

PTC Report - Wuhan China
6 Sept 2010 to 17 Sept 2010

1 Purpose of the visit

To provide the first 4 PTC & Instructor training courses in Wuhan, China. This is part of the project of exploring in three years the appropriate Primary Trauma Care training model suitable to Chinese context, especially that in the rural areas in China, and to establish PTC as the National Chinese Trauma Programme after eight years of negotiation. Planned cascade teaching should commence for one year in the first instance

This will be the beginning of the establishment of the Primary Trauma Care training network in China. The initial first year will concentrate on training medics in the 4 National Trauma Centres, which will be responsible for the teaching and training of further doctors in over 50 hospital throughout China in year one. The cascade model of teaching will enable this straight forward course to rapidly move to District and rural areas in years 2 and 3.

2 Executive summary

Following lengthy negotiation with the Chinese MOH and the Kadoorie Charitable foundation a team of foreign instructors came to Wuhan in Hubei province. The team from overseas arrived on the 4th September. These consisted of:

- Douglas Wilkinson (PTCF Founder and Chairman)
- Sir Terence English (Ex-president of the Royal College of surgeons, Patron of PTC)
- Roy Fenner (PTCF Director, Secretary General)
- Keith Willett (Professor of Orthopaedic Surgery, University of Oxford)
- Jeanne Frossard (Consultant Anaesthetist at UCLH London, course director)
- Sanjay Paudyal (Consultant General Surgeon, Kathmandu, Nepal)
- Howard Kingus, Consultant General Surgeon, Umtata, South Africa)
- YeYing Vasby-Burnie(PTC China project manager)

In the first two weeks the instructors completed 4 basic PTC provider courses and 4 instructor courses training a total of 83 providers and 83 instructors.

3 Key staff involved in planning and co-ordinating

PTCF:

Douglas Wilkinson, Roy Fenner, YeYing Vasby-Burnie, Amaia Arana
Examination Committee of Group 1 instructor: Bruce Lister, Jeanne Frossard

MOH-NIHA:

Yan Ying, Huo TianQi, Sun XiaoYu, Guo ShuYan

Kadoorie Foundation:
Ronald Li

4 Professional aspects of the visit

It was fascinating for the instructors to apply the PTC course and principles to a place where there were many cultural differences and to see how the Chinese doctors adapted to teaching methods that were in general new to them.

We were also taken around the cardiac intensive care at The Union hospital, a 32 bed facility in a hospital for 2700 people.

5 Details of activities

In the first 2 weeks four basic course were completed and four instructor courses.

6 Subsidiary activities

Open Ceremony of PTC China Training Program was held 5th Sept in Union Hospital, Wuhan. 700 people attended the open ceremony, including representatives from PTCF, officials of MOH, officials of MOH-NIHA, representatives from Kadoorie Foundation, officials and staff from Union Hospital of Wuhan, Expert Group, Work Group, leaders of 4NTCs, PTC students to be, officials of hospital that PTC students come from, leaders of City Level Training Centre, officials of hospitals in the city of regional training centre. Speeches were given by representatives of various parties. Please refer to Appendix II open ceremony agenda for more details.

Day tour to the places of interest in Wuhan was arranged by Union Hospital on 11th Sept Saturday. 2 Day tour to big dam was arranged by Union Hospital on 18th Sept Saturday.

PTC instructors team together with interpreters team go together for Kalaoke 10th Sept Friday.

PTC instructors were invited for banquets arranged by Union Hospital Wuhan leader and by Wuhan Training centres.

PTC instructors went to local shops, streets, restaurants and message place every day after finishing the teaching, assisted by staff from Union Hospital Wuhan.

