

# PTC NEWS

Edition 23

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**MAY 2010**

## THIS EDITION

### GAZA UPDATE

In this edition, we feature:

- Report on a visit to Gaza
- PTC Courses Shifa, Gaza - Nov. 2009
- PTC Courses Gaza - Feb. 2010

## Report on a visit to Gaza

By Sir Terence English KBE PPRCS and John Beavis FRCS

Arriving Sunday 2nd August 2009 and leaving on Thursday 6th August 2009

This report is based on notes made by Sir Terence English and supplemented by John Beavis during the visit. The final report was prepared by John Beavis.

### Day 1

We entered Gaza via Erez Crossing accompanied by Andrea Becker and Libby Powell from Medical Aid for Palestine (MAP) on the morning of Sunday 2nd August 2009. After the 1km walk across the unoccupied border area we were picked up by a MAP car and taken to their office in Gaza City where we met Fikr Shalkoot and Naema with whom we discussed Primary Trauma Care and its methods of application in any country. It was explained that we needed to recruit one or two senior individuals from the Gaza medical profession to help us to select participants for the first PTC courses and who would also advise us on who to meet while we were here.

From our discussions it was obvious that Fikr and Naema were already well advanced in these matters.

After lunch Fikr and Naema took us on a drive to orientate ourselves and to see the affects of the war on parts of Gaza City. Apart from the obvious destruction of buildings we saw that the area of the old Israeli settlement had been rendered incapable of growing citrus trees over a very wide area of because housing debris had been buried deep underground. It was very obvious that a war of considerable intensity had occurred with numerous civilian casualties being inevitable.

In the late evening we were able to view fishing vessels going out to their three mile limit and further out the Israeli warships watching and limiting their activities.

### Day 2

On Monday 3rd August 2009 we were taken to Shifa Hospital where we had a meeting with:

1. **Dr Nasser Abu Shaban**, General Director of HRD and a General Surgeon
2. **Dr Nabil Al Barakoni**, Director of Training and Education
3. **Dr Moawia Abu Hasaneen**, Director of Emergency and Ambulance Department
4. **Dr Methkal Hasona**, Director of Hospital Administration. He spent the rest of the day with us and gave us a lot of statistics as we travelled round.
5. **Mr Mohammed Nafel** Director Training for Nurses Physiotherapists and Paramedics. We felt he would be essential in promulgating PTC and emergency training in Gaza).

At this first meeting we explained the nature of PTC and all present expressed a lot of interest.

At this meeting we explained the nature of Primary Trauma Care and everybody expressed a lot of interest. We were informed that the big issues for emergency work in Gaza are:

- a. Producing a Contingency Plan for another major emergency.
- b. The Structure and staffing of emergency services. They asked our advice about the latter. Said we would discuss once we have seen how things were currently being run.

Later in the day we both agreed that what was needed was something along the British lines i.e.

- Emergency department headed by a specialist A&E Director (or two)
  - All surgical trainees rotate through the Emergency Department for periods of 2 – 3 months at a time.
  - Director to co-ordinate activities of doctors, nurses and medical students in emergency department.
- c. Another big issue that came up was desire of the Nurses to be involved in PTC courses but there is



obviously a problem of combining nursing training with senior doctor training and this needed to be addressed.

Our final answer to this problem, on return to England, was to devise a series of courses with the first one made up of senior doctors only and the second one to immediately follow on made up of nurses and middle grade doctors. Suitable candidates from both courses would be invited to become trainers and attend a third course to qualify. This course would again be immediately after the first two courses.

d. It also became apparent that on the initial series of courses (from now on referred to as The First Course) those attending should have a good understanding of English. This was not so necessary for later courses when teaching can be in both English and Arabic when local **PTC** trainers were available.

We also stressed the importance of obtaining the right composition of candidates for The First Course, ie right grade of doctors with the right influence in their own hospitals.

We were also advised of the need for the right spread of candidates from Gaza City, the north, the middle and the south of the strip.

We then went with **Dr Methkal Hasona** to visit an NGO Community Hospital in North Gaza this unit consisted of 79 beds serving 330,000 population. There was a good helpful Director who is a neurosurgeon. We visited a newly established radiology department and met the director and saw a room designated for CT scanner but not yet available.

The major problem for treating advanced orthopaedic trauma was they had shortage of equipment of screws and plates for orthopaedic procedures – this is the most common complaint for orthopaedic surgeons outside the well endowed Western hospitals.

### **Day 3**

The following morning we were taken to the Central Emergency and Ambulance Department to meet **Dr Moawia**. We were impressed with the new ambulances and were informed that 15 had intensive care unit facilities. At this meeting we also met **Mohammed El-Attkar**, Deputy Director of Emergency Services in the Civil Defence Department. **Dr El-Attkar** was very enthusiastic about the **PTC** course.

Our next call was to the Palestinian Red Crescent Society where we met **Dr Bashir** who showed us horrifying images of the first few days of the war.

**Dr Bashir** had a good command of English which he demonstrated by describing his memories of the war and in particular the bomb attack on the hospital. We were of the opinion that **Dr Bashir** would be a very good candidate for the first course.

In the afternoon we visited Elwasa Hospital. This is directed by **Dr Khamif Elessi MD MSc**. This is the only rehabilitation centre in Gaza. It is close to the Israeli border and is clearly marked as a hospital in Arabic and English. Much damage had occurred during the recent war and in particular the new rehabilitation unit, in which they were due to move in February 2009, had been completely destroyed.

**Dr Khamis Elessi** was obviously very anxious to make contact with colleagues outside of Gaza and clearly had developed a unit with high standards and an academic approach to Rehabilitation and Medicine.

We were delighted to learn that **Dr Elessi** had arranged for us to have lunch with the Dean of the Medical School and the President of the Islamic University on the following day.

That evening we were entertained for dinner by **Mahmoud Edda-ma** and his family.

**Mahmoud** was about to retire from the Ministry of Health where he had given good service as a Health Economist. It is worth noting that on leaving we encountered a wedding celebration in the street and were drawn in to the dancing and music with friendly and good natured people. We agreed that this was typical of the welcome we had received throughout Gaza.

### **Day 4**

On Wednesday 5th August we had another busy day. This began with a meeting at the United Nations Offices where we met **Mr Nasser** who had been a nurse at Mayday Hospital, Croydon and thus demonstrating connections within the medical profession because he knew people with whom John Beavis was acquainted. We were urged to consider taking nurses on the first course as important people to encourage **PTC** throughout Gaza.

