

## PTC Bangladesh – Report

Bangla Desh is a member of the South Asian Confederation of Anaesthesiologists and the World Federation of Societies of Anaesthetists. Seeing the increasing number of road accidents in Bangla Desh and the inadequate structure and training of personnel in the early management of trauma Dr. Lutful Aziz approached me during the World Congress in Paris (2004) and asked whether it would be possible to arrange a PTC workshop in Dhaka – the capital of Bangla Desh. I brought this matter up with Douglas Wilkinson who was very encouraging and supportive of this initiative – organization, contacting and persuading other instructors to help. He also liased with Angela Enright and Ruth Hooper regarding funding for the project – a vital factor in the success of the venture!!

Prof Iqbal as the chief co-ordinator of the workshop sent out the invitations and sanctioned the use of the Samad seminar room at BSMMU .Dr. Lutful Aziz as the local co-ordinator and organizer did a marvelous job of advertising the workshop, providing the participants with advance information, providing us with the necessary help including teaching materials, mannekins, goats thorax, etc.

*The team of instructors* consisted of Ranjith Ellawala, a consultant surgeon from Sri Lanka, Caroline Grange a consultant anaesthetist from UK, Dr. Mahmud Aurangzeb a consultant surgeon from Pakistan and myself a consultant anaesthetist from India. As the course co-ordinator I was worried about our performance and ability to work together as we were total strangers (except Ranjith who had been on the course I helped run in Sri Lanka in 2003). However, my fears were unfounded. We ‘clicked’ from the word ‘go’ and by day 2 we felt we had known each other for years.

*The course* was conducted on the 27<sup>th</sup> and 28<sup>th</sup> of Nov 2004 with all the attendees electing to stay on for the instructors course on the 29<sup>th</sup>. Ranjith and Caroline arrived on the evening of the 25<sup>th</sup> and spent the 26<sup>th</sup> morning checking out the facilities and liasing with Dr. Aziz. Mahmud and I arrived in the afternoon/evening of the 26<sup>th</sup>. The team stayed in the comfortable Paradise Garden Hotel. We met on the night of the 26<sup>th</sup> – for dinner and a chance to get to know each other and plan the next days program.

The 27<sup>th</sup> morning found us having an early breakfast and leaving for the Samad Seminar room an hour before the scheduled start of the workshop. A good thing too! We checked the audiovisual facilities and organized the room to our liking and were ready to greet the first participants well on time 9 am.

### Course Participants

SM Fazlur Rhaman	Anaes BSMMU	Assoc Prof
Md.Abdul Hye	“	“
AKM Akhtaruzzaman	”	“
Zerzina Rahman	“	“
Ahsanul Habib	“	“
Nezam Uddin Ahmed	“	Assist Prof
Moinul Hussein	“	“
Debashish Banik	“	“

Debabrata Banik	“	“
Azharul Islam	“(cardiac)	“
Iqbal Hossain Chowdhury	“(ICU)	“
ABM Kamrul Hasan	Anaes NITOR	Medical officer
Khatib Shafiur Rahman	Orthopaedic surg NITOR	Med Off
KM Baki Billah	Anaesth Chittagong Medical College	
Ibrahim Miah	Orthopaed surg BSMMU	Med off
Md. Kamrul Alam	Thor surg.National Inst. Dis.Of chest	AssisProf
MA Momen	Casualty surg, Dhaka Med Coll	Consultant
ABM Muksudul Alam	Anaes SSMCH Dhaka	Assoc prof &head
SIM Khairun Nabi	Neurosurg BSMMU	Assis Prof
Zulfikar Hossain	Anaes DMCH	Assis Prof
Rubina Yasmeen	Anaesth DMCH	Consultant
Satyajit Dhar	Anaesth CMCH Chittagong	

There were 22 registered participants for both the PTC and Istructor courses. However some of them could not attend all three days due to clinical commitments.the certificates of those who did not attend the whole course was withheld – to be given if they attend the next course.

### *Course content and program*

#### Day 1 Saturday

0900-0915	Introduction	Iqbal & Rebecca
0915-0955	MCQ and local trauma perspective	Lutful & Rebecca
0955-1030	ABCDE of trauma and primary survey	Mahmud
1030-1100	Airway and breathing	Caroline
1100-1120	Break	
1120-1200	Circulation & CPR	Rebecca
1200-1300	Demonstration scenario	All
1300-1330	Chest injuries	Mahmud
1330-1415	Lunch	
1415-1445	Limb injuries	Ranjit
1445-1505	Secondary survey and demonstration	Caroline & Ranjith
1505-1545	Scenarios practice	All
1545-1600	Break	
1600-1700	Skill stations <ul style="list-style-type: none"> <li>• Airway basic and advanced</li> <li>• Cervical spine/log roll/extremity trauma/intraosseus needle</li> <li>• Chest drains</li> <li>• Needle decompression/pericardiocentesis</li> </ul>	Caroline Rebecca  Mahmud Ranjith
1700-1710	Overview and summary Introduction to Day 2	Rebecca

Day 2 Sunday

0900-0930	Head and spinal trauma	Ranjith
0930-1000	Abdominal injuries	Mahmud
1000-1040	Paediatrics and obstetrics	Caroline
1040-1100	Break	
1100-1130	Disaster Management & transfer	Rebecca
1130-1200	Burns	Ranjith
1200-1300	Workshops <ul style="list-style-type: none"> <li>• Analgesia</li> <li>• Paediatrics</li> <li>• Neurological assessment</li> </ul>	Rebecca Caroline Ranjith&Mahmud
1300-1400	Lunch and photographs	
1400-1500	Scenarios	All
1500-1600	MCQ's Feedback and discussion	All
1600	Certificates & tea	

