

PTC NEWS

Edition 4

CONTACT DETAILS

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FEBRUARY 2006

SEASONS GREETINGS

We would like to take this opportunity to send Seasons Greetings to all our friends and colleagues around the world

PTC PATRON

SIR TERRENCE ENGLISH KBE

The Primary Trauma Care Foundation is pleased to announce that Sir Terrence English KBE FRCS has agreed to be Patron of the organisation.

Specialising in cardiothoracic surgery, Sir Terrence performed Britain's first successful heart transplant.

He is a Fellow of the Royal College of Physicians of London, Royal College of Surgeons of Edinburgh and the American College of Cardiology.

We will provide a more in-depth profile of Sir Terrence in the next edition.

PTC PROFILES

Rob McDougall

PTC Executive Committee



Rob is a Paediatric Anaesthetist at The Royal Children's Hospital, Melbourne, Victoria and has been a Member of The Education Committee of The WFSA since 2000.

He has been involved with PTC since 1999 and has taught PTC extensively in Pacific, Indonesia and Vietnam and is currently working towards the introduction of PTC to Mongolia.

His professional interests include anaesthesia for paediatric burns surgery, anaesthesia for paediatric airway surgery, Advanced Paediatric Life Support Instructor, Education in Anaesthesia.

Rob's other interests are swimming, Real Tennis, Australian Football and keeping three small children under control.

Haydn Perndt

PTC Foundation Trust Board

Clinical Senior Lecturer, University of Tasmania, Consultant Anaesthetist Royal Hobart Hospital.

Haydn has lived and worked for over twenty years in under developed countries.

His first overseas experience was as a volunteer in a one hundred bed hospital, on the island of Espiritu Santo. Since then, he has worked in Africa, Asia, the Americas and extensively throughout the Pacific region he has also undertaken Red Cross assignments during the civil wars in Cambodia, Somalia and East Timor.

He is currently a member of the Australian Society of Anaesthetists Overseas Aid Subcommittee, formerly chairman of the Education Committee, World Federation of Societies of Anaesthetists.

Awards include the Australian Society of Anaesthetists Gilbert Troup Medal, Pacific Society of Anaesthetists honorary life membership, Ugandan Society of Anaesthetists Distinguished Service Award, Australian Government Certificate of Appreciation and the Australian Society of Anaesthetists President's Award.

COUNTRY PROFILE

PRIMARY TRAUMA CARE COURSE MASERU, LESOTHO

April, 4th-8th, 2005

Executive summary

- A team of PTC instructors from the Netherlands went to Maseru, Lesotho, to teach Primary Trauma Care.
- A preliminary discussion about the PTC program between the overseas instructors and the local organizing committee was held.
- The local coordinators of the course had selected 20 participants, consisting of surgeons, orthopaedic surgeons, nurses and paramedics to follow the founding course.
- A two-day PTC founding course, a one-day instructors' course, and a second PTC-course were run.
- A local PTC committee consisting of doctors was set up during the instructors' course.
- A presentation about trauma in developing countries and Primary Trauma Care was organized to introduce the concept to key health officials and medical specialists of Lesotho.

Purpose of the visit

To visit Maseru, the capital of Lesotho to teach a PTC

founding course, an instructors' course and a second PTC course to doctors and nurses of different hospitals, to discuss the establishment of an ongoing PTC program in Lesotho and to assist in forming a PTC founding committee to implement such a program.

