

Report on the PTC Foundation Course Addis Ababa, June 2013

Purpose of the visit and executive summary

This visit was the first to Ethiopia as part of the PTC/COOL project, to introduce a foundation 2-1-2 PTC programme in Addis Ababa. The anticipated plan thereafter is for further dissemination of courses both in Addis Ababa and to other centres in Ethiopia.

Background

This was the first of the courses to be run under the PTC/COOL project. A previous PTC course was run in Addis Ababa in 2009 directed by Dr Paul Borgdorff and colleagues. I quote here from Paul's report on that course:

Ethiopia is one of the oldest countries in the world and with 80 million people Africa's second-most populous nation. Ethiopia has only 1 to 2.5 medical doctors per 100,000 people, and a total of 20 anaesthesiologists.

In 1999 trauma was one of the most common reasons to visit the casualty department of Black Lion Hospital in Addis Ababa (the national referral hospital), representing 25% and 62% of the surgical and orthopaedic admissions respectively. A one-year (July 2005-June 2006) retrospective descriptive audit of injuries in public health facility of Addis Ababa was conducted using external causes of injury codes on the district health information system. A total of 1,044,025 patients were seen at the out-patient departments of health facilities under the health bureau of Addis Ababa city administration during the twelve months between July 2005 and June 2006 (health centers and hospitals). About 30% of all first emergency visits to any health facility in Addis Ababa were trauma related. This figure increased to 60% if only the hospitals were considered. Falls were the most common cause of first emergency visits and accounted for 37.7% of cases. They were exceptionally common in females aged over 65 years (52.2% of their injury related complaints). 34% of the first emergency visits were related to road traffic accidents. The majority of the patients, 26,854 (65.9%), were in the age groups of 15-44 years. Of all patients who were admitted for trauma, 35% and 8% was following a road traffic accident and a fall respectively. Pedestrians are especially vulnerable to accidents, as well as men working in building construction, where weak wooden scaffolding is usual. Though from the statistics it seemed that mortality due to trauma was low, (6 over the 12-months study period), this was due to underreporting. We were told that in Addis every day six people die in road traffic accidents alone. Some of the contributing factors include poor ambulance services, refusal of hospitals to accept patients and poor resuscitation facilities at some hospitals. It is striking that Ethiopia has the highest death rate per 10,000 vehicles per year of Africa and maybe of the world. Statistics vary between 114 and 180 deaths/10,000 vehicles annually. This compares very unfavourably with countries like Zimbabwe or South Africa each with 17 deaths/10,000 vehicles/year. It was concluded that road traffic accidents are the most common reason for trauma in Addis Ababa, followed by falls. It is suggested that road safety should be improved and also that data collection and statistics should improve in order to draw meaningful conclusions.

Since 1999 (personal communication, Dr Nebyou Seyoum) the deaths per 10000 vehicles have fallen from the former figure of 114 to nearer 60, but this is still a large figure, when compared with Mahapatra's figures:

Country	Accidents/10,000 vehicles/year	Deaths/10,000 vehicles/year
Australia	3.1	0.39
Brazil	1.3	0.34
France	8.7	0.40
Japan	9.8	0.20
UK	14.0	0.52
USA	12.2	0.25
India	31.8	2.50
Ethiopia		60

Key staff involved in planning and co-ordinating

Following the initial PTC/COOL meeting in Oxford in September 2102 James de Courcy (JdeC) was asked to take a lead in organising the introduction of PTC to Ethiopia, the nominated link being Dr Miliard Derbew, Specialist Paediatric Surgeon at Tikur Anbessa Hospital (which is otherwise know as the Black Lion Hospital) in Addis Ababa, and past Dean of the Medical School, who is on the council of COSECSA. After a number of attempts JdeC made email contact with Dr Derbew, who was initially unable to have involvement because of his commitments towards organising the November COSECSA conference, hosted in Addis Ababa, and suggested that things were left until after the conference. During this conference, which was attended by Charles Clayton and David Olurontoba, meetings were held to discuss the PTC project and this was discussed with Dr Derbew. Once the November COSECSA conference was finished, JdeC and Miliard Derbew exchanged emails, and eventually Skype contact, and the PTC course was discussed and plans were made for an initial course in June 2013. The plan was for a 2-1-2 programme. It was discussed and agreed that new Ethiopian instructors who had done the first course and instructor day would take a lead on running the second course.

