com/2010/0908/650.html>

<http://news.houstonline.net/html/201096/73166.shtml>

8 Contents of the PTC course

The basic PTC course was followed to the letter for the first course whilst the foreign instructors observed any adaptations that were needed immediately for China. As we had to work entirely with translators we just kept to the slides. There were instant modifications as the programme now included a pass fail assessment. The assessment was done on the MCQ result and a ten point assessment on the primary survey in a standard scenario. The same scenario was used for all candidates we had to work entirely with translators we just kept to the slides. No pictures were added. It was felt that these would be appropriate to add later when the local instructors were adapting their own course to the local environment.

Facility

The facilities were excellent. We were housed in the skills centre at Wuhan Union Hospital and they had power point facilities for the slides in English and Chinese. There was also a black board and a white board. It was a small cosy lecture theatre that was well laid out. Attached was a facility with many trolleys and dummies which were excellent for skill stations and scenarios. The course started half an hour ahead of schedule. The standard format was followed. Local trauma perspective was covered by a local doctor. All went well with the lectures but they were probably rather boring to listen to as they were in translation.

The dummies were used for the skill stations and a slaughtered goat was produced for chest drain insertion and the larynx was used for surgical ricthyroidotomy. This worked very well. The list of ancillary equipment was produced but there is possible room for expansion of the list. It is not entirely clear in the manual that they need the basic list plus the lists from the skill stations.



9 Summary of PTC Courses

• Course 1: Week 1 Day 1

This day was very hectic as we had not met anyone and everything needed to be done in translation. Despite this there were very few problems.

• Course 1: Week1 Day 2

This went remarkably smoothly. The manual and timetable have a couple of areas of conflict which were noted.

The order of the slides in the instructor and course manual is:

Abdominal trauma (30 mins)

Head and spine trauma (30 mins)

Limb Trauma (30 mins)

Trauma in children and pregnancy (30 mins)

On the standard timetable

Head and spine (30 mins)

Abdominal and limb (30 mins total instead of 1 hr total) However it is quite possible to put all into 30 mins total.

Trauma in children and pregnancy (30 mins)

This has caused confusion with the timing of the lectures and the order of the slides. It was felt that the programme should be changed for clarity.

We have decided on an arbitrary pass rate of 24 for the final MCQ and everyone achieved this but as the course progressed we noticed that there was lot of conferring and so the final results would not be very accurate.



In the afternoon the scenario time was cut from 90 mins to 60 mins as the extra 30 mins were used for them to do the MCQ and evaluation form whilst they were called out to do an assessment scenario with only the foreign instructor and translator.



evaluation and progressed to the instructor course

- **Course 4: Day 1 and 2**

This day was almost completely given over to the translators with the foreign instructors observing and giving them comprehensive feedback about all their performances in lectures and scenarios etc..

13 Summary of PTC multiple choice questionnaire scores before and after the course

For 83 students trained in the first 4 courses, the average mark of MCQ is 18.9 for precourse and 26.5 postcourse. Please refer to the 'PTC students and course Information' document for details.

14 Summary of the Instructors course

The ideas about interaction during lectures, scenario teaching, discussion groups and feedback were almost unanimously new to them and so for them to use the methods involves a big cultural shift.

By the third instructor course two of the translators had to perform completely independently as we were running parallel course and only had five foreign instructors. They rose to the occasion extremely well. The fourth instructor course they ran almost entirely by themselves with feedback from us.

Evaluation of the instructors course proved tricky with the first form as not all sections were relevant to each domain so a modification was done and then modified again. The final version was piloted on the 4th course. This made the statistics complicated but was worth it to get it as easy to understand as possible.

The final evaluation session was done as a brain storming, which went well and highlighted what can be improved about the instructor course. They were very happy with the teaching methods that were new to them especially the discussion group and the scenarios. By the last instructor course the translators that gave the lectures in general, got better feedback than the foreign instructors and so it shows that something was being lost in translation.

15 Evaluation of the success and relevance of the visit

Please refer to the information in 'PTC Course and Students Information' for details.

16 PTC Course and Instructor course participants

Four PTC courses and four instructor courses are

They all achieved 7 which is the passmark that we had decided on. We decided that everyone should do the same scenario as this would standardise the assessment.

- **Course 2: Day 1 and 2**

Due to the lack of foreign instructors and the difficulty of accurate translation the local translators responsibility started to devolve to the translators. It has been decided that if they complete attendance and translation at two PTC courses and two instructor courses then they will automatically become instructors. After having completed one course they had all gained greatly in confidence about the course content and the PTC concept.