Our next stop was at the Al Ahli Hospital. This had been an old Christian hospital founded in 1882 and was working under the auspices of the Anglican Church in Jerusalem. After a long and helpful

conversation with **Samira Fargh**, Deputy Director, we met the nurse in charge of the emergency department a **Mr Said Franji**.

**Mr Franji** had had training in emergency care and discussing demonstrated he was a most impressive professional individual who should be included in the first course.

We then went to Al Awda Hospital in the north of the Gaza strip and met the Director, **Dr Marwan Abu Seida** (Surgeon) and **Dr Marwan Al Asalya**, third year Surgery Resident.

Both were British trained, obviously trying to maintain high standards and engaged in upper gastrointestinal endoscopic work. We found them very impressive.

Our next stop was at the Civil Defence Department where we again met **Dr Mohammed Al Attar**, Deputy Director and his team who were both nurses and doctors. We gave a presentation on **PTC** and then met **Yousof Zahar**, Director General Civil Defence. They emphasised that they would like to provide people for our courses.. (Unfortunately **Dr Al Attar** might be seconded to Indonesia as he is awaiting a visa to leave Gaza for a training programme in Accident and Emergency specialisation).

Finally and a little late we went to the Islamic University where we met The President, **Dr Kamalain Sha'ath** in his office. **Dr Kamalain** had studied in America and United Kingdom and was originally a Civil Engineer He told us that an independent Spanish study of Middle Eastern Universities had placed the Islamic University of Gaza first among Palestinian universities and 14th among all Arabic Universities.

We also met the Dean of Medicine, **Dr Mofeed M Makhallalati** a Surgeon who made us very welcome and offered us much help. The Dean had studied for 6 years in Dublin.

Has 60 students per year and the Medical School has been in existence for 3 years.

The students will be doing their clinical years at Shifa Hospital. We were told the women were much better than the men and unfortunately on graduation they tended to give up medicine and the Dean was very keen to try and persuade them to remain and train in the speciality of Obstetrics and Gynaecology.

We were told they were having a cardiovascular conference in early October and **Sir Terence** agreed to try and get colleagues from Papworth to participate in this via a videoconference. (This has been achieved).



We also witnessed rehearsals for a graduation ceremony and **JPB** talked to two of the graduates who were studying civil engineering – they seemed like young people excited about their futures anywhere else in the world.

**Dr Mofeed** agreed that he and **Dr Nasser** from Shifa would/might be able to take over responsibility for **PTC** in Gaza. Perhaps this could be via a sub-committee of the newly formed National Committee for Health Education of which both were members. We believe this would be the best way to set up a **PTC** committee/faculty in Gaza.

That evening we had dinner with various people who had met and who had expressed a wish to be involved in the **PTC** activities. We were left with the impression that **PTC** would be welcomed in Gaza and had much to offer the local medical and nursing professionals and above all the Citizens.

#### SUMMARY AND CONCLUSION

The image presented to the outside world of Gaza is one of desolation and continuous aggression. We found friendliness and hospitality wherever we went. In addition we were impressed by the way in which so many of our medical colleagues are striving to maintain and improve standards of care for their patients in severely adverse circumstances.

We came to the conclusion that the application of **Primary Trauma Care** in Gaza would be highly beneficial. It is obvious that a broad range of individuals will have to be involved in this work and we believe that they would have to take responsibility for its application throughout the Gaza strip. This would have to be effected in such a way that different parts of Gaza could function independently in the event of another invasion.

We would like to record our gratitude to **MAP** for facilitating this visit and their international and local staff who accompanied us at all times. We look forward to working with them again.

*Dr P. Beavis*

# Report on PTC Courses at Shifa Hospital, Gaza 14th - 18th November 2009

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## Introduction

This is a brief report on the recent two PTC courses and instructor course held in Shifa Hospital, Gaza, in conjunction with **Medical Aid for Palestinians**.

## Background

I quote, with his permission, from the report written on his visit by **Dr Andy Ferguson**, who accompanied the PTC team.

The Gaza Strip (GS) consists of five provinces and a population of ~ 1.4 million, of whom ~ 70% are refugees. The population is concentrated in seven towns, 10 villages and eight camps, with a total area of only 360 sq. km.

Much of the economic deterioration in recent years is due to the military siege and resulting isolation of the population. Since the start of the second Intifada in 2000 the income per capita has declined sharply and consistently, and the labour force unemployment rate has climbed to 48%. This has resulted in a substantial increase in the number of families falling below the poverty line, reflected by the fact that 80% of the population now receive food assistance, either from UNRWA (the UN agency providing services for registered Palestinian

refugees) or the World Food Programme (WFP). Health care in GS is delivered by four main providers: the government (complicated since 2007 by the schism between the Palestinian Ministry of Health (MoH), created in 1994 following the establishment of the Palestinian National Authority, and the Hamas led “de-facto” health authority in Gaza); UNRWA; NGOs (local and international); and the private sector.

In spite of significant financial and operational constraints the Palestinian health sector has shown great resilience over the years, particularly in continuing to provide reasonably comprehensive primary health care services. Unfortunately the evolution of health services largely ended with the second Intifada, following which donor and provider attention shifted from development to crisis management. This situation has been compounded by the recent conflict at the turn of the year, and yet the repeated emergencies and related surge in traumatic injuries/damage to infrastructure should not divert attention from the need for continuing development and the needs of those with chronic illness and non-traumatic physical disabilities.

### Distribution of hospital beds and primary health care centres in GS, by health care provider

Province of GS	Population		Hospital Beds			Primary Health Care Centres				
	MoH	UNRWA	NGO	Private	Total	MoH	NGO	UNRWA	Total	
Gaza North	254,093	58	0	62	0	120	10	8	3	21
Gaza City	470,605	788	0	231	39	1,058	14	19	4	37
Mid. Area	193,648	97	0	0	0	97	16	10	5	31
Khan Younis	259,640	496	0	166	0	662	12	6	2	20
Rafah	159,250	52	0	0	0	52	4	8	4	16
<b>TOTAL</b>	<b>1,337,236</b>	<b>1,491</b>	<b>0</b>	<b>459</b>	<b>39</b>	<b>1,989</b>	<b>56</b>	<b>51</b>	<b>18</b>	<b>125</b>

The government is thus the major provider of secondary health care, and the bed occupancy in the eight government hospitals in GS is much higher than in the alternative NGO facilities.

Primary health care centres are staffed by a variable mix of doctors, nurses, female health workers, pharmacists, dentists and laboratory technicians (numbers varying according to size and catchment population).

