

PTC Report - Wuhan China
20 Sept 2010 to 27 Sep 2010

1 Purpose of the visit

To continue to provide the second group of PTC & Instructors training courses in Wuhan, China, as part of the three years project of Primary Trauma Care training model suitable to Chinese context. The first 4 PTC & Instructor training courses were provide from the 6 Sept to the 17 Sept also in Wuhan.

2 Executive summary

Most of the team from overseas instructors for this group arrived to Wuhan in Hubei province on the 19th September. These consisted of:

- Dr Amaia Arana (PTC China Medical coordinator. Paediatric anaesthetist, from the UK)
- Dr Suzi Nou (Anaesthetist, from Cambodia)
- Dr Haydn Perndt (PTCF Trustee member. Anaesthetist, from Australia)
- Dr Caroline Grange (Anaesthetist, from the UK)
- Dr M. Saeed Minhas (Orthopaedic surgeon, from Pakistan)
- Dr Marcus Skinner (PTCF Trustee member. From Australia)

Dr Jeanne Frossard gave an overview to the group before she left of what happened during the previous two weeks of group 1.

Dr Caroline Grange was also in Wuhan during the 2nd week of the group 1, and stayed with us during the first week of our group. Her contribution was very valuable as a bridge of continuity between the 1st and 2nd group.

Dr Marcus Skinner joined us for the courses from the 25th to 27th September when the amount of students was doubled in order to complete the planned amount of students programmed during group 2, which time was shortened due to the coming Chinese "Golden Week " holiday.

The group got on nicely and worked very well together.

During the group 2 we completed 4 basic PTC basic courses and 4 instructor courses. Courses 3 and 4 emerged together for the reasons above mentioned.

A total of 84 new training providers and instructors were trained: 22 in the 1st course, 20 in the 2nd course, and 42 during the 3rd and 4th courses

3 Key staff involved in planning and co-ordinating

PTCF:

Douglas Wilkinson, Roy Fenner, YeYing Vasby-Burnie, Amaia Arana
All the PTC Instructors mentioned in point 2 together with the new trained Chinese Instructors

MOH-NIHA:

Yan Ying, Huo TianQi, Sun XiaoYu, Guo ShuYan

Kadoorie Foundation:
Ronald Li

4 Professional aspects of the visit

It was very interesting, and certainly challenging, to teach the PTC course in a setting with many cultural differences, particularly the language and the scripture. The Chinese doctors were exposed to teaching methods new to them, in general they felt very interested but they found the course somehow not long enough to get familiarised with them, but surely their curiosity was awakened.

The student's assessment process is a new thing introduced during the PTC courses for the China project, and was interesting to see how it is evolving in order to become adapted to the Chinese requirements, practical and fair

We were taken around the Cardiac Intensive Care, and the Accident & Emergency Department at The Union Hospital.

5 Details of activities

The courses were imparted jointly by the foreign instructors and the new Chinese instructors who had already attended the previous 2 weeks.

In the first week 2 basic courses and 2 instructor courses were completed. Over the weekend and the following Monday we have to amalgamate the students of 2 courses together, and another basic course and instructor course were accomplished; neither the instructors nor the students felt that this should be recommended in the future.

6 Subsidiary activities

During the morning of the 2nd Instructor's course, on the 24th September, we were visited by Dr Wang Zong, Deputy Director of the Emergency Department, Peking Union Medical College Hospital and in charge of the Emergency Medicine doctors involved in the project. He attended the session as an observer.

At the closure of the courses, on Monday the 27th, we received the visit of Prof Yoco Shanglong, President of the Union Hospital, Wuhan, and Mr Yan Ying, Chief of NIHA, both of them gave closing speeches.

That evening we were invited to dine by Mr Yan Ying, and we had the opportunity to try the most exotic dishes. Following that we were taken to the Yangtze River Harbour where we lighted up balloons in honour of the long life and success of PTC China. We ended the night in a Chinese Tea House where we tasted different types of teas.

Our stay in Wuhan coincided with the Moon Festival during which the Chinese people eats the delicious “Moon Cake”, which we have the opportunity to try.

Most nights the PTC instructors were taking out for dinners arranged by the new Chinese instructors and by Wuhan Training centres. We were exposed to buffets, round-tables, “hot pot”...a most interesting cultural experience

At the end of a hard working day some of us ventured to try the “delights” of Chinese massage

7 Media coverage

Covered during the preceding two weeks

8 Contents of the PTC course

The standard format, with the adjustments to the programme implemented following the experiences during the courses in group 1 to accommodate the assessment process and to adapt the courses for China, were followed. The courses started half an hour ahead of schedule. Local trauma perspective was covered by a local doctor interacting with the audience in all the courses. As the foreign instructors had to work entirely with translators we just kept to the slides. However, we encouraged the new Chinese instructors to take a very active part, recommending explanatory expansions of the slides that they were more suited to do. No pictures were added during the lectures, and this as well as the use of videos was mentioned as desirable in several occasions by the students during the courses evaluation. It was recommended that these would be appropriate to add later when the local instructors were adapting their own course to the local environment.