Everyone passed the MCQ and assessment scenario and proceeded to the instructor course.

- **Course 3: Days 1 and 2**

Further devolution of responsibilities was given to the translators and the performance was good. We were doubling up with an instructors course and due to the lack of foreign instructors they had to take on considerable responsibility and work on their own without feedback. They rose to the challenge and reported back that they really enjoyed the responsibility. We were very careful to give them feedback after each lecture or demonstration. They tended to give the lectures a bit fast as they had only seen them given in translation and did not realise that they had to expand the lecture to the time. This will soon come with practice very rapidly. The Translators gave the first lectures on this course and it was decided for future that these should be given by the foreign instructors as the participants expected this. The power failed at one stage and a local emergency doctor got up and gave a black board lecture superbly with 3 mins warning. A fantastic demonstration of the PTC concept.

Everyone passed the MCQ and the scenario



provided during period of 6th Sept to 17th Sept. 83 students (including 3 visits who attended and passed the exams) attended the 2 day PTC and 1 day Instructors. These students come from 30 different hospitals in the provinces of ShangDong, GuangXi, HeNan, HuBei, LiaoNing. They are from the Emergency Department, Pathology Department and Gynaecology Department. The majority of the participants were from the departments of emergency and anaesthesia.

Please refer to the Appendix I for the names and other details of each participant on PTC courses and Instructor courses.

17 PTC Course and Instructor course instructors

Jeanne Frossard (Consultant Anaesthetist at UCLH London, Course Director)

Sanjay Paudyal (Consultant General Surgeon, Kathmandu, Nepal)

Howard Kingus, (Consultant General Surgeon, Umtata, South Africa)

Bruce Lister (Consultant Anaesthetist, Brisbane Australia)

Caroline Grange (Consultant Anaesthetist, Oxford), arrived for the second week)

David Oluntoroba was meant to arrive but sadly he had visa problems and was deported from Beijing back to south Africa and so we were short of one instructor for the start up course

Omar Lodi was also due to arrive for the second week but was unable to come because of visa problems.

18 Course statistics

Methodology of examination of the candidates are being finalised but it was discovered that with retesting of few candidates everybody passed both sessions.

19 Observations and recommendations for future visits in your speciality and suggestions as to how such visits could be modified to contribute further to the projects objectives

It is felt that as soon as the local instructors get teaching in Chinese in their local hospital they should have very few problems. There are many problems dealing with lectures in translation and once that problem is out of the way I am sure that they will become excellent lecturers using their own examples from China. There are many cultural differences with teaching methods and sometimes it was difficult to explain the PTC concept but usually this was fine in the end. The exam is something new and is not yet very robust. It was felt that doing the exam took away

half an hour of valuable scenario time but maybe a quick demonstration scenario prior to the scenario practice would be a good idea. The concept that they can adapt the course themselves is not always entirely clear but this will come when they start to run their own courses.

20 Details of any teaching or other material provided

Chinese copies of PTC Manual and Instructor Manual, and PTC Slides and Instructor Slides.

It was decided to give the instructor manual to the successful candidates the night before the Instructor Course.

21 Acknowledgments

PTC UK would like to thank all the ancillary staff who did a wonderful job running the course smoothly.

Especial thanks to **YeYing**, all the translators and translator coordinators, the on site administrators. The skill lab staff and the caterers.

PTC REPORT WUHAN, CHINA 20th to 27th September 2010



1 Purpose of the visit

To continue to provide the second group of PTC & Instructors training courses in Wuhan, China, as part of the three years project of Primary Trauma Care training model suitable to Chinese context. The first 4 PTC & Instructor training courses were provide from the 6 Sept to the 17 Sept also in Wuhan.

2 *Executive summary*

Most of the team from overseas instructors for this group arrived to Wuhan in Hubei province on the 19th September. These consisted of:

- **Dr Amaia Arana** (PTC China Medical coordinator. Paediatric anaesthetist, from the UK)
- **Dr Suzi Nou** (Anaesthetist, from Cambodia)
- **Dr Haydn Perndt** (PTCF Trustee member. Anaesthetist, from Australia)
- **Dr Caroline Grange** (Anaesthetist, from the UK)
- **Dr M. Saeed Minhas** (Orthopaedic surgeon, from Pakistan)
- **Dr Marcus Skinner** (PTCF Trustee member from Australia)



Dr Jeanne Frossard gave an overview to the group before she left, of what happened during the previous two weeks of group 1.