Many health professionals train outside the region, courtesy of educational scholarships, with

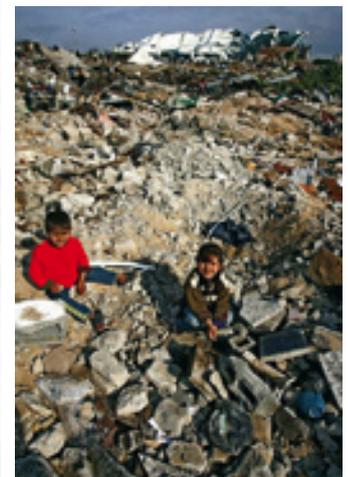
a subsequent need for uniform recruitment and licensing criteria. A brain drain and high attrition rate contribute to a general lack of appropriately qualified clinical staff.

The current situation in Gaza and the Occupied Territories will not be explored in detail here: it is well described in other publications, including the report by the UN Special Rapporteur **Richard Falk**, reports by Amnesty International and a recent report on the current situation published by Oxfam and other organisations in December 2009. Since the

Israeli incursions and attack in December/January, there has been a continuing blockade which has further exacerbated the situation. Indeed, prior to this the situation had already been very challenging, as a result of the blockade since 2007 and the preceding factional conflict within Gaza.



The conflict, over 22 days in December and January 2009, resulted in huge numbers of casualties and destruction of infrastructure, further outlined in various publications. Casualties and attacks - in the initial air strikes on 27 December 2008 approximately 600 people were killed and approximately 2000 people were injured. By the 29th January 2009 there were 1308 deaths and 5335 wounded. Casualties included Four hundred and eleven children under the age of 18 and one hundred and six women. Sixteen health officials died on duty, these were mostly ambulance drivers as well as people going home from work. Thirty-three primary health care centres were destroyed of which two completely. Nine hospitals were damaged, of which



There has been a recent report from 12 aid organisations which outlines the current issues and situation in detail.

The Israeli Human Rights organisation Btselem comments that: “As a result of the siege, the stocks of imported food products in Gaza are dwindling, driving their prices sky-high, while fruit and vegetables that were intended for export are being sold in Gazan markets at a loss. Many families cannot afford to buy them, however, due to the high poverty rate in Gaza. 80 percent of Gazan households now live below the poverty line, subsisting on less than 2,300 shekels a month for a family of six. Households in deep poverty, living on less than 1,837 shekels a month, currently comprise 66.7 percent of the population. 80 percent of all Gazan families would literally starve without food aid from international agencies”.



the AlQuds hospital was the most severely damaged. Investigations have found that the overwhelming majority of the fatalities were not involved in the fighting.

Various unusual munitions such as white phosphorus and DIME bombs added to the trauma to which the population were exposed.

### Current situation

The population density in Gaza is some 4,200 people per square kilometre. The refugee camps have one of the highest population densities in the world. For example, over 82,000 refugees live in al-Shati (Beach) camp, which is less than one square kilometre in size.

### Healthcare

There are about 2000 hospital beds in Gaza: 1500 in 13 MoH hospitals and 500 in 14 private hospitals.

The Health sector in Gaza is still heavily impacted by the aftermath of the war and the continuing blockade, as outlined in WHO assessments and other reports – notably the recently published multi-agency one.

There are also problems with selectivity of exit permits from Gaza for more complex medical treatment – currently estimates between 51% (ref 6) and about 70% are allowed to leave Gaza for complex treatment, and many others have long delays in processing of their applications to leave.

## *Drugs and equipment*

Before the 27th of December there was a severe shortage of medical drugs. One hundred and five drugs out of a list of one hundred and eighty were unavailable (105/180; over 50% shortage). From the consumables 250 out of a list of approximately 1000 was out of stock (25%) additionally there is a list of 70 essential laboratory materials missing presently in the Gaza strip.

A review performed this year by **Dr Dr. José Felix Hoyo** for **MDM-Spain** showed results similar to those described to the PTC team by the local Gazan medical staff: that provision for reception of casualties at the major hospitals is limited, with insufficient space (exacerbated by the fact that patients come in accompanied by large numbers of family members). Although some protocols for care, triage, etc do exist these are normally not adhered to and have not been updated. The local staff felt that this was a particular need, and that this should also be extended out to the prehospital sector. There was apparently no specific general catastrophe plan. Patient documentation was felt to be limited.

Medical staff in the Emergency Department rotate from other departments and there are very few staff with a specialist knowledge of trauma management, thus implying a need for trauma training to extend to cover all those who rotate through the Emergency Departments. There are very few permanent medical staff; we were informed that such regular senior medical attachment as there is is primarily for administration. Space for waiting and triage was very limited.

## **The PTC Course**

### *Organisers and pre-course liaison*

**Sir Terence English** and **Professor John Beavis** made a preliminary visit at the end of August, organised in conjunction with **Medical Aid for Palestinians (MAP)** during which they met with representatives from the various hospitals, and performed invaluable preparatory ground-work for the main course. Their report on this visit is the first report in this newsletter.

Following this a PTC team was formed, consisting of **Sir Terence** and **John Beavis**, with **Dr James de Courcy** designated as **Course Director**, and **Miss Sheena Tranter**, **Dr Jeanne Frossard** and **Mr Graeme Groom** as instructors. **Dr Andy Ferguson** accompanied the group on behalf of **IDEALS** and in addition **Graeme**, for **IDEALS**, was keen to investigate potential links for limb reconstructive surgery.



## *PTC Instructors*

- **Dr James de Courcy**, Consultant Anaesthetist, Cheltenham, UK (**Course director**)
- **Dr Jeanne Frossard**, Consultant Anaesthetist, UCLH, London
- **Miss Sheena Tranter**, Consultant GI surgeon, Bristol Royal Infirmary
- **Mr Graeme Groom**, Consultant Orthopaedic Surgeon, Kings College Hospital
- **Professor John Beavis**, Consultant Orthopaedic and Trauma surgeon
- **Sir Terence English**, Patron of **PTC Foundation**

After establishment of the PTC faculty there was extensive liaison between the team with **Fikr Shaloot** and **Kathy Al'Jubeh**, MAP staff members in Gaza and Ramallah respectively, and entrance permits for the Gaza Strip were successfully sought by **MAP** from the Israeli Defence Forces. The **PTC** course slides and Instructor slides, as well as the course manual and instructor manual, were translated into Arabic by **Dr Malek Qutteina** prior to the course, the plan being that these will be used in future courses taught in Arabic by the Gaza faculty.