Assessment

The foreign instructors as well as the new Chinese instructors took part in the assessment process, as we judged this necessary to familiarise them with the procedure.

As during the 1st group the assessment for the PTC basic course was done on the MCQ result and a ten point assessment on the primary survey in a standard scenario, which at any one time was the same for all the candidates. In the afternoon the scenario time was cut from 90 mins to 60 mins as the extra 30 mins were used for them to do the MCQ and evaluation form whilst they were called out to do an assessment scenario. We followed the decision taking by group 1 on an arbitrary pass rate of 24 for the final MCQ and a 7 pass mark for the scenario. Everyone achieved this, although we needed to repeat the scenario in 4 candidates, when this was judged necessary the examiners were changed.

During the instructor's course the "Evaluating PTC Instructors" form (which has a slight further modification since the 1st group) was filled up during the 120 mn Workshops session in the afternoon. That didn't allow all the candidates to demonstrate their abilities in all the different presentations styles, which they commented it would have been desirable, however it is difficult to know how to accomplish that without increasing the length of the day. The pass mark for the Instructors course was 5, all the candidates achieved that mark

Perhaps in the future might be desirable to consider a different mark for "passing" and for "becoming an instructor"

Facility

The facilities were good. We were housed in the skills centre at Wuhan Union Hospital and they had power point facilities for the slides in English and Chinese. There was also a black board and a white board; we could have done with another white board during the small groups over the weekend courses. It was a nice lecture theatre that we utilised when we were overlapping one group's basic course with another group instructor's course, as well as over the weekend when we have to joint two groups together. Attached was a facility with many trolleys and dummies for skill stations and scenarios. We were somehow short of equipment during the skill stations (laryngoscopes, cervical collars,...) particularly during the weekend when we had a double amount of students. All considered things worked fairly well.

The dummies were used for the skill stations and a slaughtered goat (two during the weekend) was produced for chest drain insertion and the larynx was used for surgical cricothyroidotomy. This worked very well.

9 Summary of PTC Courses

Every day, at the end of the working day, the foreign instructors together with the new Chinese instructors have a meeting to evaluate how the day went, what was needed to be changed, and to allocate the teaching sessions and workshops for the following day. The input from the Chinese instructors during these sessions was most valuable. During all the courses, and from the beginning, the teaching sessions as well as the assessment processes were shared between the foreign instructors and the Chinese instructors from the 4 different NTC. Occasionally this needed a bit of pushing, but it was judged necessary as from now on they will be the organisers of the following courses. Most of them were well motivated and participated very actively as they were gaining confident. By the end of the courses most of the new Chinese instructors from all the NTCs have experienced all the aspects of the delivery of the courses

⇒ Course 1: Week 1 Day 1

Every thing went reasonably well considering all of us were new to each other, and we were needing to be used to the new environment, translators,...The

contribution from Dr Caroline Grange was very helpful as she was more familiar to the situation having been there the previous week.

⇒ Course 1: Week1 Day 2

This was better. The manual and timetable have a couple of areas of conflict as were noticed by group 1.

The order of the slides in the instructor and course manual is:

Abdominal trauma (**30 mins**)

Head and spine trauma (30 mins)

Limb Trauma (**30 mins**)

Trauma in children and pregnancy (30 mins)

On the standard timetable

Head and spine (30 mins)

Abdominal and limb (**30 mins total** instead of **1 hr total**). We thought this was a bit short as the time was overrun even when the Chinese instructors were lecturing.

Trauma in children and pregnancy (30 mins)

As during the 1st course this caused confusion with the timing of the lectures and the order of the slides, although as this problem was previously experienced was overcome more easily. However, as recommended by group 1, it was felt that the programme should be changed for clarity.

In day 3 the 1st Instructors course overlapped with the 1st day of the 2nd basic course. The instructors were allocated to one or other course

⇒ Course 2: Day 1 and 2

Went well

Course 2 – Instructors course: all the foreign and Chinese instructors took part in this course and were exposed to the assessment process using the “Instructors Evaluating form” which needs a bit of practice to get used to. During the assessment process the instructors who already had used the form during previous courses were coupled with the ones who didn’t yet to help them with the understanding of the process.

For the practical sessions during courses 1 and 2 the students were divided in 5 groups of 4 or 5 students.

⇒ Courses 3 and 4: Days 1 and 2

There were 42 students for these courses. This was certainly overcrowded and commented by the students. It was decided to have all the students together in the lecture theatre for the lecture sessions. For the practical sessions the students were divided in 8 groups of 5 or 6 students each. To the request of the Chinese instructors, who opined that the participants were expecting to listen to the foreign instructors, the lectures during day 1 were given by the foreign instructors. In day 2 the Chinese instructors gave all the

lectures. Both days the practical sessions (scenarios, skill stations...) were shared by every body.

