

## **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 4<sup>th</sup> 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 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 4<sup>th</sup> 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**