## *The Course*

**John Beavis**, together with his **IDEALS** colleague **Andy Ferguson**, travelled out to Gaza several days in advance of the main group which allowed him to check up and confirm the facilities and arrangements.

This was valuable. **Andy** accompanied the team although he was involved in various work and meetings regarding Public Health projects for **IDEALS** and **MAP** and was not directly involved in teaching on the course.

The remaining faculty team arrived a day early to allow them to meet together and with the local **MAP** co-ordinator **Fikr Shaloot** and to see the location where the course would be taught and to set up and prepare for it. This was in the Human Resource Department at Al-Shifa Hospital.

**Fikr** had, in conjunction with **Mr Sami Jabr**, a Nurse with an ITU background working in HR for the Ministry of Health, sourced an excellent range of equipment for the course, and had arranged for the use of an excellent training hall at Shifa Hospital,

the main hospital in Gaza City. This was of ample size not only for the lectures, but had space for skill stations, scenarios or discussion groups at each corner during the course.



A good range of equipment was made available, and for each of the two courses a goat was freshly slaughtered, ensuring preservation of the larynx, and the intact skinned thorax and forelimbs of this was used for the chest drain and pericardiocentesis (and to an extent intraosseous) technique teaching, and the larynx was separated and used for surgical airway teaching (by demonstration). It became evident that with forward planning for future courses and liaison with abattoirs it would be likely that considerably larger numbers of larynxes could be available which would considerably improve hands on training for the surgical airway (Halal slaughtering, unless modified in anatomical location, normally renders the larynx unsuitable for airway teaching).



Accommodation for the visiting Faculty was provided in a Hotel quite close to the hospital.

## PTC Course Participant groups

### Course 1

#### (MOH participants)

**Dr. Khalil Khattab** Al Aqsa Martyr Hospital  
GP – Ten years in general surgical department

**Dr. Essam Awadallah** Al Shifa Hospital  
GP- 3rd year in the Palestinian board for general surgery – 5 years work experience in surgical emergency department, First aid trainer

**Dr. Yasser El Zaazoue** Al Shifa Hospital  
Master in orthopedic surgery-six years experience – trained in emergency medicine

**Dr. Jamal El Tatary** Beithanoun Hospital  
GP - experience in general surgical department

**Dr. Omer Abu Taha** Abu Youssef Al Najjar Hospital  
Masters in General surgery - Head of emergency and trauma department

**Dr. Mosab El Zein** Kamal Odwan Hospital  
GP- 3 years experience in surgical and emergency department, trained in emergency

**Dr. Rami Omarah** Al Shifa Hospital  
Master in surgical oncology – seven years experience in surgical department

**Dr. Mahmoud Matter** Al Aqsa Martyrs Hospital  
Arab Board in Orthopedics, trained in ATLS, ILS, triage system

**Dr. Hamed Al Najjar** Nasser Hospital  
GP - Emergency department

**Dr. Mohamad Mourad** Al Shifa Hospital  
2nd year in Palestinian board for general surgery, 2 years experience in General Surgical department

**Dr. Maged Abu Watfa** Al Shifa Hospital  
GP – 10 years resident in orthopedic department - enrolled in the Palestinian board

**Dr. Ayman Awadallah** Al Shifa Hospital  
GP – 12 years experience in Orthopaedic Department, trained in ATLS emergency trauma

**Dr. Malek Abu Warda** Beithanon Hospital  
Masters in General surgery, 3 years work experience in General surgical unit

**Dr. Jamal Abu Helal** Abu yossef Al Najjar Hospital  
Diploma in hand and reconstructive surgery, experience in Orthopaedics departments

**Dr. Aed Sobh** Kamal Odwan Hospital  
GP - 3 years experience in orthopaedic & emergency

department.

*(NGOs participants)*

**Dr. Mohammad Al Attar** Civil Defense GP - Head of EMS in CD, EMS trainer

**Dr. Ramadan Wady** Civil Defense Masters, Medical Specialist & EMS trainer

**Dr. Talal El Sharief** Ahli Hospital Senior Surgeon, experience in surgical department

**Dr. Nafez Al Qerem** PRCS EMS trainer, senior Anaesthetist, on call for emergency room

**Dr. Eyad El mbaid** PRCS Work Experience in emergency department

**Dr. Marwan Assalya** UHWC Senior Doctor, endoscopy and general surgery

**Dr. Yaser Sha'ban** UHWC Senior Doctor, obstetrician

*Course 2*

*(MOH participants)*

**Dr. Faisal Siam** Al Shifa Hospital Masters in Orthopedics, 8 years experience

**Dr. Osama Abu Ebeid** Nasser Hospital Masters in General surgery & Endocrine, 5 years experience in surgical department

**Dr. Nahed Abu Teima** Nasser Hospital Masters in General and Vascular surgery, 4 years experience

**Dr. Ahmed Al Naji** European Hospital 3rd year Palestinian board for general surgery, 7 years experience in general surgical and endoscopy department.

**Dr. Bassam Marouf** Beithanoun Hospital GP- 3 years experience in general surgery, trained in emergency medicine

**Dr. Bassam Meqdad** European Hospital Resident doctor in orthopedic department, 2 years residency in Germany

**Nedal Abu Hasanein** Abu Yousef El Najjar Hospital Staff Nurse

**Reiad Qeshta** Abu Yousef El Najjar Hospital Staff Nurse – diploma in EMS – pre hospital care – work experience 5 years as EMS technician – 2 years in emergency department

**Rafiq Abu Jarad** Beit Hanoun Hospital Staff Nurse – bachelor degree in nursing – 3 years work experience in emergency department

**Ashraf Hleiwa** Ambulance and Emergency Directorate General Staff Nurse –bachelor in nursing – 16 years experience in EMS – trauma



nursing course from Harvard

**Raafat Ja'rou** Ambulance and Emergency Directorate General Staff Nurse - bachelor in nursing – 20 years experience in EMS – trauma nursing course from Harvard, 6 month training in emergency in Japan, training in stimulation centre in talhashomair

**Abdel Hamid Abu Nada** Ambulance and Emergency Directorate General Staff Nurse - bachelor in nursing – 25 years experience in EMS, emergency., surgical and medical department-trained as emergency nurse by ICRC

**Sami Jabr** Human Resources Development Department Staff Nurse – diploma in critical care – bachelor in nursing – master in MCH, PhD student in community health – 22 years experience as teacher in nursing college, Head of ICU and CCU unit