The initial plan had been for the course to be run in the conference facility of the Desalegn Hotel, where the faculty were booked to stay, but shortly before the course Dr Nebyou entered the email discussion and suggested that it would be better and cheaper to run the course in the Surgical Skills Lab at Tikur Anbessa Hospital. JdeC strongly agreed with this, feeling also that it would encourage modelling of a more sustainable approach to running the course on future occasions. The course was therefore scheduled to use this facility.

Dr de Courcy drew together a team of instructors, listed below, who travelled to Addis Ababa on 31st May 2013.

In Addis Ababa the main senior members of the organising team were Dr Derbew, with Dr Abebe Bekele, Thoracic Surgeon and co-Director of the Surgical Skills Laboratory at Tikur Anbessa Hospital, and Dr Nebyou Seyoum, Secretary General of the Society of Surgeons of Ethiopia, aided by Ms Meseret for secretarial and administrative support. Meseret liaised with Annette Clack at PTC with a view to advance payment of expenses, though with the exception of payment for the faculty's hotel accommodation this proved not to be possible and so JdeC took out a large sum of dollars to pay for the costs of the course in advance. Catering for the course was arranged by the local team, with a quote having been provided (though the

eventual bill slightly exceeded this sum). An unexpected difficulty and expense was the negotiation with Ethiopian Customs over the equipment box, which will be discussed further below.

Course participants

The participants for the first course were a mixture of senior Surgeons and senior resident Surgeons and some Emergency Medicine residents. These are tabulated below. JdeC had suggested a mixture of different specialties including Anaesthesia. In Addis Ababa (though in discussions during the course we were informed that the Anaesthesiologists have limited direct involvement in immediate management of trauma). The participants for the two courses are listed below. For the second course a further group predominantly made up of residents in Surgery, Orthopaedics and Emergency Medicine, with two Anaesthesiologists, attended. Due to clinical commitments a number of the group members attended for part of the courses, sometimes making continuity difficult.

Course instructors

Dr James de Courcy, Consultant Anaesthetist, Cheltenham, UK (Course Director)
Dr Rob Stacey, Emergency Medicine Consultant, Gloucester, UK
Mr Jon Mutimer, Consultant Orthopaedic Surgeon, Cheltenham, UK
Mr Tim Nunn, Orthopaedic Surgeon, Sheffield, UK
Mr James Coulston, General and Vascular Surgeon, Bath, UK

All five of the faculty are experienced ATLS instructors, JdeC and JM also being ATLS course directors, though apart from JdeC the others did not have experience of running PTC. The team worked very well together. Unfortunately, as will be discussed below, Tim Nunn, on the team's behalf, became embroiled in an extensive process of negotiation with Ethiopian Customs over the equipment box, which because of warnings we had received we had shipped out by DHL rather than taking ourselves (in retrospect the latter would have been even more complex). These negotiations, while eventually successful, took several days and proved expensive. I would like to take this opportunity of formally thanking Tim for his patience and considerable forbearance during this process.

Details of activities and professional aspects of the visit

The team arrived in Addis Ababa following an overnight flight two days prior to the course, which allowed for recovery from the flight and orientation. It initially proved difficult to make contact with the local team, but we were able to visit the Surgical Skills Lab and meet with Dr Abebe to discuss and plan the course on the morning of Sunday 2nd June. This also gave a chance for the team to find out facts and ideas about the trauma situation locally, and to gain an insight to the issues of Addis Ababa traffic and taxi maintenance.

The Skills Lab was most suitable for the course's needs, with a good sized room that was able to be divided in half with partitions and allowed four separate group areas, good seating, lighting and ventilation and a video projector and screen, and a neighbouring room which was used for serving of food: Dr Abebe's office was next to this with a printer that we were able to access for printing of names onto certificates, timetables etc.

During the course members of the faculty team took opportunities to visit parts of the hospital to gain an insight into the issues in healthcare and local trauma management.

The team returned to the UK the evening after the second course.

Contents of the Primary Trauma Care course

Dr Miliard Derbew and his colleagues had, after Skype discussion with JdeC and email contact, invited two groups of participants, the first being a mixture of consultants and senior resident doctors almost entirely from surgical specialties who were felt likely to be suitable for future participation as instructors in PTC.