Background

Some years ago Dr. Henk Haisma was approached by Dr. Oloruntoba, orthopaedic surgeon of Queen Elizabeth II hospital in Maseru, requesting a PTC founding course for Lesotho. Dr. Oloruntoba had already designed a program for the treatment of musculo-skeletal trauma in district hospitals, and believed that this program might combine well with Primary Trauma Care. The request for PTC was forwarded to Dr. Paul Borgdorff, who had worked in Lesotho before. In August 2004, during his holiday trip to Lesotho, he met Dr. Letsie of the Disease Control Unit and member of the executive committee of the Lesotho Medical Association. On behalf of the Lesotho Medical Council (LMA), she invited PB to present the PTC concept during a meeting of the LMA on the 15th August 2004. The presentation was supported with a custom-made PowerPoint slide show, summarizing the most important aspects of PTC. Thanks to the efforts of Dr. Letsie PB was (re)introduced to the then Director General of Health Services (DGHS), Dr. Ramatlapeng, to discuss PTC in her office on the 24th of August. We had a fruitful discussion about trauma in general, and PTC and ambulance services in particular. Dr. Ramatlapeng agreed that trauma is indeed a major health problem in Lesotho and stressed the importance of including a continuous education program regarding PTC in the annual budget of the Ministry of Health (MoH). PTC supports this idea fully: the PTC foundation will pay whatever possible to get PTC started. A continuous program, however, is better managed and budgeted for by the MoH.

On the 12th of March 2005 the PTC faculty held a meeting in Utrecht to discuss the content of the course and practical arrangements.

Following this, the team travelled to Maseru to teach the course as described below.

Healthcare provision with respect to Trauma

Lesotho is a land-locked country, roughly of the size of Belgium, and is completely surrounded by South Africa. The population is estimated to be 2 million. One-third of the country consists of flat land and foothills, the remainder is very mountainous with peaks up to 3400 meter. This makes a large proportion of the country difficult to access. Health is provided by a referral hospital in Maseru, with specialist care available, 18 district hospitals, both government and mission, clinics which are run by specialized nurses and village health posts, run by Village Health Workers.

Trauma is a significant problems, and is after AIDS the most important cause of death of the population in the age group 16-45 years. The most common cause of death in trauma patients is head injury, caused by motor vehicle accidents and human inflicted violence (assault). An estimated 400 people die each year in motor vehicle accidents, thus showing the highest traffic accidents mortality rate in Africa after Ethiopia. Ambulance services are only used for inter-hospital transfer of patients. Patients are brought to the emergency department by relatives or bystanders.

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Key staff involved in planning and co-ordinating

• Local:

Dr. David Oloruntoba has been the initiator of PTC in Lesotho. He approached Dr. M. Letsie for assistance of the Lesotho Medical Council and the Ministry of Health. They selected the venue, approached participants and arranged all materials for the lectures and the skill stations



• International:

Dr. Paul Borgdorff, anaesthesiologist, was the director of the course; the other instructors were Dr. Henk Haisma, Dr. Kees Punt, both anaesthesiologists, and Dr. Paul Breedveld, surgeon. Mrs. Dian Wilkinson came over from South Africa to teach the instructors course.

Overall Timetable

Saturday 2nd April

Arrival of faculty in Maseru, course planning

Sunday 3rd April

Meeting with the local organizing committee to plan the course

Monday/Tuesday 4th/5th

PTC foundation course

Wednesday 6th April

PTC instructors' course and in the evening an introduction of PTC to key health officials and most senior specialists by Dr. Paul Borgdorff

Thursday/Friday 7th/8th

PTC course

Saturday 9th April

Visit to the casualty department, surgical wards and operating theatres of Queen Elizabeth II hospital.

Foundation Course Participants

Nine senior doctors, three anaesthetic nurses, three paramedics and one general nurse attended the founding PTC course. Eight doctors attended the instructors' course with great enthusiasm. They had been selected by the local organizers. The names of the participants are listed below. The eight doctors who attended the instructors course elected a PTC

founding committee amongst themselves at the end of the instructors' course. The members of the PTC committee are indicated with an asterisk.