**Mohammed Nofel** Human Resources Development Department Staff Nurse – bachelor of nursing – Master in epidemiology – 8 years experience in emergency in ICU

**Mohammed El Hajj** Al Aqsa Martyr Hospital Staff Nurse

**Mohammed El Maghari** Al Aqsa Martyr Hospital Staff Nurse

*(NGOs participants)*

**Dr. Tareq Al Noajha** Civil Defense GP physician & EMS trainer

**Dr. Iyad Al Attar** Civil Defense GP physician & EMS trainer

**Dr. Ahmad Murad** Ahli Hospital Junior Doctor  
**Adham Abu Hassanein** Ahli Hospital Staff nurse

**Somia El Hassanat** Ahli Hospital Staff nurse

**Dia'a Safi** PRCS Nurse

**Ibrahim Mabrouk** PRCS Nurse

**Dr. Osama Hamad** UHWC Senior Doctor, Anaesthesia

**Iman Al Moutawiq** UHWC Staff Nurse

*Course Programme and Notes*

The first course, designed principally for more senior Surgical, Emergency and Anaesthetic medical staff,

revealed some unforeseen issues including the need for the timings to be adjusted to take account of the prayer times at 1130 and 1430, during which on the first course many of the participants needed to leave the course to pray. For this reason the timings were adjusted for the rest of the first course and the second course, and are given here:

### DAY 1

8.30	15'	Welcome and Introduction	<b>James</b>
8.45	30'	PTC overview	<b>James</b>
9.15	30'	Local trauma perspective and MCQ	<b>MAP/John/Terence</b>
9.45	30'	ABCDE of Trauma and Primary survey	<b>James</b>
10.15	10'	BREAK	
10.25	45'	Airway and Breathing	<b>Jeanne</b>
11.10	45'	Circulation and Shock	<b>Sheena</b>
11.55	15'	Prayers	
12.10	30'	Chest Injuries	<b>Graeme</b>
12.40	40'	LUNCH BREAK	
13.20		Skill stations	
	(40')	Basic / Advanced Airway	<b>James/Jeanne</b>
	(20')	Cervical spine / Logroll	<b>John/Graeme</b>
	(20')	Chest drains	<b>Sheena/Terence</b>
14.40	15'	BREAK and PRAYERS	
14.55	15'	Demonstration Scenario	<b>all</b>
15.10	45'	Scenario Practice (in groups)	<b>all</b>
15.55	40'	Abdominal and Limb injuries	<b>John</b>
16.35	5'	Overview and summary	<b>James</b>

### DAY 2

8.30	30'	Head and Spinal injuries	<b>Graeme</b>
9.00	30'	Trauma in Children and Pregnancy	<b>James</b>
9.30	30'	Burns	<b>James/John</b>
10.00	15'	BREAK	
10.15	80'	Workshops	
		Analgesia	<b>Jeanne</b>
		Transportation	<b>Sheena</b>
		Blast Injuries and course discussion	<b>James</b>
		Neurological assessment	<b>John/Graeme</b>
11.35	15'	PRAYERS	
11.40	30'	Secondary survey (demonstration/discussion)	<b>John/Sheena/all</b>
12.10	40'	LUNCH BREAK	
	12.50	30'	Disaster management <b>John/</b>
			<b>MAP/all</b>
13.20	80'	Scenarios (in groups)	<b>all</b>
14.30	15'	BREAK and PRAYERS	
14.45	15'	Multiple choice paper review	<b>all</b>



15.00	40'	Summary. Feedback and Evaluation	<b>all</b>
15.40	15'	Certificates and close	<b>all</b>

Notes – as will be discussed below, the participants felt that there might beneficially be alteration of day 1 workshops to incorporate triage scenarios, etc. Blast injuries and course discussion were substituted for paediatrics. Both Airway and Circulation lectures could readily have been shorter – in practice they took 40 and 30 minutes respectively. **JdeC** will pass this on with a view to updating the Instructor Manual.

The first day on each course started a little later than planned due to delays in all the participants arriving, but it proved possible on each day to catch up by the end of the morning.

A good range of equipment of the same type that would be used in Gaza was available and was used in the practical skill stations and scenarios: in addition we had access to a freshly slaughtered goat thorax which was used in the chest trauma skills teaching, and the Halal slaughtering was done to preserve the larynx which was separated and used to demonstrate cricothyroidotomy, and to attempt to demonstrate intraosseous infusion on the foreleg. Because of the unexpected departure of most of the participants to pray during the skills sessions the timings of this were difficult in the first course: this was successfully adapted as above for the second course. On the first course, because of timing difficulties due to Prayers, the Cervical Spine and Logroll station was subsumed into a demonstration during the secondary survey demonstration.

The demonstration scenario took place just before the first set of practice scenarios, which worked well – though an alternative might have been to have this attached to the initial ABCDE lecture. The Secondary Survey session was done as a demonstration, with a volunteer instructor examining a “victim” to find a series of injuries chosen by the participant group. The second course was also videoed to provide a lasting resource for the Gaza faculty.

### Instructor Day – 3rd October 2009

0830	5 minutes	Introduction	<b>James</b>
0835	15 minutes	How adults learn	<b>James</b>
0850	15 minutes	Asking questions	<b>Sheena</b>

0905	25 minutes	Feedback	<b>Sheena</b>
0930	40 minutes	How to give presentations	
<b>General introduction</b>			
	Lecture		<b>James</b>
1010	15 minutes	BREAK	
1025	60 minutes	Discussion group Teaching a skill Scenario	
1525	15 minutes	Language issues	<b>Jeanne</b>
1125	15 minutes	PRAYERS	
1140	40+40 minutes	Workshops 1	
1300	50 minutes	LUNCH BREAK	
1350	40+40 minutes	Workshops 2	
1510	15 minutes	BREAK and PRAYERS	
1540	60 minutes	Running PTC Courses and discussion about future courses Where to go from here (Discussion group)	
1640		Evaluation and Feedback, finish	



Introductory theory talks were given by the faculty as listed. Overall, the timings for the morning session worked well. The candidates had been informed both at the end of day 2 of the first two courses, and at the beginning of the instructor day, about their potential micro-teaching assignments for the afternoon. This allowed them time to think about and plan these.

Following these sessions a discussion about the future of PTC in Gaza ensued, particularly the potential locations of courses – although the eventual aim will be to have PTC training delivered throughout the Strip, the distances involved are such that it was felt it would be best to consolidate the teaching at a central location in the first place, probably at the MoH HR department or Al-Shifa Hospital. The participants felt that it will be best to have a small executive steering committee with representation from the various areas and interested organisations. **Dr Nasser**, the senior surgeon at Al-Shifa Hospital, was felt by all to be an ideal person to chair this group, and has kindly agreed to do this.