Dr Caroline Grange was also in Wuhan during the 2nd week of the group 1, and stayed with us during the first week of our group. Her contribution was very valuable as a bridge of continuity between the 1st and 2nd group.

Dr Marcus Skinner joined us for the courses from the 25th to 27th September when the amount of students was doubled in order to complete the planned amount of students programmed during group 2, which time was shortened due to the coming Chinese “Golden Week “ holiday.

The group got on nicely and worked very well together.

During the group 2 we completed 4 basic PTC basic courses and 4 instructor courses. Courses 3 and 4 emerged together for the reasons above mentioned.

A total of 84 new training providers and instructors were trained: 22 in the 1st course, 20 in the 2nd course, and 42 during the 3rd and 4th courses.



3 *Key staff involved in planning and coordinating*

PTCF:

Douglas Wilkinson, Roy Fenner, YeYing Vasby-Burnie, Amaia Arana

All the PTC Instructors mentioned in point 2 together with the new trained Chinese Instructors

MOH-NIHA:

Yan Ying, Huo TianQi, Sun XiaoYu, Guo ShuYan

Kadoorie Foundation:

Ronald Li

4 *Professional aspects of the visit*

It was very interesting, and certainly challenging, to teach the PTC course in a setting with many cultural differences, particularly the language and the scripture. The Chinese doctors were exposed to teaching methods new to them, in general they felt very interested but they found the course somehow not long enough to get familiarised with them, but surely they curiosity was awakened.

The student's assessment process is a new thing introduced during the PTC courses for the China project, and was interesting to see how it is evolving in order to become adapted to the Chinese requirements, practical and fair. We were taken around the Cardiac Intensive Care, and the Accident & Emergency Department at The Union Hospital.

5 *Details of activities*

The courses were imparted jointly by the foreign instructors and the new Chinese instructors who had already attended the previous 2 weeks.

In the first week 2 basic courses and 2 instructor courses were completed. Over the weekend and the following Monday we have to amalgamate the students of 2 courses together, and another basic course and instructor course were accomplished; neither the instructors nor the students felt that this should be recommended in the future.

6 *Subsidiary activities*

During the morning of the 2nd Instructor's course, on the 24th September, we were visited by of **Dr Wang Zong**, Deputy Director of the Emergency Department, Pekin Union Medical College Hospital and in charge of the Emergency Medicine doctors



involved in the project. He attended the session as an observer.

At the closure of the courses, on Monday the 27th, we received the visit of **Prof Yoco Shanglong**, President of the Union Hospital, Wuhan, and **Mr Yan Ying**, Chief of NIHA, both of them gave closing speeches.

That evening we were invited to dine by **Mr Yan Ying**, and we had the opportunity to try the most exotic dishes. Following that we were taking to the Yangtze River Harbour where we lighted up balloons in honour of the long life and success of **PTC China**. We ended the night in a Chinese Tea House where we tasted different types of teas.

Our stay in Wuhan coincided with the Moon Festival during which the Chinese people eat the delicious “Moon Cake”, which we had the opportunity to try. Most nights the **PTC** instructors were taking out for dinners arranged by the new Chinese instructors and by Wuhan Training centres. We were exposed to buffets, round-tables, “hot pot”...a most interesting cultural experience.

At the end of a hard working day some of us ventured to try the “delights” of Chinese massage.

7 Media coverage

Covered during the preceding two weeks.

8 Contents of the PTC course

The standard format, with the adjustments to the programme implemented following the experiences during the courses in group 1 to accommodate the assessment process and to adapt the courses for China, were followed. The courses started half an hour ahead of schedule. Local trauma perspective was covered by a local doctor interacting with the audience in all the courses. As the foreign instructors had to work entirely with translators we just kept to the slides. However, we encouraged the new Chinese instructors to take a very active part, recommending explanatory expansions of the slides that they were more suited to do. No pictures were added during the lectures, and this as well as the use of videos was mentioned as desirable in several occasions by the students during the courses evaluation. It was recommended that these would be appropriate to add later when the local instructors were adapting their own course to the local environment.

Assessment

The foreign instructors as well as the new Chinese instructors took part in the assessment process, as we judged this necessary to familiarise them with the procedure.