Disease Control Unit

Mrs. Khasiane, K. Nurse

QE II

Dr. Mojela, A.M.* Orth. Surgeon
 Dr. Oloruntoba, D.O.* Orth. Surgeon
 Dr. Mohapi, T.* General Surgeon
 Dr. Adnan, S.M.* General Surgeon
 Dr. Kingu, H.J.* General Surgeon
 Dr. Wani, N.L. General Surgeon
 Mr. Mara Anest. Nurse

Mokhotlong Hospital

Dr. Mayiza, M.R. MD

St. Joseph, Roma

Dr. Samson-Akpan, U.* Obstetrician
 Dr. Mohapi, M. Anest. Nurse

Mohale Clinic

Dr. Mabathoana, M.C.* MD

Scott Hospital, Morija

Dr. Namane, L. Anest. Nurse

Makoanyane Hospital

Mr. Ntoana Paramedic
 Mr. Sehoho Paramedic
 Mr. Bereng Paramedic

Course Instructors

Dr Paul Borgdorff

Consultant in Anaesthesia and Pain Management, Utrecht, Netherlands

Dr Henk Haisma

Consultant in Anaesthesia and Intensive Care, Groningen, Netherlands

Dr Kees Punt

Consultant in Anaesthesia and Intensive Care, Heerlen, Netherlands

Dr Paul Breedveld

Consultant in Surgery and Intensive Care, Maastricht, Netherlands

Mrs. Diane Wilkinson

Educator and educationalist, Oxford, UK

Care Course

The course was opened by the Director General of Health Services, Dr. Moorosi. 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, flip-overs and group discussion.

The venue in Ba'mbata Tsita, a lecture hall in a large sports arena convention centre, was smaller than anticipated, with audiovisual aids like a digital projector and flip-over sheets. We could make use of several spaces on the same floor for scenarios and workshops. Most participants were accommodated in the same conference centre

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After the course

The founding course was closed by Dr. Letsie, who thanked all the participants for their hard work and dedication. She thanked the faculty for their assistance in founding PTC in Lesotho. Following that the certificates were handed to the participants by her and Paul Borgdorff. During the evening of Wednesday 6th April the PTC team were given the opportunity to introduce the PTC concept to key health officials. Paul Borgdorff gave a presentation about the origins of PTC, its philosophy and content.



Instructor course, Wednesday 6th April

Following the 2 day PTC course 8 out of ten doctors in the founding course proceeded to take part in the PTC instructor course. On Tuesday Diane Wilkinson arrived at the Maseru Bridge Border Post, and she directed the instructors' course. This one-day course used the recently finalised 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 groups and did practical sessions on giving a lecture and leading a discussion group (DW and KP), teaching a skill and running a scenario (HH and PB).

The day finished with a feedback session and then a discussion on the practicalities of running further courses, during which an executive committee among the Foundation Faculty was established.

PTC course, Thursday 7th April

On Thursday, the eight instructors, who were trained on Wednesday conducted a second PTC course for the participants mentioned below, directed by Dr. Oloruntoba and supervised by the overseas faculty. Again, doctors, nurses and paramedics were trained, 22 in total. The format of the course was the same as the PTC founding course. All the lectures were presented by the local instructors.

Road safety department

Khoapha Makhele
 Kinini Mathews

QE II

Ntoetse Theko Nurse
 Phano Masia Anest. Nurse

Berea Hospital

Mamabea Ratsiu Nurse

St. Joseph, RomaDr. Ekofo Lofembe M.D.
Valentine Mantutle Nurse**Mohale's Hoek**

Dr. M.C. Makhube Priv. practitioner

Mafeteng HospitalEsther Mohlalisi Nurse
Lisebo Tsenoli Nurse**Makoanyane Hospital**Abi Kou Paramedic
Ntone Mahamo Paramedic
Mahlomola Kutoane Paramedic**Motebang Hospital**Lineo Makhasane Anest. Nurse
Monethi Mafeta Anest. Nurse**Ntseche Hospital**Masenate Posholi Nurse
Mabahlakoana Molapo Nurse**US Peace Corps**

Palesa Ralatoone

Quthing HospitalNtsabeng Ntsoako Nurse
Mamolibeli Fokotsane Nurse**Qoaling Filter Clinic**Malisebo Phantsi Nurse
Maletsie Matsora Nurse**Notes on delivery of the Courses and lessons learnt**

- There was a good mix of lectures and skill stations. It was felt as a great advantage that the whole PTC course was held in one location.
- The lecture hall was relatively small, except on the last day. However the participants coped very well.
- A more uniform composition of the participants would be beneficial.
- 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.
- The local butcher was not able to provide a sheep chest or trachea for the founding course. However a sheep chest was available for the second PTC 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, however, as with most PTC courses, the participants would value more time for practicing scenarios.