It was agreed that the visiting PTC faculty would



also review the participants in the instructor course and provide their views of who would be good members of this committee and good instructors to **Dr Nasser**, who would take this into account in selecting the committee. This has been done, and the results fed back by **John Beavis**.

### **Post-Course Feedback and Evaluation**

#### ***Thoughts from discussions***

**Time** – It was generally felt that in the context of Gaza courses of three days would be better, and the candidates thought that this would be manageable in the medical environment in Gaza. Several even thought that five days would be appropriate.

**Documentation** was a recurring issue which the participants felt very strongly about – major incident forms, proformas for ambulance staff, prehospital protocols and guidelines, head injury proformas.

The workshops were generally enjoyed, and we had discussions about the best use of these. It was felt that this session would be a good opportunity to introduce triage and major incident scenarios, which the participants felt were very much needed.

Evaluation of the course was done by brainstorming sessions with the participants and faculty at the end of both courses. The results of this were all encouraging, with good comments on the structure, delivery and content of the course and instructor day.

### **Collated feedback from post course brainstorming**

#### ***Good***

- Enthusiasm for the course
- PTC System (5)
- Adaptable to pre and intra hospital settings
- Adaptable to limited resources/equipment
- Good interaction between trainers and doctors
- Commitment from the team to those in Gaza (3)
- Variety of lectures (8)

Different teaching styles  
 Clear teaching on concepts  
 New skills and knowledge learnt (7)  
 More equipped for quick decisions in stressful trauma situations  
 Friendly atmosphere  
 Scenarios (8)  
 Workshops (7)  
 Well planned and organised  
 Organisation (room etc) and facilities  
 Good teamwork, and multidisciplinary course  
 Triage (?work towards disaster plan)  
 Thorough  
 Timing  
 Layout/equipment

### Room for improvement

More scenario time (4)  
 Separate post-course MCQ paper  
 More than two days – suggestions varied three to five  
 Potential for PTC uniform (T shirts?)  
 Incorporate medical emergencies, drowning, more on war injuries  
 Use a live goat(!). More larynxes  
 Language, speed and clarity  
 Timings to take into account prayer breaks( first course – sorted for day 2 and second course)  
 More workshops  
 Filmed skill stations on the web or otherwise available  
 More anaesthetists on the course  
 Impact on the future and potential for PTC to influence, eg, availability of IO needles, head injury protocols, workbooks on injury types, weapons, etc. Development of transfer protocols.  
 Education of public, paramedic training.  
 Development of training centre in Gaza City to maintain education.

Following the Instructor Day a ceremony was held at the Orient House Hotel for presentation of course certificates, as well as trauma packs that had been made up for the participants, donated by **MAP**. In addition each participant was given a CD containing all the relevant course materials including the Arabic translations of the slides and manual.



### Further developments

**Dr Nasser** has very kindly agreed to chair the PTC Committee and to aid and advise with the setting up of courses. In addition **John Beavis** is due to return to Gaza early in the New Year with **Dr Jeanne Frossard** to conduct a “Practice Course” during which the new instructors will run the course for their instructor colleagues, as a dry run, also incorporating some further new participants, with coaching and guidance from **John** and **Jeanne**. A further return trip is planned for February by **Prof Beavis** with **Drs Debbie Harris, Ruth Spencer** and **Eamon McCoy** to help the Gaza Faculty to run courses. With the February course a small symposium on Anaesthesia and Pain will be undertaken in order to, hopefully, attract more anaesthetists to the PTC training. It is hoped that a similar programme can be set up in the West Bank – with the current isolation of Gaza it would sadly seem most unlikely that cross-fertilisation by Gaza instructors would be possible, and so a similar “plant” to the one in Gaza would be necessary.



I would like to take the opportunity to thank my fellow instructors for forming such a good team, to **MAP** and in particular **Fikr Shaloot, Kathy Al'Jubeh, Hanan Khalaf** and **Nawraz Abu Libdeh**; and also to **Sami Jabr** and **Raohea Solyman** for their hard work in supporting the course and to the participant group for their interest and great enthusiasm. I would also like to thank **Dr Malek Qutteina** for his hard work in translating the course materials into Arabic.

**James de Courcy**

**PTC Course Director - December 2009**

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## PTC Courses Report - GAZA 23rd - 27th February 2010

This is a brief report on the courses held in the General Directorate of Human Resources Development (HRD) - Gaza, in cooperation with Medical Aid for Palestinians (MAP UK).

### Introduction:

Subsequent to the PTC team visit in November 2009 and formulation of Gaza PTC Committee, the local staff who attended two PTC training courses held at the HRDD Gaza was nominated as the local PTC staff. The first activity of the Committee was to organize the PTC courses prepared by the local trainers.

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### The First PTC Course 23rd – 24th Feb.2010

This course was designed for the PTC instructors - Gaza.

The aim of the course was to train and develop skills of Gaza local PTC instructors.

The program was designed for two days with the assistance of Dr. John Beavis, the HRDD organized the training hall for the courses and equipped it with all needed equipment, audiovisual aids, and the stations required for scenarios and lectures, MAP UK offered a goat with perseveration of larynx and the intact skin thorax was used for chest tube insertion training, and the larynx was used for clinical demonstration of advance management of airway.



### PTC Participants:

#### *The First Course:*

1. Sami Jabr - Program coordinator HRRD
2. Ashraf Hlewa - Ambulance services
3. Mohammad nofal - HRDD
4. Dr. Marwan Assalia - Surgeon
5. Dr. Waleed El salhi - Anaesthesiologist
6. Dr. Nafez El qerem - Anesthesiologist
7. Dr. Ahmad El naji - Surgeon
8. Dr. Taysir Younis - Anaesthesiologist
9. Dr. Mohamed El Hams - Orthopaedic
10. Dr. Mohamed El attar - Civil Defense
11. Dr. Adnan El Bursh - Orthopaedic
12. Dr. Mahmoud Matter - Orthopaedic
13. Dr. Basam Maroaf - Surgeon
14. Dr. Nahed A. Taema - Surgeon
15. Saed Elfranji - Emergency room nurse
16. Dr. Atef Elhoot - Surgeon

## Course Program Description:

The first course was designed for the PTC local staff that has had previous training and TOT course with different specialties (senior doctors and staff nurses) according to the following schedule:

### **First Day: Tuesday 23/2/2010**

- 8.30 15' Welcome and Introduction **Sami Jabr**  
8.45 30' PTC Overview **Sami Jabr**  
9.15 30' Local Trauma Perspective **Ashraf Hlewa**  
9.45 30' ABCDE of Trauma and Primary Survey  
**Dr. Marwan Asalya**  
10.15 45' Airway and Breathing  
**Dr. Nafez El-Qerem**  
11.00 15 Break  
11.15 45 Circulation & Shock **Dr. Nahed a.Taema**  
12.00 30 Chest Injuries **Dr.mahmoud Matter**  
12.30 80 Skill Stations (groups – rotation before + after lunch )  
(40') • Basic / Advanced Airway  
**Dr. Nafez/Dr. Iyad**  
13.10 40 Lunch Break  
13.50 20 • Cervical spine l Logroll **Dr. Bassam**  
20 • Chest Drains **Dr. Atef El hoot**  
14.30 15 Demonstration Scenario  
**Sami &Dr. Marwan Asalya**  
14.45 60' Scenario Practice (groups) **All**  
15.45 15 BREAK  
16.00 20 Abdominal Injuries **Dr. Basam Maroaf**  
16.20 20 Limb Injuries **Dr. Mahmoud Matter**  
16.40 5' Overview and Summary  
**Dr. Mohammed Atar**

### **Second Day: Wednesday 14/2/2010**

- 8.30 15 Head Injuries **Dr. Ahmad Elnaji**  
8'45 15 Spinal Injuries **Dr. Adnan Elbursh**  
9.00 15 Trauma in Children **Saed Elfranji**  
9.15 15 Trauma in Pregnancy  
**Dr. Nahed A. Taema**  
9.30 30' Burns **Dr. Marwan Asalya**  
10.00 15' BREAK  
10.15 80' Workshops  
Analgesia **Dr. Waleed El-Salhi**  
Transportation **Ashraf Hlewa**  
Pediatrics **Saed ElFranji**  
Neurological assessment **Dr. Adnan Elbursh**  
11.35 30' Secondary Survey (demo/discussion/lecture)  
**Dr. Marwan Asalya & Sami**



12.05 55' LUNCH BREAK

13.00 30' Disaster Management

**Dr. Mahmoud Attar**

13.30 90' Scenarios (groups)

**All**

15.00 15' BREAK

15:15 10 Summary. Feedback and Evaluation

**Sami Jabr**



16 participants of PTC local staff have attended the course, new guest lecturers participated in the course, **Dr. Waleed El Salhi**, senior anesthetist, **Dr. Adnan ElBursh** senior orthopaedic surgeon, and **Dr. Mohammed El Hams** general surgeon participated in lecturing. Planned PowerPoint slides were used with some modifications for some lecture, such as spinal cord injury and disaster management.

We tried to verify the slides according to the context of our situation in GAZA.

Copies of all teaching materials, manuals and other documents were copied and CDs were handed to all new instructors. The first day started at 8 o'clock, with an overview of the course, rules and regulations, then the lectures started, demonstrations were made before scenarios. Direct and ongoing feedback and evaluation were made for each lecturer by **Dr. John Beavis** and **Sami**. Most of the lecturers presented their lectures within the time, others needed more time, so some adjustments were made to the program time schedule. The participants were very enthusiastic and the teachers were very efficient.

The second day started at the same time with some adjustment of the time schedule, **Dr. John** prepared the scenarios, and dished out to the participants, continuous supervision and feedback were made for the instructors.

In group discussions (workshops), pediatrics was not included. All the participants were active and managed the time well. At the end of the day, the feedback was provided by the participants.



### Second PTC Course 26th & 27th Feb. 2010

There was a debate to start the course on time, as the guests lecturers' arrival to Gaza could be postponed, but it was a courteous decision from **Dr. John** and his colleagues **Dr. Ruth Spenser** and **Dr. Debbie Harris** to come to Gaza in spite of the prior notice to close the borders. Selection of the participants from different governmental and NGOs was made by the HRD. There was a good combination of healthcare providers during the second course that comprised doctors with different specialties (Anaesthesia, Surgery), and senior staff nurses who work at emergency departments.

All teaching materials were sent to the participants on CDs, with the program schedule. The New program schedule was prepared by **Sami** and **Dr. Beavis** who made some changes to the program, **Dr. Beavis** gave the chance to **Dr. Debbie** and **Dr. Ruth** to participate in group discussions, skill stations and group scenarios. There was a time adjustment on Friday because the pray (Al Juma pray).



**Dr. Nasser Abu Shabaan** (The Director General of Human Resources Development - Ministry of Health), chairman of Gaza PTC committee and **Dr. Mofeed Mukhallalati** (Dean of the Faculty of Medicine of Islamic University, member of of Gaza PTC committee ) attended the course. **Dr. Nasser** has partaken in providing feed back for the participants during the two days.

The second day started at the same time with some adjustment of the time schedule, **Dr. John** prepared the scenarios, and dished out to the participants, continuous supervision and feedback were made for the instructors. In group discussions (workshops), pediatrics was not included. All the participants were active and managed the time well. At the end of the day, the feedback was provided by the participants.

#### Course Feedback and Evaluation:

Brain Storm session was made by the participants regarding many questions related to the course evaluation, one participant (**Dr. Salhi**) asked to add more lectures to the course especially fluid management, drug administration, and pain management, he also suggested to use video demo demonstration for some lectures such as ; airway management. Some others asked to organize the course for over 3-5 days.

#### Advantages

- ◆ New teaching skills.
- ◆ Good preparation (Technical and administrative).
- ◆ Interest and enthusiasm of the participants.
- ◆ New technical skills.
- ◆ Time management.
- ◆ High-quality lecturers.
- ◆ HRDD support.

#### Areas to improve:

- ◆ A 5-Day training course.
- ◆ Topics to be added, as fluid therapy and video scenario.
- ◆ More lectures on airway management.
- ◆ Placement Test and End of Course Test.