The Instructor's course on day 3 went fine

During courses 3 and 4 the evaluation process was requiring quite a bit of coordination to assess the double amount of students and finishing the courses on time

In all the courses everyone passed the MCQ and assessment scenario and proceeded to the instructor course. All of them passed the instructors course with a score of more than 5.

The amount of translators was no more than 3 at any one time, and they were of different capabilities. Due to this we were obliged to use the English speaking Chinese instructors to double up with the foreign instructors, that was a limiting factor during the allocation of the instructors in the practical sessions of small groups. Also we have to leave on their own, to perform completely independently all the time, the no English speaker new instructors, as we were needing the English speaking ones to double up with us, they did remarkably well though. Ideally we could have done with more translators

10 Summary of PTC multiple choice questionnaire scores before and after the course

The average score of pre-course MCQ is 18.4, post-course is 27.1.

11 Summary of the Instructors course

Only about half of the students had teaching commitments as part of their jobs. Even to those with teaching commitments the ideas about interaction during lectures, scenario teaching, discussion groups and feedback were new to them. They show a great interest and excitement for these new methods, but they felt one day course was not enough to make good teachers of them.

Because time restrictions we have to use the 120 mn Workshop afternoon session of the instructor course for the evaluation of the students, which other wise will have give them the opportunity to practice. They though it was a bit unfair that the first time they have to practice as teachers was the one to evaluate them. Unfortunately, it was nothing much we could do about it due to the circumstances but it might be something to take into account by the Chinese in the process of adapting the courses to their needs

On the whole I think they were quite impressed with these new concepts, and from that point of view was a success.

The final version of the evaluation form, which is slightly different to the last suggested by group 1, was adopted after taking into account the comments from the Chinese instructors. The black boxes have been removed and a N/A (not applicable) option added for the situations in which this particular space

cannot appropriately be evaluated. The N/A should not be taking into account when calculating the average. The use of the form needs a bit of practice to get use to, and it is recommended that whoever is going to use it should have seen it been used before.

We finalised all the courses, basic and instructors courses alike, with a feedback sessions from the students to the instructors. These sessions were carried out in a brain storming mode where the students have the opportunity to comment on what they liked about the courses and what could be improved. They were very happy with the teaching methods, especially the discussion groups and the scenarios were highly rated. The systematic approach and the practical aspects of the courses were also very well commented. On things to be improved they suggested the addition of pictures, videos and more clinical examples to illustrate the learning points. The lack of time to practice the scenarios and teachings skills was reiterated in several occasions. Every one acknowledged the cultural, and particularly the language limitations on the delivery of the courses, this should be easily overcome when the Chinese take over. Overall, the students as well as the instructors enjoyed the courses and considered them a very interesting experience

12 Evaluation of the success and relevance of the visit

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13 PTC Course and Instructor course participants

Four PTC courses and four instructor courses were provided during period of 20th Sept to 27th Sept. A total of 84 students attended the 2 day PTC and 1 day Instructors. These students come from different Chinese provinces. The majority of the participants were from the departments of emergency and anaesthesia, but they were also some students from the Obstetric and Gynaecology Departments

Please refer to the [Appendix_PTC China students database](#) for detail of participants.

14 PTC Course and Instructor course instructors

As well of the foreign instructors mentioned in point 2, several Chinese instructors from the 4 different NTC centres were active part of the faculty

- From Hu Bei province: Dr Wang Jie, Dr Qi Hong, Dr Fan Hong and Dr Yang Dong
- From He Nan province: Dr Wu Hao and Dr Zhang Jie
- From Guang Xi province: Dr Lin Yunan and Dr Ning Zong
- From Jiao Ning province: Dr Chen Jie and Dr Jiang Yu

15 Course statistics

84 students all passed the exam of the PTC course.
84 students all passed the assessment of the Instructor course.

16 Observations and recommendations for future visits in your speciality and suggestions as to how such visits could be modified to contribute further to the projects objectives

Many of the problems due to cultural differences and translation will be over come when the Chinese take over the programme.

The concept of the PTC, and the possibility of adapting it to different settings, was understood by new Chinese instructors who had the opportunity to join the courses during the 4 initial weeks.

The newly introduced teaching methods were well come and will become second nature with practice

The introduction of the exam required some changes in the program and might still need some evolution

It was considered desirable to have a “named” course coordinator working in the ground in each province

17 Details of any teaching or other material provided

Chinese copies of PTC Manual and Instructor Manual, and PTC Slides and Instructor Slides.

18 Acknowledgments

PTC UK would like to thank to all the people who in some way contributed to make these courses in China a reality