The plan had been for representative surgeons from five other centres around Ethiopia to attend the first course, their expenses having been approved to be met by PTC, with the aim that these five would act as a focus for further PTC expansion in each of those centres. In the event three did not come to the course, though Drs Mensur Osman from Gondar and Tsegaye G/Yohannes from Mekele were present for the course, Dr Tsegaye from the morning of day 2, and were enthusiastic participants and both completed the instructor day. We hope that Drs Mensur and Tsegaye will be instrumental in supporting the development of PTC in their centres.

Course 1 Day 1 – Monday 3rd June 2013

Participants in the first course, 3-4th June 2013

	Name	Hospital
M1	Mensur Osman	Gondar University Hospital
M2	Seblework Temesgen	Emergency Department, Black Lion
M3	Abdurahman Kemal	Emergency Department, Black Lion
M4	Sofia Kebede	Emergency Department, Black Lion
M5	Yenealem Tilahun	Emergency Department, Black Lion
M6	Alemayeu Shiferaw	Emergency Department, Black Lion
M7	Amsalu Molla	Surgical Resident Black Lion
M8	Melesse Gebeyehu	Surgical Resident Black Lion
M9	Ayalew Tizazu	General Surgeon, Black Lion
M10	Hanna Getachew	General Surgeon, Black Lion
M11	Befekadu Lemu	General Surgeon, Black Lion
M12	Andualem Deneke	Urologist, Black Lion
M13	Derebew Tarekegn	Surgical Resident, Black Lion
M14	Abebe Bekele	Tikur Anbessa Hospital
M15	Henok Seife	Ras Desta Hospital AAU
M16	Nebyou Seyoum	Tikur Anbessa Hospital
M17	Abebe Bezabih	Tikur Anbessa Hospital
M18	Gidena Gebrehiwot	Tikur Anbessa Hospital
T19	Tsegay G/Yohannes	Ayder Referral hospital(Mekelle)
M20	Amezene Tadesse	Tikur Anbessa Hospital
M21	Miliard Derbew	Paediatric Surgeon, Tikur Anbessa Hospital

As will be seen from the list above, we had 21 participants although some of the senior surgeons came and went during the course. Three of the surgeons invited from the peripheral centres sadly did not attend, but Dr Mensur Osman from Gondar

was present for the first course and the instructor day, and Dr Tsegaye from Mekele arrived for days 2 and 3. The remaining participants were a mixture of seniors and residents in surgical specialties.

Following discussion prior to the team's departure for Ethiopia, the course manuals were printed locally through Ms Meseret and were distributed to the participants. We were able to access a PC and printer in the skills lab.

A sheep carcass was purchased for the surgical skills stations for each of the two courses. It proved possible to extract a relatively intact larynx and trachea from this to demonstrate cricothyroidotomy. After fur trimming, it proved very suitable for the chest drain skills training.

During the introduction to the first day the course was visited by Professor Adem Ahmed, the Head of the Department of Surgery, who welcomed the team and expressed his support for the training programme. He returned to visit the course on several occasions and was updated on its progress.

Day 1 timetable

Monday 3 rd June			
9.00	15'	Welcome and Introductions	James de Courcy
9.15	25'	PTC overview	James de Courcy
9.40	30'	Local trauma perspective and MCQ	Team/Nebyou Seyoum
10.10	30'	ABCDE of Trauma and Primary survey	James de Courcy
10.40	10'	BREAK	
10.50	30'	Airway and Breathing	Rob Stacey
11.20	35'	Circulation and Shock	Jon Mutimer
11.50	30'	Chest Injuries (30)	James Coulston
12.20	45'	LUNCH BREAK	
13.05		<i>Skill stations</i>	
	(40')	<i>Basic / Advanced Airway</i>	James de C/Rob
	(20')	<i>Cervical spine / Logroll</i>	James Coulston
	(20')	<i>Chest drains</i>	Jon / Tim
14.15	10'	Break	
14.25	15'	Demonstration Scenario	all
14.40	45'	Scenario Practice (in groups)	all
15.25	45'	Abdominal and Limb injuries	James C and Jon M
16.15	5'	Overview and summary	James de Courcy

The course timings generally worked well. We used the timetable modified from the manual that had been piloted by JdeC in Gaza and the West Bank. The daily timings were cut slightly short from this programme after prior discussion with Drs Abebe and Nebyou to allow a slightly later start time and to avoid later finish, particularly in view of the difficulties with traffic in the Addis rush hours. The resulting programme is shown above. The course ran fairly well to time, although starts were a little late and there was difficulty gathering the participants after breaks.

