

# PTC NEWS

Edition 10

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**OCTOBER 2007**

## THIS EDITION

In this edition, we feature:

- **PTC Regional Co-ordinator for Africa -  
Dr David Oloruntoba**
- **PTC Foundation Package in Rwanda -  
December 2005**
- **Malawi PTC Course Report - April 2006**
- **PTC 2 day Course Report - Maseru, Lesotho -  
June 10 - 11, 2005**
- **Call for contributions in future editions**

## DR. DAVID OLORUNTOBA

### *PTC Regional Co-ordinator for Africa Dr David Oloruntoba*



David Oloruntoba is a Nigerian surgeon, based in Umtata in the Eastern Cape province of South Africa. Eastern Cape was formerly a “tribal homeland” in the old South Africa, and has been very disadvantaged medically and economically.

David trained in Nigeria, gaining experience both in front-line mission hospitals and in large teaching hospitals, has worked

extensively for the Red Cross. He first taught on PTC courses in Lesotho (where he was head of orthopaedics), and Rwanda, before establishing a PTC base in Umtata with the support of the Medical School there. David is also well known for his links to the SIGN surgical network, which provides appropriate surgical technology for trauma and orthopaedic surgery in the developing world.

David is currently working on plans to reinforce those African countries where PTC has already been introduced, and to take it to new areas such as Swaziland, Ethiopia and Mozambique. He is a gifted teacher, with a vision for extending and strengthening trauma care throughout Africa.

## PTC FOUNDATION PACKAGE IN RWANDA

*First PTC Course - Rwanda Dec 05*



At the request of the Rwandan Ministry of Health, the WHO Representative for Rwanda, the Rector of Kigali Health Institute, and professional colleagues in surgery, anaesthesia, and medicine, a PTC foundation course was held in the Kigali Health Institute on the above dates.

The package consisted of:

- **A two day First Primary Trauma Care (PTC) course led by external PTC instructors**
- **A one day PTC instructors course led by external PTC instructors**
- **A two day PTC course led and delivered by the newly-trained Rwandan instructors**
- **The formation of a Rwandan PTC committee to lead and plan future development of PTC in Rwanda.**

Participants were drawn from Surgery, Anaesthesia and Medicine at both physician and Clinical Officer grades. For this first course many participants had been pre-selected as possible instructors, and many were already involved in teaching in KHI or in the medical school in Butare. We enjoyed good administrative support in preparation for the course thanks to the staff of KHI. An excellent teaching room was provided, complete with teaching aids including digital projection, whiteboard, flipchart, and overhead projection. This was backed up by the availability of an excellent skills laboratory with manikins and teaching equipment. Constant secretarial help was available from KHI. Ample refreshments and lunches were provided for the participants and faculty, together with necessary transportation and accommodation for out-of-town participants. In accordance with PTC policy, no per diems were paid to participants nor did the faculty (international or national) receive any fees for their contributions.

The course consisted of a mixture of teaching in lectures, and informal small group teaching based on practical skill stations,



scenarios, and workshops. Although the English language is widely understood in Rwanda, most of the participants were more comfortable in French as a working language, so we were glad that the PTC manual and slides were available to us in French – the slides thanks to the hard work of Mr. Etienne Nsereko of KHI. These slides will be a valuable resource in future for use in other Francophone countries.

The faculty were all native English speakers, so the majority of formal lectures were delivered in English, but French slides were used throughout to give maximum understanding. We made it clear from the onset that participants could respond and discuss in French or English. 2 of the 3 instructors spoke enough French to conduct the small group sessions in French or English as appropriate. This formula appeared to work well.

PTC headquarters provided course manuals in English for all participants, and in addition locally printed French manuals were available for all who preferred them.

As usual on PTC courses, an MCQ examination was given at the beginning and end. all participants showed great improvement in results from an average mark of 56% in the first test to 88% in the second. These marks would have been even higher except for the fact that we only had the MCQ in English, and this made it much more difficult for some of the participants. One student improved her exam result from 41% to 100% and was awarded a book prize for the most improved result. She subsequently became an effective instructor!