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**Positive points:**

Refreshing, focused, practical.

No need for fancy equipment, use of appropriate technology, this course will change practice, moral boost.

The instructors mentioned: professional teachers were created in the process of teaching, the importance of planning was stressed, standardization, general improvement of communication skills.



The course should be repeated and taken around the country. Instructors were competent and flexible; time-keeping was good (remarks on Friday).

Good food.

Points which deserve improvement:

In some cases there was a big gap between the knowledge of the instructors and the participants. Terminology should be simplified.

MCQ's should be marked individually.

Abbreviations should be avoided.

The course was too short.

The instructors mentioned: Could the instructors manual be made smaller, could there be more time for workshops.

The manual should be handed out well beforehand.

Plans for the future:

- A PTC course within the next 3 months for doctors & nurses in the referral hospital.
- Identify at least 6 new instructors for an instructors course.
- Depending on the outcome of the first course, plan for a 2nd one before the end of the year.

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 scores at the beginning of the founding course was 11.6 correct answers out of 23 questions (53%). At the end this improved to 17.7 correct answers (78%).

In the PTC course (Thu and Fri) the average pretest score was 38.4% correct answers. Average posttest score was 68.7% correct answers.

The questions on CPR were excluded because this is not core course content

Media coverage

Dr. Letsie, Dr. Mojale and Dr. Borgdorff were interviewed by Lesotho Television and the interview was broadcast during the evening news.

Teaching materials provided

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

One set of the PTC OHP transparencies and a set of the Instructor slide transparencies were left with the PTC founding committee. The OHP's were used in teaching the course against a white background during a power failure and the instructors were encouraged to use OHP's as well, since the District hospitals will often not have facilities for PowerPoint. Nevertheless, also a full set of the PTC and Instructors' course PowerPoint slides were left with all committee members.

In addition PB took out around 180 trauma picture slides on CD (with thanks to James de Courcy) which were used as a resource for the course, and Diane Wilkinson's and James de Courcy's final draft Instructor slide set on Teaching the Teachers was used in the Instructor course. 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 together with the OHP acetates.

Acknowledgements

Most local arrangements were done by Drs. Letsie and Oloruntoba, who did an outstanding job making this course a success. We would like to thank them for their excellent arrangements, and their hospitality. We also extend our thanks to the Lesotho Medical Association and the Ministry of Health. I would like to thank Dr Oloruntoba for directing the second PTC course: well organized and excellent time-keeping! We wish to acknowledge Dr. Moorosi for the time he took to open the PTC course officially. The support of the Ministry of Health is invaluable for a successful PTC program in Lesotho. We wish to thank Dr. Mohapi for showing us several departments in QE II hospital. We wish to acknowledge the generous support by the Association of Anaesthetists of Great Britain and Ireland and the Dutch Society of Anaesthesiology. Their help is much appreciated.

Finally I would like to thank my fellow instructors Henk Haisma, Kees Punt, Paul Breedveld and especially Diane Wilkinson, for their assistance in making all the necessary arrangements and for their invaluable input during the course. The course would not have been such a success if it were not for them.

Dr Paul Borgdorff

Consultant in Anaesthesia and Pain Management

Utrecht, The Netherlands

Course director

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IN FORTHCOMING ISSUES OF PTC NEWSLETTER

Reports from:

- India
- Rwanda
- Pakistan

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