7 Media coverage

Over 10 newspaper and news websites reported the open ceremony and launching of PTC training program in China, including Xinhuanet.com, News.china.com.cn, science and technology daily newspaper, Chu Tian Du Shi newspaper, East China Health, etc..

http://www.chinadaily.com.cn/dfpd/hubei/2010-09-09/content_843494.html--

http://health.ifeng.com/news/news/detail_2010_09/06/2442127_0.shtml

<http://news.pharmnet.com.cn/news/2010/09/06/306254.html>

http://www.stdaily.com/kjrb/content/2010-09/06/content_226766.htm

http://news.china.com.cn/rollnews/2010-09/10/content_4234345.htm

<http://hb.people.com.cn/GB/194146/194148/12645700.html>

<http://hb.qq.com/a/20100907/001720.htm>

<http://www.zghdjk.com/info/135298.htm>

<http://www.cei.gov.cn/index/serve/showdoc.asp?Color=Eight&blockcode=wnzcg1&filename=201009061625>

<http://www.chncare.com/2010/0908/650.html>

<http://news.hustonline.net/html/2010-9-6/73166.shtml>

8 Contents of the PTC course

The basic PTC course was followed to the letter for the first course whilst the foreign instructors observed any adaptations that were needed immediately for China. As we had to work entirely with translators we just kept to the slides. There were instant modifications as the programme now included a pass fail assessment. The assessment was done on the MCQ result and a ten point assessment on the primary survey in a standard scenario. The same scenario was used for all candidates we had to work entirely with translators we just kept to the slides. No pictures were added. It was felt that these would be appropriate to add later when the local instructors were adapting their own course to the local environment.

Facility

The facilities were excellent. 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. It was a small cosy lecture theatre that was well laid out. Attached was a facility with many trolleys and dummies which were excellent for skill stations and scenarios. The course

started half an hour ahead of schedule. The standard format was followed. Local trauma perspective was covered by a local doctor. All went well with the lectures but they were probably rather boring to listen to as they were in translation.

The dummies were used for the skill stations and a slaughtered goat was produced for chest drain insertion and the larynx was used for surgical cricothyroidotomy. This worked very well. The list of ancillary equipment was produced but there is possible room for expansion of the list. It is not entirely clear in the manual that they need the basic list plus the lists from the skill stations

9 Summary of PTC Courses

⇒ Course 1: Week 1 Day 1

This day was very hectic as we had not met anyone and everything needed to be done in translation. Despite this there were very few problems.

⇒ Course 1: Week1 Day 2

This went remarkably smoothly. The manual and timetable have a couple of areas of conflict which were noted.

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**) However it is quite possible to put all into 30 mins total.
- Trauma in children and pregnancy (30 mins)

This has caused confusion with the timing of the lectures and the order of the slides. It was felt that the programme should be changed for clarity.

We have decided on an arbitrary pass rate of 24 for the final MCQ and everyone achieved this but as the course progressed we noticed that there was a lot of conferring and so the final results would not be very accurate.

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 with only the foreign instructor and translator. They all achieved 7 which is the passmark that we had decided on. We decided that everyone should do the same scenario as this would standardise the assessment.

⇒ Course 2: Day 1 and 2

Due to the lack of foreign instructors and the difficulty of accurate translation the local translators responsibility started to devolve to the translators. It has been decided that if they complete attendance and translation at two PTC courses and two instructor courses then they will automatically become instructors. After having completed one course they had all gained greatly in confidence about the course content and the PTC concept.

Everyone passed the MCQ and assesement scenario and proceeded to the instructor course.

⇒ Course 3: Days 1 and 2

Further devolution of responsibilities was given to the translators and the performance was good. We were doubling up with an instructors course and due to the lack of foreign instructors they had to take on considerable responsibility and work on their own without feedback. They rose to the challenge and reported back that they really enjoyed the responsibility. We were very careful to give them feedback after each lecture or demonstration. They tended to give the lectures a bit fast as they had only seen them given in translation and did not realise that they had to expand the lecture to the time. This will soon come with practice very rapidly. The Translators gave the first lectures on this course and it was decided for future that these should be given by the foreign instructors as the participants expected this.