### Instructors Course

At the end of the PTC course, we invited ten of the participants to attend the instructors course, and then to teach on the second PTC course which immediately followed it. Choices were made on the basis of performance on the course, and on the advice of local knowledge of teaching potential. These choices were made before the final MCQ was administered, and we were very happy to see that the MCQ results supported our decisions.



**Etienne Nsereko** Anaes. Clinical Officer Lecturer KHI/CHK  
**Emmanuel Kayibanda** Surg. KFH/CHK  
**Sr. Monique Karikirwa** Anaes. Clinical Officer, Butare  
**Martine Makanga** Surg. Med Sch. Butare  
**Charles Nyakanga** Surg. KFH  
**Christine Ufashingabire** Anaes. Clinical Officer, Lecturer KHI:CHK

**Paul Kabayiza**

Physician. Kanombe Military Hospital, Kigali

**Simeon Bigirimana**

Anaesthesiologist. KHI

**Rampanjato**

Anaesthesiologist. CHK (Belg Co-operation/Madagascar)

**Schadrack Nambayisa** Anaesthesiologist.. KHI/CHK  
**Alexis Mutangana** Kanombe Military Hospital, Kigali  
 (KHI= Kigali Health Institute, CHK= Kigali Central Hospital, KFH = King Faisal Hospital)

The course consisted of teaching by the overseas PTC faculty, and in addition Shirley Dobson who was teaching on a simultaneous KHI “Training of Trainers” course, and who gave valuable input from the point of view of a specialist educationalist. The focus was on improving everyone’s teaching skills, whether lecturing to a large group, running a small-group tutorial or discussion, practical skill teaching, or running a scenario session. In micro-teaching each participant is required to produce after 10 min preparation either a section of a formal lecture, or 5 minutes of small group interactive teaching. After presenting this in front of their colleagues they are then given feedback on their teaching technique (What went well? Why? What might you do differently next time?).

The faculty were delighted to observe a substantial development of the participants’ teaching skills over the course of the day. This improvement was even more evident on the following day, when our Rwandan colleagues took on full responsibility for both organising and running the second PTC course.

A second PTC course, organised by Etienne Nsereko and led entirely by our Rwandan colleagues, immediately followed the Instructors course.

We were delighted at the efficient way in which our Rwandan colleagues applied themselves to organise and run the second PTC course. The overseas faculty members were present as observers, and to help and support in any way on request. Our experience was that, not only was our help not required, but that various elements of the course – timekeeping, organisation of teaching rooms etc, was significantly better than the course we had run ourselves! The MCQ results for the second course were fully comparable with the first course.



*Second PTC Course Participants*

At the close of the second PTC course, the Rwandan faculty and other local people involved met with us to set up a Rwandan National PTC committee consisting of:

**Dr Emmanuel Kayibanda (Chair)**

Surgeon, King Faisal Hospital

**Dr Martine Makanga**

Paediatric & General Surgeon

**Mr Etienne Nsereko**

Anaesthetic Clinical Officer, Lecturer KHI

**Dr Paul Kabayiza**

Physician, special interest in Trauma, Kanombe Mil.Hosp.

**Dr. Mpanjato**

Physician Anaesthetist

Since the end of the course, we have heard that our colleagues are planning their next course, to be held in the new year at Kanombe Military Hospital.

On behalf of PTC we want to say **THANK YOU** to The Rector, Vice-Rector and staff of Kigali Health Institute for their invitation, welcome, professional and personal support.

KHI for providing excellent teaching facilities at no cost to PTC Foundation.

The World Health Organization for their advice and financial support, and attendance at the awards ceremony.

The Rwandan Ministry of Health for their help and participation, through KHI and through the attendance of their representative Dr Andre at the awards ceremony.

The Association of Anaesthetists of Great Britain & Ireland for their financial support both for the course, and travel & accommodation costs of Drs. Frossard & Dobson.

WFSA for its support of Dr. Oloruntoba's fare and accommodation.

Dr. David Oloruntoba for his leadership of the course.

Mr. Etienne Nsereko for his tireless work organising the courses locally, and for translating all the PTC slides into French.