As during the 1st group the assessment for the **PTC** basic course was done on the MCQ result and a ten point assessment on the primary survey in a standard scenario, which at any one time was the same for all the candidates. In the afternoon the scenario time was cut from 90 mins to 60 mins as the extra 30 mins were used for them to do the MCQ and evaluation form whilst they were called out to do an assessment scenario. We followed the decision taken by group 1 on an arbitrary pass rate of 24 for the final MCQ and a 7 pass mark for the scenario. Everyone achieved this, although we needed to repeat the scenario in 4 candidates, when this was judged necessary the examiners were changed.

During the instructor’s course the “Evaluating **PTC** Instructors” form (which has a slight further modification since the 1st group) was filled up during the 120 mn Workshops session in the afternoon. That didn’t allow all the candidates to demonstrate their abilities in all the different presentations styles, which they commented it would have been desirable, however it is difficult to know how to accomplish that without increasing the length of the day. The pass mark for the Instructors course was 5, all the candidates achieved that mark.

Perhaps in the future it might be desirable to consider a different mark for “passing” and for “becoming an instructor”.

Facility

The facilities were good. We were housed in the skills centre at Wuhan Union Hospital and they had power point facilities for the slides in English and Chinese. There was also a black board and a white board; we could have done with another white board during the small groups over the weekend courses. It was a nice lecture theatre that we utilised when we were overlapping one group’s basic course with another group instructor’s course, as well as over the weekend when we have to joint two groups together. Attached was a facility with many trolleys and dummies for skill stations and scenarios. We were somehow short of equipment during the skill stations (laryngoscopes, cervical collars,...) particularly during the weekend when we had a double amount of students. All considered things worked fairly well.

The dummies were used for the skill stations and a



slaughtered goat (two during the weekend) was produced for chest drain insertion and the larynx was used for surgical cricothyroidotomy. This worked very well.

9 Summary of PTC Courses

Every day, at the end of the working day, the foreign instructors together with the new Chinese instructors have a meeting to evaluate how the day went, what was needed to be changed, and to allocate the teaching sessions and workshops for the following day. The input from the Chinese instructors during these sessions was most valuable. During all the courses, and from the beginning, the teaching sessions as well as the assessment processes were shared between the foreign instructors and the Chinese instructors from the 4 different NTC. Occasionally this needed a bit of pushing, but it was judged necessary as from now on they will be the organisers of the following courses. Most of them were well motivated and participated very actively as they were gaining confident. By the end of the courses most of the new Chinese instructors from all the NTCs have experienced all the aspects of the delivery of the courses.

- **Course 1: Week 1 Day 1**

Every thing went reasonably well considering all of us were new to each other, and we were needing to be used to the new environment, translators,...

The contribution from **Dr Caroline Grange** was very helpful as she was more familiar to the situation having been there the previous week.

- **Course 1: Week1 Day 2**

This was better. The manual and timetable have a couple of areas of conflict as were noticed by group 1.

The order of the slides in the instructor and course manual is:

Abdominal trauma (30 mins)

Head and spine trauma (30 mins)

Limb Trauma (30 mins)

Trauma in children and pregnancy (30 mins)

On the standard timetable

Head and spine (30 mins)

Abdominal and limb (30 mins total instead of 1 hr total). We though this was a bit short as the time was overrun even when the Chinese instructors were lecturing.

Trauma in children and pregnancy (30 mins)

As during the 1st course this caused confusion with the timing of the lectures and the order of the slides, although as this problem was previously experienced was overcome more easily. However,

as recommended by group 1, it was felt that the programme should be changed for clarity.

In day 3 the 1st Instructors course overlapped with the 1st day of the 2nd basic course. The instructors were allocated to one or other course.

- **Course 2: Day 1 and 2**

Went well

Course 2 – Instructors course: all the foreign and Chinese instructors took part in this course and were exposed to the assessment process using the “Instructors Evaluating form” which needs a bit of practice to get used to. During the assessment process the instructors who already had used the form during previous courses were coupled with the ones who didn’t yet to help them with the understanding of the process.

For the practical sessions during courses 1 and 2 the students were divided in 5 groups of 4 or 5 students.

- **Courses 3 and 4: Days 1 and 2**

There were 42 students for theses courses. This was certainly overcrowded and commented by the students. It was decided to have all the students together in the lecture theatre for the lecture sessions. For the practical sessions the students were divided in 8 groups of 5 or 6 students each.

To the request of the Chinese instructors, who opined that the participants were expecting to listen to the foreign instructors, the lectures during day 1 were given by the foreign instructors. In day 2 the Chinese instructors gave all the lectures. Both days the practical sessions (scenarios, skill stations...) were shared by everybody.

The Instructor’s course on day 3 went fine.