### *The second course participants*

1. **Dr. Hassan El Shaer** Al Shifa Hospital
2. **Dr. Yosuf Hammad** European Gaza Hospital
3. **Dr. Mahmoud Qeshta** Nasr Hospital
4. **Dr. Naseem Hmeida** Al Aqsa Martyr Hospital
5. **Dr. Abd El Rahmman El Haddad** Al Shifa Hospital
6. Nurse/ **Khalil El Bajja** Al Shifa Hospital
7. Nurse/ **Ahmed Murad** Al Aqsa Martyr Hospital
8. Nurse/ **Abd El Kareem El Salhi** Al Aqsa Martyr Hospital
9. Nurse/ **Tareq Zayed Kamal** Odwan Hospital
10. Nurse/ **Sozan Baraqa** European Gaza Hospital
11. Nurse/ **Ashraf El Attar** European Gaza Hospital
12. Nurse/ **Alaa Shamali** European Gaza Hospital
13. Nurse/ **Abd El Fattah Salama** Nasser Hospital
14. **Dr. Tareq El Mallahi** Civil Defense
15. **Dr. Mohammed Shomar** Palestinian Medical Relief
16. **Dr. Mahmoud Abd El Samad Yunis** UHWC
17. **Dr. Ahmed El Ghazali** The Islamic University
18. Nurse/**Nedal Arooq** Shifa Hospital
19. Nurse/ **Salam Al-Baheesy** Shifa Hospital



19 participants from different settings have attended the second course; 10 doctors and 9 nurses.

### **Course Program:**

The training hall was well prepared before the lecturers start their own PowerPoint presentations for the same topics of the PTC course outline.

We followed the same schedule used for the first course, but with some time adjustment because of the Friday pray, on the first day of the course overview with emphasis on rules and regulations of

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the course. We started the program rather late about half an hour, due to the rainy weather.

### **GAZA - Second PTC COURSE**

#### ***First Day: Friday 26 /2/2010***

- 8.30 15' Welcome and Introduction **Sami Jabr**  
8.45 30' PTC Overview **Sami Jabr**  
9.15 30' Local Trauma Perspective **Ashraf Hlewa**  
9.45 30' ABCDE of Trauma and Primary Survey  
**Dr. Marwan Asalya**  
10.15 45' Airway and Breathing  
**Dr. Nafez El-Qerem**  
11.00 30 Chest Injuries **Ashraf Hlewa**  
11.30 105 Pray & Lunch Break  
13.15 45 Circulation & Shock **Dr.Nahed A. Taema**  
14:00 80 Skill Stations (groups – rotation )  
(40') • Basic / Advanced Airway  
**Dr. Ruth spenser / Dr. Harris / Dr.Nafez**  
14.40 20 • Cervical Spine I Logroll  
**Dr. John Beavis & Sami**  
20 • Chest Drains **Ashraf Hlewa**  
15:00 20 Break &Pray  
15.20 15 Demonstration Scenario  
**Dr. R. Spencer / Dr.D. Harris / Dr.John Beavis**  
15.35 60' Scenario Practice (groups) **All**  
16.30 15 BREAK  
16.45 20 Trauma in Pregnancy  
**Dr. Nehad A. Taema**  
20 Trauma in Children **Saed El franji**  
17.25 5' Overview and Summary **Sami**

#### ***Second Day: Saturday 24/2/2010***

#### **Time Topic INSTRUCTOR**

- 8.30 15 Head Injuries **Sami**  
8'45 15 Spinal Injuries **Dr. El Hams**  
9.00 15 Abdominal Injuries **Dr. John**  
9.15 15 Limb Injury **Mohammed. Nofal**  
9.30 30' Burns **Dr. Marwan Asalya**  
10.00 15' BREAK  
10.15 80' Workshops  
Analgesia  
Transportation (particular Head injury)  
Shock  
**Dr. Ruth Spenser / Dr. Debbie Harris /**  
**Dr. John Beavis**  
11.35 30' Secondary Survey (demo/discussion/  
lecture) **Dr. Marwan Asalya & Sami**  
12.05 55' LUNCH BREAK

13.00 30' Disaster Management

**Dr. Mahmoud Attar**

13.30 90' Scenarios (groups)

All

15.00 15' BREAK

◦ Summary. Feedback and Evaluation **Sami**

Generally, the time schedules worked well, and the skill stations, scenarios, and group discussions were excellent as the participants were very energetic. The time management was excellent during the second course, and most of the lecturers stick to the time.

The valuable intervention and feedback from **Dr. John**, **Dr. Ruth** and **Dr. Debbie** as having them with us has highly enriched the whole input of the program.

The Lectures were prepared by the local staff within the context of the **PTC** program and most of the slides were designed accordingly, **Dr. Mohamed El Attar** presented a very good lecture about disaster management with new diagrams and figures.

Scenarios were guided by the two guest lecturers.



During the second day, the lectures were presented by the instructors according to the schedule; **Dr. Debbie** and **Dr. Ruth** were active in group discussions and have enriched the skill stations especially of basic airway and advance airway management. Different scenarios were made by the local staff under supervision of the program coordinator and **Dr. Beavis**, all the participants were enthusiastic during scenarios and group discussions. The English language was one of the barriers for some participants to comprehend the details during team and group work, so some instructors translated the discussions to Arabic Language and vice versa. At the end of the second day, evaluation and feed back were made for the whole program.  
**Course Feedback and Evaluation:-**

At the end of the second day, the evaluation was made done through open discussions.

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Generally, the participants' feedback was very positive for the course. Many participants thanked the instructors and there were encouraging comments about the contents of the lectures and the interactive sessions.

A number of people commented on the success of using different teaching techniques.

Several participants asked to organize the course for 3-5 days.

### **Advantages:-**

- ◆ Practical.
- ◆ Applicable in ER.
- ◆ Focused course.
- ◆ Competent Lecturers.
- ◆ Efficient lectures.
- ◆ Contents conform with the course objectives
- ◆ Up to date knowledge and skills.
- ◆ Effective learning skills and different teaching techniques.

### **Areas to Improve:**

- ◆ Uncertified course.
- ◆ Selection of the target participants.
- ◆ Arrangements for the participants' leave from work.
- ◆ Short term course is not enough.

Following the course second day, an evening ceremony was organized at Beach Hotel on the sea shore for the instructors, the **PTC** team, **Dr. Nasser** and **Dr. Mofeed** where some speeches were given for everybody as courtesy.

### **Acknowledgement:**

Thanks to **Dr John Beavis** for his unlimited and constant support for the success of the courses. Special thanks to **Dr. Nasser Abu Shabaan** for his true interest and close cooperation to make the whole program a success. Thanks to **Ms. Rohia** for her logistical support that made things happen and for giving a hand in the Final Report Revision, our guest lecturers **Dr. Ruth Spencer** and **Dr. Debbie Harris** for their valuable participation and for **Ms. Fiker, Mahasen** and all **MAP UK** team.

**Sami Jabr**

**Director of Research Department**

**And PTC Course Coordinator**

**HRDD - Gaza**

**Feb. 2010**