Because Tim Nunn was still stuck at the airport, the abdomen and limb session was delivered in his place at short notice by Jon Mutimer and James Coulston.

The PTC equipment was, as discussed above, shipped out through DHL because we were warned that it would be likely to be confiscated if we brought it in with us at the airport, and that it might create issues with travel visas. In retrospect this was correct. There was a complex and convoluted customs holdup and Tim Nunn was out of action for much of the first two and a half days as a result of this.

Despite the absence of the PTC equipment, a good amount of equipment was available through the skills lab and the emergency department teaching store, which all proved most satisfactory and ample for running course: the equipment donated by PTC did eventually get to the course and will be useful for future courses. Dr Abebe reassures us that it will be possible to transport this to courses out of Addis Ababa. We are assured that in the other centres where it is likely that the course will be run there is availability of equipment which would be suitable for the course.

Following the warnings we received, we did not try to carry the PTC digital projector with us having been reassured by Dr Derbew that there should not be a problem with availability of projectors both for the first and subsequent courses in other centres. Given the difficulties we had we felt that it had been the right decision not to take the risk of bringing the projector.

We were advised by local doctors that if there were a need in the future to bring out equipment there are mechanisms and procedures, in particular through some of the other hospital authorities such as the CURE Hospital and St Paul's, that can smooth this process. It was disappointing that this did not prove possible on this occasion.

Course 1 Day 2 – Tuesday 4th June 2013

Tuesday 4 th June			
9.00	40'	Head and Spinal injuries	Jon
9.40	30'	Trauma in Children and Pregnancy	James de C
10.10	30'	Burns	Rob
10.40	15'	BREAK	
10.55	80'	Workshops <i>Analgesia</i> <i>Transportation</i> <i>Triage scenarios</i> <i>Neurological assessment</i>	James de C Rob James C Jon / Tim
12.15	30'	Secondary survey (demonstration/discussion)	Tim/ Jon / all
12.45	40'	LUNCH BREAK	
13.25	30'	Disaster management	James de C/all
13.55	80'	Scenarios (in groups)	all
15.15	10'	Break	
15.25	15'	Multiple choice paper review	all
15.40	40'	Summary. Feedback and Evaluation	all
16.20	15'	Close and discussion/planning of instructor day	James/all

The day started at 0910 and we made up time in the first three sessions, and the rest of the day ran well to time. The Secondary Survey was done as a demonstration with Rob Stacey volunteering to do a blinded survey for injuries suggested by the participants, this being a method that has worked well on other courses. It gave evident enjoyment and engagement on the part of the participants, with loud applause on each injury being found.

The disaster management session was run as a plenary discussion group. It proved difficult to get the participants to express their views (there is a tendency for junior surgeons not to be willing to speak up and participate in the presence of their seniors, that was evident both in this session and elsewhere in the course). It was noticeable that when the residents were on their own they felt much more free to speak up and contribute.

Selections of scenarios from the instructor manual were used in the scenarios session.

Instructor Day – Wednesday 5th June 2013

The day began with an introduction, and discussion of what the participants would be doing later in the day.

The day was attended by all those who had attended the first two days, with the addition of two Anaesthesiology and three Orthopaedics residents, the organisers' aim being that these doctors would attend the instructor day and then the succeeding two day PTC course.

Participants in the Instructor course

	Name	Hospital
W1	Hanna Getachew	General Surgeon, Black Lion
W2	Nebyou Seyoum	Tikur Anbessa Hospital
W3	Abebe Bekele	Tikur Anbessa Hospital
W4	Mensur Osman	Gondar University Hospital
W5	Tsegay G/Yohannes	Ayder Referral hospital(Mekelle)
New6	Biruk Girma	Emergency Department, Black Lion Resident
New7	Fekadesilassie Henok	Tikur Anbessa Hospital (surgical resident)
New8	Wuletaw Chane	Tikur Anbessa Hospital (surgical resident)
W9	Abdurahman Kemal	Emergency Medicine Department, Black Lion
W10	Miliard Derbew	Clinical Lead Tikur Anbessa
W11	Melesse Gebeyehu	Surgical Resident Black Lion
W12	Befekadu Lemu	General Surgeon, Black Lion
W13	Ayalew Tizazu	General Surgeon, Black Lion
W14	Seblework Temesgen	Emergency Medicine Department, Black Lion
W15	Henok Seife	Ras Desta Hospital AAU
New16	Mahelet Tadesse	Tikur Anbessa Hospital (anae)
W17	Amsalu Molla	Surgical Resident Black Lion
W18	Derebew Tarekegn	Surgical Resident, Black Lion
W19	Amsalu Molla	Surgical Resident Black Lion
W20	Abdurahman Kemal	Emergency Medicine Department, Black Lion
W21	Alemayhu Shiferaw	Emergency Medicine Department, Black Lion
new22	Yizez Mebratu Gebrehinot	Tikur Anbessa Hospital (anae)