Dr. Henry Bukwirwa & Mr. Charles Rangira for their support of and through the Anaesthetic department.

Dr. Jeanne Frossard for conceiving & planning the course, for her liaison role, and for translating all the slides in the instructor manual into French.

**Mike Dobson**  
**Jeanne Frossard**  
**David Oloruntoba**

## **MALAWI PTC COURSE REPORT**

### **APRIL 2006**

#### **Introduction**

The College of Medicine of Malawi was founded in 1991 with strong financial and manpower support from the Dutch Government. Every year the 4th year medical students attend a 3-week introduction course in the Department of Anaesthesia in the Queen Elizabeth Central Hospital in Blantyre.

Dr. Frank Walters and Dr. Henk Haisma were invited by the head of the Department of Anaesthesia of the College to teach the students during their attachment at the Department. As part of the module, two PTC courses should be given. Both doctors through the years have been heavily involved in the introduction of the PTC course in several parts of the world and Dr. Haisma was the previous Head of the Department of Anaesthesia in Blantyre.

This was the seventh Malawian PTC course, the first having been held in Blantyre in 2001. Since then 4 local instructors have been trained. Two of them, Mr. John Gawanika and

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Mr. Richard Kachere, both Anaesthetic Clinical Officers, participated in this student course.

#### **Country Profile**

Malawi is often referred to as the "warm heart" of Africa. It has a population of more than 11 million, mostly relying on subsistence farming. It ranks as the fourth poorest country in the world, with very little money to spend on health or education.

Sadly, this country also ranks very high on mortality caused by trauma. Road traffic accidents are notorious, the cause being ill maintained vehicles, and lots of reckless drivers who do not have permits. Other causes of trauma are violence (machete cuts and beatings), burns, falls from trees and crocodile bites.

There are two large general hospitals and a network of district hospitals. Many of the district hospitals, the place where most of the initial trauma resuscitation takes place, don't have a doctor. Often there is a shortage of supplies of any kind, even in the major hospitals. Transport of patients is often badly organized and takes a long time, while good communication is lacking.

Over all there is a strong need to improve medical resources related to emergency care.

#### **Local arrangements**

Both doctors were accommodated in the newly renovated College of Medicine guesthouse in Mt. Pleasant. The College provided their transport to the hospital.

The courses were held in the Anaesthetic Department, where we could use the classroom for the lectures and three other smaller rooms for the workshops, skill-stations and scenario training. Manikins and other materials were borrowed from the Malawi School of Anaesthesia.

All lectures were given using powerpoint presentation. Manuals were provided by the International PTC-Organization in Oxford as were the certificates.

Because English is the official language in Malawi, there was no need to translate any of the course material into one of the local idioms.

Because this course was part of the student curriculum, existing arrangements for food and lodging for the students could be made use of without extra costs.

#### **Participants**

All 39 participants were 4th year medical students with little or no clinical experience.

#### **Instructors**

The local instructors were: Dr. Felix Namboya, lecturer at the Department of Anaesthesia and previously involved in PTC courses; John Gawanika, and Richard Kachere both Anaesthetic Clinical Officer and locally trained in 2003 as PTC instructors.

#### **The courses**

The PTC courses were given in the usual fashion. The students did an MCQ test at the beginning, had some important lectures

in the morning and then were involved in skill stations, workshops or scenarios.



As seems to be usual, the students were very shy in the beginning. It was also apparent that they hadn't much clinical experience yet. The second day they became more active and bold, asked lots of questions and performed with great enthusiasm in the scenario sessions.

The results of the second MCQ showed a significant improvement. One student managed to get all the questions correct.

### Funding

The PTC courses formed part of a three week introduction in Anaesthesia, the students didn't have to pay a course fee and their food and lodging was taken care of by the college of medicine.

The air tickets of the overseas instructors were paid by the College of Medicine. Accommodation and the majority of the meals were also provided by the College of Medicine. The visual aid equipment is adequate with projectors and a computer.