The power failed at one stage and a local emergency doctor got up and gave a black board lecture superbly with 3 mins warning. A fantastic demonstration of the PTC concept.

Everyone passed the MCQ and the scenario evaluation and progressed to the instructor course

⇒ Course 4: Day 1 and 2

This day was almost completely given over to the translators with the foreign instructors observing and giving them comprehensive feedback about all their performances in lectures and scenarios etc..

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

For 83 students trained in the first 4 courses, the average mark of MCQ is 18.9 for pre-course and 26.5 post-course. Please refer to the 'PTC students and course Information' document for details.

14 Summary of the Instructors course

The ideas about interaction during lectures, scenario teaching, discussion groups and feedback were almost unanimously new to them and so for them to use the methods involves a big cultural shift,

By the third instructor course two of the translators had to perform completely independently as we were running parallel course and only had five foreign instructors. They rose to the occasion extremely well. The fourth instructor course they ran almost entirely by themselves with feedback from us.

Evaluation of the instructors course proved tricky with the first form as not all sections were relevant to each domain so a modification was done and then modified again. The final version was piloted on the 4th course. This made the statistics complicated but was worth it to get it as easy to understand as possible.

The final evaluation session was done as a brain storming as to what went well and what can be improved about the instructor course. They were very happy with the teaching methods that were new to them especially the discussion group and the scenarios. By the last instructor course the translators that gave the lectures in general, got better feedback than the foreign instructors and so it shows that something was being lost in translation.

15 Evaluation of the success and relevance of the visit

Please refer to the information in 'PTC Course and Students Information' for details.

16 PTC Course and Instructor course participants

Four PTC courses and four instructor courses are provided during period of 6th Sept to 17th Sept. 83 students (including 3 visits who attended and passed the exams) attended the 2 day PTC and 1 day Instructors. These students come from 30 different hospitals in the provinces of ShangDong, GuangXi, HeNan, HuBei, LiaoNing. They are from the Emergency Department, Pathology Department and Gynaecology Department. The majority of the participants were from the departments of emergency and anaesthesia

Please refer to the Appendix I for the names and other details of each participant on PTC courses and Instructor courses.

17 PTC Course and Instructor course instructors

Jeanne Frossard (consultant Anaesthetist at UCLH London, course director)
Sanjay Paudyal (Consultant General Surgeon, Kathmandu, Nepal)
Howard Kingus, Consultant General Surgeon, Umtata, South Africa
Bruce Lister (consultant anaesthetist, Brisbane Australia)
Caroline Grange (consultant anaesthetist, Oxford), arrived for the second week

David Oluntoroba was meant to arrive but sadly he had visa problems and was deported from Beijing back to south Africa and so we were short of one instructor for the start up course

Omar Lodi was also due to arrive for the second week but was unable to come because of visa problems

18 Course statistics

Methodology of examination of the candidates are being finalised but it was discovered that with re-testing of few candidates everybody passed both sessions.

19 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

It is felt that as soon as the local instructors get teaching in Chinese in their local hospital they should have very few problems. There are many problem dealing with lectures in translation and once that problem is out of the way I am sure that they will become excellent lecturers using their own examples from China. There are many cultural differences with teaching methods and sometimes it was difficult to explain the PTC concept but usually this was fine in the end The exam is something new and is not yet very robust. It was felt that doing the exam took away half an hour of valuable scenario time but maybe a quick demonstration scenario prior to the scenario practice would be a good idea. The concept that they can adapt the course themselves is not always entirely clear but this will come when they start to run their own courses.

20 Details of any teaching or other material provided

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

It was decided to give the instructor manual to the successful candidates the night before the Instructor Course.

21 Acknowledgments

PTC UK would like to thank all the ancillary staff who did a wonderful job running the course smoothly.

Especial thanks to YeYing, all the translators and translator co-ordinators, the on site administrators. The skill lab staff and the caterers