NB *W denotes attended provider course previously.*
New indicates did not attend 1st provider course (will attend following 2 day provider course)

Instructor day timetable - planned

Wednesday 5 th June – Instructor Day			
0900	5 minutes	Introduction	James
0905	15 minutes	How adults learn	James
0920	15 minutes	Asking questions	James
0935	25 minutes	Feedback	Jon
1000	40 minutes	<i>How to give presentations</i> General introduction Lecture	James Jon
1040	15 minutes	BREAK	
1055	60 minutes	Discussion group Teaching a skill Scenario	Tim or James C James Rob
1155	10 minutes	Preparation for workshops	
1205	40 minutes	Workshops 1 (see sheet)	all

1245	40 minutes	LUNCH BREAK	
1325	40+40+40 minutes	Workshops 2 (see sheet)	all
1525	10 minutes	BREAK	
1535	60 minutes	Running PTC Courses and discussion about future courses Where to go from here (Discussion group)	All – Chaired by JdeC / Miliard Derbew
1635		Evaluation and Feedback, Certificate presentations, (planning of tomorrow's course)	James, all

The afternoon session of the instructor day, because of lower numbers than present, was run in two groups over four sessions with two instructors per group since four groups would have been too few. This worked well and enabled the faculty to identify good teachers. There was good involvement and engagement by the participants who enjoyed the session and implemented the techniques discussed in the morning session.

At the end of the Instructor day we held a summary session with Drs Derbew, Nebyou and Abebe Bekele and all the newly trained instructors in attendance. This included discussion about the next two days and about how the local team feel that PTC should develop onwards in Ethiopia. Details of this discussion are given in a section below.

This session concluded with a session with the new instructors who would be contributing to teaching on the next two days' course, for 20 residents and interns, with assignment of teaching topics and involvement in the course.

A number of those present expressed a desire to be involved in the second course, though unfortunately when it came to it some of these withdrew at short notice or were unable to attend as much as had been hoped. Unfortunately the hope that the course would be led by the new local faculty was not fulfilled, and the following two days were led by the UK team with some input from local instructors, but no-one able to be present for more than intermittent sessions.

To further aid planning and development of the course, and to thank the local senior team who have contributed so much for the planning of the programme (and their secretaries who have been so important in this) the team on behalf of PTC hosted the members of the newly formed national committee to a meal that evening at a local restaurant.

Course 2 day 1 – Thursday 6th June 2013

Participants

	Name	Hospital
1	Zegene Taye	St. Paul's HMMC (orth)
2	Gemechis Melkamu	Black Lion Hospital Surgical Resident
3	Berhanetsehay Teklewold	Black Lion Hospital Surgical Resident
4	Melka Kenea	Black Lion Hospital Surgical Resident
5	Berhanu Kelemework	Black Lion Hospital Surgical Resident
6	Abeje Chanie	Black Lion Hospital Surgical Resident
7	Dagim Leykun	Black Lion Hospital Surgical Resident
?08	Gelan Gebremichael	Black Lion Hospital Surgical Resident
9	Misganaw Tesfa	Black Lion Hospital Surgical Resident
10	Wuletaw Chane	Black Lion Hospital Surgical Resident
11	Bonge Bude	Black Lion Hospital Surgical Resident