Day 3. Monday – Instructors Course

<b>0900-1000</b>	<b>Session I Teaching how to teach</b>	
	Basic principles of teaching How adults learn Teaching structure Questioning techniques Presentation style for lectures Skills teaching Teaching scenarios Conducting discussions Assessment & critique Designing teaching programs	Rebecca
1000-1015	Break	
1015-1030	MCQ	
1030-1500	<b>Session 2&amp;3 Small group work</b> How to give a lecture How to run a discussion group How to teach a skill How to run a patient scenario	4 groups of 5 each rotate 45Mins Caroline Rebecca Ranjith Mahmud
1200-1300	Lunch	
1500-1530	Tea & MCQ review	
1530-1700	<b>Session 4</b> How to run a PTC course Feed back and discussion	All
!700	Certificates	

### *Teaching material*

Each participant was given a copy of the PTC manual which had been printed in India with permission. They were also given neurological and A&E assessment forms by Ranjith and paediatric resuscitation material by Caroline. A copy of the instructor course manual and teaching slides and MCQ's have been left with Dr. L. Aziz for use in the future.

*Media Coverage* was rather low key. We were interviewed by a lady from one of the weekly news services. She appeared quite knowledgeable but we have not seen what she has written about PTC.

*Certificate* were printed in Dhaka and presented to participants at the end of the course. Those who could not attend all three days will receive their certificates later as mentioned above.

*PTC Instructor information forms* have been filled by the team and 3 of the participants from Bangla Desh who did well during the course and are willing to help organize and teach in PTC workshops in the future. These forms are being sent to PTC admin.

### *MCQ's.*

On the first day I handed out an old set of MCQ's. It was good to see the participants reading the questions carefully and bringing up very relevant queries which led to extensive discussion. On Day 3 I handed out another set of MCQ's ( which I had just discovered in the instructors manual). These questions are much better and the answers easy except Q 24: where perhaps answer e should read reassess with primary survey rather than just primary survey. There was also a query on Q 19 saying if the answer is b how do you know he has had a cardiac arrest if you have not felt for the pulse with a? Should the stem of the question read cardio respiratory arrest ?

### *Feedback and evaluation*

Initially we found the participants rather diffident to speak up but by Day 3 it was a pleasure to see how they all wanted to actively participate in the lectures, discussions, scenarios and skill stations. The final brainstorming session was very informative , productive and encouraging. The surgeons were especially positive.

On looking at their evaluation forms (see below) and listening to them we noted that the highest percentage of 'very goods' came when the participants were called upon to do something active or we deviated from the set pattern with pictures/ scenarios, questions/case presentations as in 'disaster management'.

### PTC Course Evaluation

Day 1	v.poor	poor	Avg	good	vgood
Local trauma perspective		2	4	9	3
ABCDE of trauma			1	9	9
Airway & breathing			1	12	5
Circulation			2	13	3
Skill stations			3	5	10

Demonstration scenario by instructors			1	6	11
Scenarios practice			5	8	5
Secondary survey			4	13	1
Chest trauma			4	6	6
Limb trauma			2	15	1
Abdominal injuries		1	2	10	5
Day 2					
Head & spinal injuries				16	2
Trauma in children			2	14	2
Trauma in pregnancy			1	12	5
Burns			2	14	2
Workshops			1	12	5
Disaster management			1	4	13
Scenario practice Day 2			3	7	8
MCQ			2	10	6

- What was the best part of the course ?  
Demos and scenarios  
Group discussion  
ABCDE
- What would you suggest to change  
More diagrams and pictures  
? supply evaluation form before hand (tried with instructors course but did not work)  
Drowning and ?snakebites to be added  
Too many anaesthetists – should include other disciplines  
Surgical emphysema to get more importance  
Video presentations of scenarios as instructors may forget something  
Different text for different levels of health care personnel –like doctors, nurses, paramedics, drivers, police etc.

	V poor	poor	avg	good	Vgood
Introduction			3	11	5
How adults learn			4	7	8
Asking Questions			2	10	7
Feedback			2	10	7
Presentations general introduction		1	2	11	5
How to give a lecture				13	6
How to lead a discussion group				12	7
How to teach a skill			3	13	3
How to teach a scenario				9	10
WORKSHOP lecture				10	9
WORKSHOP discussion				5	14
WORKSHOP skill				12	7

WORKSHOP scenario				11	8
Language issues		2	1	14	2

- What was the best part of the instructors course – Equal between all the workshops
- What would you suggest to improve the instructors course? More time for workshops

During the last brain storming session a few important comments included:-

‘Other workshops we have had did not include all of us and keep us so involved and interested as this one has’

‘Instructors should speak slowly especially if they come from countries far away as their accents and terms they use are difficult to understand

‘We would like to conduct similar workshops across Bangla Desh. We will take the initiative and go ahead and will keep you informed’

‘We would like to develop our own programs for nurses and paramedics. Perhaps involve schoolchildren, police and fire fighters’

#### *Extracurricular*

It was not ‘all work and no play’ We had very good food and 2 excellent dinners out in congenial surroundings. Mintu was a special favorite with the team and deserves a special thankyou for all the hard work as does the audiovisual team

A big thank you to the organizers and the team members for a job well done!!