During courses 3 and 4 the evaluation process was requiring quite a bit of coordination to assess the double amount of students and finishing the courses on time.

In all the courses everyone passed the MCQ and assessment scenario and proceeded to the instructor course. All of them passed the instructors course with a score of more than 5.

The amount of translators was no more than 3 at any one time, and they were of different capabilities. Due to this we were obliged to use the English speaking Chinese instructors to double up with the foreign instructors, that was a limiting factor during the allocation of the instructors in the practical



sessions of small groups. Also we have to leave on their own, to perform completely independently all the time, the no English speaker new instructors, as we were needing the English speaking ones to double up with us, they did remarkably well though. Ideally we could have done with more translators.

10 Summary of PTC multiple choice questionnaire scores before and after the course

The average score of pre-course MCQ is 18.4, post-course is 27.1.

11 Summary of the Instructors course

Only about half of the students had teaching commitments as part of their jobs. Even to those with teaching commitments the ideas about interaction during lectures, scenario teaching, discussion groups and feedback were new to them. They show a great interest and excitement for these new methods, but they felt one day course was not enough to make good teachers of them.

Because time restrictions we have to use the 120 mn Workshop afternoon session of the instructor course for the evaluation of the students, which other wise will have give them the opportunity to practice. They though it was a bit unfair that the first time they have to practice as teachers was the one to evaluate them. Unfortunately, it was nothing much we could do about it due to the circumstances but it might be something to take into account by the Chinese in the process of adapting the courses to their needs. On the whole I think they were quite impressed with these new concepts, and from that point of view was a success.

The final version of the evaluation form, which is slightly different to the last suggested by group 1, was adopted after taking into account the comments from the Chinese instructors. The black boxes have been removed and a N/A (not applicable) option added for the situations in which this particular space cannot appropriately be evaluated. The N/A should not be taking into account when calculating the average. The use of the form needs a bit of practice to get use to, and it is recommended that whoever is going to use it should have seen it been used before. We finalised all the courses, basic and instructors courses alike, with a feedback sessions from the students to the instructors. These sessions were carried out in a brain storming mode where the students have the opportunity to comment on what they liked about the courses and what could be improved. They were very happy with the teaching methods, especially the discussion groups and the scenarios were highly rated. The systematic

approach and the practical aspects of the courses were also very well commented. On things to be improved they suggested the addition of pictures, videos and more clinical examples to illustrate the learning points. The lack of time to practice the scenarios and teachings skills was reiterated in several occasions. Every one acknowledged the cultural, and particularly the language limitations on the delivery of the courses, this should be easily overcome when the Chinese take over. Overall, the students as well as the instructors enjoyed the courses and considered them a very interesting experience.

12 Evaluation of the success and relevance of the visit

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13 PTC Course and Instructor course participants

Four PTC courses and four instructor courses were provided during period of 20th Sept to 27th Sept. A total of 84 students attended the 2 day PTC and 1 day Instructors. These students come from different Chinese provinces. The majority of the participants were from the departments of emergency and anaesthesia, but they were also some students from the Obstetric and Gynaecology Departments

14 PTC Course and Instructor course instructors

As well of the foreign instructors mentioned in point 2, several Chinese instructors from the 4 different NTC centres were active part of the faculty

- From Hu Bei province: **Dr Wang Jie, Dr Qi Hong, Dr Fan Hong and Dr Yang Dong**

- From He Nan province: **Dr Wu Hao and Dr Zhang Jie**

- From Guang Xi province: **Dr Lin Yunan and Dr Ning Zong**

- From iau Ning province: **Dr Chen Jie and Dr jiang Yu**

15 Course statistics

84 students all passed the exam of the PTC course. 84 students all passed the assessment of the Instructor course.

16 Observations and recommendations for future visits in your speciality and suggestions as to how such visits could be modified to contribute further to the projects objectives

Many of the problems due to cultural differences and translation will be overcome when the Chinese take over the programme.

The concept of the PTC, and the possibility of adapting it to different settings, was understood by new Chinese instructors who had the opportunity to join the courses during the 4 initial weeks.

The newly introduced teaching methods were welcome and will become second nature with practice.

The introduction of the exam required some changes in the program and might still need some evolution. It was considered desirable to have a “named” course coordinator working in the ground in each province.

17 Details of any teaching or other material provided

Chinese copies of PTC Manual and Instructor Manual, and PTC Slides and Instructor Slides.

18 Acknowledgments

PTC UK would like to thank to all the people who in some way contributed to make these courses in China a reality.

(These reports are also now available to view 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:

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