12	Aregawi Kassa	Black Lion Hospital Surgical Resident
13	Martha f. Mariam	Black Lion Hospital Surgical Resident
14	Finot Debebe	Black Lion Hospital Emergency Resident
15	Addisu Animaw	Black Lion Hospital Surgical Resident
16	Abiy Michael	Black Lion Hospital Surgical Resident
17	Ephrem Gashaw	Black Lion Hospital Surgical Resident
18	Mahelet Tadesse Ibssa	Black Lion Hospital Anae resident
19	Abdurahman Feyo	Black Lion Hospital Surgical Resident
20	Dagim Tekeba	Black Lion Hospital Surgical Resident
21	Yohannes Tadlele	Black Lion Hospital Surgical Resident
22	Yizez Mebratu	Black Lion Hospital Anae Resident
23	Philipos Kidane	Surgical Resident, Black Lion Hospital
24	Leul Merid*	Black Lion Hospital Ortho resident
25	Getnet Asnake*	Black Lion Ortho Resident
26	Munib Yusur*	Black Lion ortho resident
27	Biruh Wubishet*	Ortho resident Black Lion

* denotes Friday only

NB Black Lion Hospital is also known as Tikur Anbessa Hospital

Unfortunately, despite discussion with Dr Miliard Derbew and colleagues both before and during the course about the desirability of the second course being led and taught by the new local instructors, in the event the expectation was that the visiting UK team would lead and mostly teach the course, although a number of the sessions were taught by local instructors: Dr Sebliwork gave the circulation lecture, Dr Abebe Bekele delivered the chest trauma lecture, Dr Ayalew took a major part in teaching the chest drain station and Dr Fekadesilassie Henok did the limb part of the Abdominal and Limb lecture. Two of the three initial lectures on day 2 were given by instructors who had participated in the ToT course, Drs Henok and Befekadu. Dr Hanna had asked to deliver the Paeds and Pregnancy lecture but she withdrew very shortly before the lecture and this was instead delivered by JdeC. The rest of the teaching was done by the UK instructor team.

The timetable followed for the second course was otherwise the same as for the first. The day made a prompt start with registration and the candidates did the MCQ prior to the introductory session.

It was difficult to get the participants back after lunch, resulting in a start about 40 minutes late – we were forced to cut the practical sessions each a little short to avoid running very late.

Course 2 Day 2 – Friday 7th June 2013

At the end of day 1, after the difficulties caused by their late return after lunch, JdeC had made a request for a prompt start. Following this everyone was present on time and the course began at 0900. The group from day 1 were joined by two further orthopaedic residents, bringing the starting number on this morning to 24. Some other participants did not attend the whole course – hence the incomplete Post MCQ figures above. The faculty did their utmost to ensure that these and all other paperwork were as complete as possible.

Two of the lectures on Day 2 were given by Drs Henok and Befekadu, as noted above, but the rest of the teaching had to be done by the UK team.

Following the mixed feelings about running the Disaster session as a discussion group on the first course, with participants' reluctance to contribute to the discussion, this was again delivered by JdeC but this time using an adaptation of the slideset produced by Saeed Minhas for the course in Jordan. The feeling from the faculty was that this had been successful. Dr Befekadu was also present for this session

and made some contributions based on his experience of an extensive mass casualty situation in his local area.

Summary of multiple choice questionnaire scores before and after the course

See spreadsheets above for detailed information: mean overall changes were:

Feedback

After each of the two courses a session of brainstorming feedback was held, with very positive comments.

First Course Feedback

Good	Could be better
Participation	Increase number of specialties
Locally focussed	Need more orthopaedic doctors
Timel	More on pain in children
Scenarios	Information on trauma packs
Friendly knowledgeable staff	Hard and soft copies of resources
System based	Provide notebook and pen
Facilities	
Fun and friendly	
Food!	
Small group discussions	
Multidisciplinary	
Practical	
Problem orientated	
Good communication and delivery	
Well prepared	
Appropriate length	

Second Course Feedback

Good	Could be better
Scenarios +	Need to train nurses and first responders
Lectures++	More time for skills
Demos	Training needs to be taken to rest of country
Organisation	Needs to be longer
Brevity	Problems in being on site and called away
Skill stations++	Need for videos
Good for our country	Better to have Ethiopian trauma pictures
Simplicity	Take the course to ER to see actual patient resuscitations
Good instructors	
Manual	
Equipment	

Subsidiary activities

During the final day of the course the skills lab was visited by Dr Dawit Wondimagan, the Dean of the Medical School, whom Dr Abebe Bekele had invited to visit the course. JdeC and other team members took the opportunity to explain the PTC course and philosophy to him, and Dr Wondimagan expressed support for further development of the programme, offering logistical and administrative support.