### Conclusion

In summary, we can look back on two very successful PTC courses which gave the local instructors again a chance to practice their acquired skills. Ways of extending the PTC course to private companies in Malawi need to be explored. Dr. Felix Namboya was in charge of the second course and should be able to manage future courses with the help of the local instructors. The PTC manuals and the certificates from the PTC foundation in Oxford were highly appreciated and would be welcomed in future. It is possible to reprint them in Blantyre but the quality will be poor.

On behalf of the PTC Faculty Malawi 2005

Dr. Henk Haisma

## PRIMARY TRAUMA CARE COURSE, MASERU, LESOTHO

Victoria Hotel - June 10-11 2005

(Participants - Day 1 - 17 / Day 2 - 20)

The course started late because of a mix up in the venue bookings by the hotel management. An alternative venue was found & we started about 1hr 20mins behind schedule.

The course was opened by the Medical Superintendent of Queen Elizabeth II Hospital, Dr. M. Mosotho. He emphasized the prevalence of trauma in Lesotho & used his own experience



as a trauma patient to highlight the importance of training primary care givers in trauma care.

The introduction & local trauma perspective were all shortened & by lunchtime we had regained most of the lost time. Skills stations were well done with an innovation we were trying for the first time. We used a video clip shot in Queen Elizabeth II Hosp of a chest tube insertion to teach the chest drain station. It was well received. Scenarios were well understood & by the third round participants were getting used to the PTC system.

The second day started on schedule & the lectures all ran smoothly. There was an atmosphere of excitement amongst the participants. Workshop discussions were animated & every one got involved. The scenarios were well executed & participation was enthusiastic. By the end it was obvious that the PTC message had been passed across successfully.

The Course Instructors:

- **Dr. T. Mohapi** - Consultant General Surgeon, Queen Elizabeth II Hosp, Maseru
- **Dr. H. J. Kingu** - Consultant General Surgeon, Queen Elizabeth II Hosp, Maseru
- **Dr. M. Mojela** - Orthopaedic Surgeon, Queen Elizabeth II Hosp, Maseru
- **Dr. Adnan** - Consultant General Surgeon, Queen Elizabeth II Hosp, Maseru
- **Dr. Samson-Akpan** - Physician & Head Catholic Hosp, Roma
- **Dr. D.O. Oloruntoba** - Consultant Orthopaedic Surgeon, Queen Elizabeth II Hosp, Maseru (Coordinator)

**Dr. Mabathoana** the last instructor was away on a course.

The List of Participants:

- Mantosa Tekane** - Nurse Anaesthetist
- Anna Leduka** - Scrub Nurse
- Masenate Phafane** - Scrub Nurse
- M. Makhakhe** - Senior Nurse
- M.A. Tshisau** - Medical officer
- A. Ntene** - Scrub Nurse
- San Lwin Oo** - Medical Officer
- Marcel Kalume** - Medical Officer
- Flora S. Molapo** - Nurse Anaesthetist
- M.M. Manyatsa** - Nurse
- Simon G. Marealle** - Medical Officer
- Benjamin Mukoni** - Medical Officer
- Palesa Mohaleroe** - Medical Officer
- J. Musoke** - Medical Officer
- M. Tlali** - Nurse
- O. Okezie** - Medical Officer
- Toto Odimula** - Medical Officer
- \*Adel Monyane** - Nurse Anaesthetist
- \*Marina Punnen** - Medical Officer
- \*C.K. Hoedofia** - Medical Officer

\*These people attended the 2nd day only & did not get certificates.

The Timetable was as follows:

TIME	TOPIC	INSTRUCTOR
<b>(DAY 1)</b>		
9.00 (15 minutes)	Introduction + Opening	Oloruntoba, Dr. Mosotho
9.15 (30 minutes)	Local trauma perspective and MCQ	Mohapi
9.45 (30 minutes)	ABCDE of Trauma and Primary survey	Oloruntoba
10.15 (45 minutes)	Airway and Breathing	Adnan
11.00 (15 minutes)	BREAK	
11.15 (45 minutes)	Circulation and Shock	Oloruntoba
12.00 (80 minutes)	<b>Skill stations</b>	
	Airway	Mohapi
	Cervical spine	Mojela
	Chest drains	Adnan
	IV access	Kingu
13.20 (40 minutes)	LUNCH BREAK	
14.00 (30 minutes)	Secondary survey	Mojela
14.30 (15 minutes)	Demonstration Scenario	All
14.45 (60 minutes)	Scenarios	All
15.45 (15 minutes)	BREAK	
16.00 (30 minutes)	Chest injuries	Mohapi
16.30 (15 minutes)	Overview and summary	Oloruntoba
<b>(DAY 2)</b>		
9.00 (30 minutes)	Head and Spinal injuries	Adnan
9.30 (30 minutes)	Abdominal and Limb injuries	Mohapi
10.00 (30 minutes)	Paediatrics and Obstetrics	Akpan
10.30 (15 minutes)	BREAK	
10.45 (30 minutes)	Burns	Kingu
11.15 (80 minutes)	<b>Workshops</b>	
	Analgesia	Kingu
	Transportation	Mohapi
	Paediatrics	Akpan
	Neurological assessment	Adnan
12.35 (55 minutes)	LUNCH BREAK	
13.30 (30 minutes)	Disaster management / Triage	Oloruntoba
14.00 (30 minutes)	Demonstration scenarios	All
14.30 (60 minutes)	Scenarios	All
15.30 (15 minutes)	BREAK	
15.45 (15 minutes)	Multiple choice paper	All
16.00 (15 minutes)	Summary and evaluation	Oloruntoba
16.15 (15 minutes)	Certificates and close	Oloruntoba / Akpan /Mohapi

**Course evaluation report:**

DAY 1	Very poor 1	Poor 2	Average 3	Good 4	Very good 5
Local trauma perspective			1	9	4
The ABCDE of trauma					14
Airway and breathing				3	11
Circulation			1	2	11
Skill station				6	6
Scenarios practice				8	5
Secondary survey			4	6	4
Chest trauma				5	9
Abdominal injuries			1	5	8



DAY 1 (cont.)	Very poor 1	Poor 2	Average 3	Good 4	Very good 5
DAY 1					
Head and spinal injuries				7	9
Limb trauma			2	4	11
Trauma in children		2	3	6	6
Trauma in pregnancy		2	2	7	5
Burns				10	9
Workshops				12	5
Disaster management			1	7	8
Scenarios practice day 2			1	7	9
Multiple choice questionnaire			1	6	7

To the question, ‘What was the best part of the course’? 50% answered – the scenarios & the rest said Primary survey/ ABCDE.

To the question ‘what would you suggest to change;

-Longer course (from 2 days to 1 week)

Widen the participation to administrators, ward attendants & ambulance drivers

More detailed manual

Increase the time for scenarios

More pictures with the lectures

To hold the courses at various hospitals

During the scenarios, don’t tell people ‘you are the doctor’,

Just say ‘you are attending to this victim’

More multimedia e.g. videos of intubation

In assessing the instructors, comments were:

-The course was practical & systematic

-Presentation was simple & clear

-Teamwork was excellent

-Constant repetition helped

-Equipment i.e. i.v’s, tubes etc were scanty

From the instructors we felt that we could improve in some areas

1.Our timing & coordination was good

2.We did not do demonstration scenarios & I felt that these could help

3.Next course we will go over the MCQ’s with the participants at the end. We didn’t do it this time

Because some instructors are going to be away on leave we have tentatively scheduled our next course for October 2005.

**Dr. Mohapi** gave the closing remarks.

Special thanks to **Dr. Letsie** of Disease Control Unit of Ministry of Health. She is also the secretary of the Lesotho Medical Association. They sponsored the course.

Special thanks also to **Dr. Mosotho** the Medical Superintendent of Queen 2 hospital for releasing personnel in the face of staff shortages & for taking time off to open the course.

Thanks go also to **Ms. Thato Ramokanate** of the office of the LMA. She made all arrangements, typed all the documents & did the entire running around.

**Dr. D.O. Oloruntoba**

**Local Course Coordinator, PTC Lesotho**

## **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](mailto:admin@primarytraumacare.org)**

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