On our first evening in Addis the team met up with Mr Rick Gardner, an orthopaedic surgeon from Bristol who will be working at the CURE Hospital in Addis Ababa for several years from September and who is keen to become involved in supporting PTC training. Rick is an experienced ATLS instructor.

Members of the faculty team met with a team from University of Toronto organising training in the emergency room at Black Lion Hospital headed up by Dr James Maskelyk, and established links which will hopefully prove useful in the future.

The team had meetings and shared dinner with members of other NGO's and VSO volunteers both in Family Medicine (some of whose trainees may be able to participate in future PTC courses in Addis Ababa) and Anaesthesia, which may facilitate liaison with other hospitals in Addis Ababa.

Jon Mutimer and Tim Nunn took the opportunity on the final morning to attend the Orthopaedic Department X-Ray meeting at Black Lion Hospital and to meet some of the senior Orthopaedic surgeons, and to give a short introductory presentation about PTC and the planned programme.

During the afternoon of the instructor day on 5th June JdeC, with Dr Nebyou, was able to arrange to meet Dr Helena, who is Emergency Medical Service Coordinator at the Ministry of Health to discuss the PTC course and its applicability to the situation in Ethiopia. Dr Helena was very supportive of the programme and felt, following our discussion, that this would be an appropriate teaching model for Ethiopia, and that she and her department would be supportive of this. We discussed the future potential for expansion to other centres from Addis Ababa. The plan is that Dr Helena will be asked to join the local PTC organising committee.

To thank the local organising team and to build further links the faculty team invited them, and the representatives from Gondar and Mekele, to dinner at a local restaurant on the evening of 5th June.

Media coverage

As far as we were aware there was no media coverage during the course.

Evaluation of the success and relevance of the visit

Overall we felt that the visit had been successful, with positives including a strong group of participants and, as well as the first group who have done the instructor course, a strong and enthusiastic group for the second course, with potential to run a second instructor course with a number of them on a repeat visit. The enthusiasm of Drs Tsegaye and Mensur Osman bodes well for future courses in their centres. The local team have formed a committee (see below) and plan to promote further courses and dissemination through the country.

It was good eventually to be able to get the kit out there and it will be useful for future courses.

We did feel that there were a number of issues, though, which either may cause issues or which need addressing.

- The doctors, particularly the seniors, have very many commitments and a busy working pattern. Ethiopian Medicine has a strong hierarchical influence – unwillingness for juniors to teach or question seniors was an issue for some of the running of the courses and the instructor day. Hopefully all grades will be made to feel able to take a lead in running courses.
- With the hierarchical arrangements, will others be able to contribute or influence? Need for commitment to running courses in the face of busy clinical commitments. The Canadians told me that the presence of trainees on the course had left the Emergency Department very exposed, for example, and a number of participants had to leave for shorter or longer periods because of other commitments.
- One hopes that the local team will support spread of the Programme to other teaching centres within Addis Ababa, and will continue its involvement of other specialties. Peripheral centres show great promise: it is to be hoped that with the spread of PTC country-wide they will be able to flourish independently.
- Future sustainability is another potential issue – this was discussed both with the local instructors and with the Medical School and Surgical Department members as well as at the Ministry: avenues such as industry, university or governmental support can be explored, since it is recognised that the PTC/COOL project funding will be limited in amount and number of courses.
- It was disappointing that for the second course the hoped-for leadership by one or more of the new local instructors did not really take place, though individuals were present for circumscribed sections of the course. The aim had been that this would have increased confidence to run courses independently. This led to a comment about our needing to be there to run a course for their nurses: although I made the point that there are now local instructors who can and should be gaining experience and confidence in running courses the feeling was voiced that a visiting team would need to be present to run this course.
- Potential teachers are all busy with clinical commitments. This showed in the level of commitment to the second course – although some instructors were very supportive in individual sessions no-one was able to be there for the whole course or to take a lead in its running, and some who had asked to teach then withdrew at short notice during the day.

Future potential plans for PTC dissemination

JdeC had a discussion with Dr Abebe during the instructor day – he said that following discussions among the local senior doctors involved in the course their ultimate aim should be for courses to run throughout the 13 medical schools in Ethiopia, with two courses at each centre annually. He said that the aim is that Ministry of Health support will be sought for these. The aim is that PTC training should be incorporated as a permanent part of the curriculum for interns and first year residents, and should be formally integrated as part of the compulsory surgical skills training that all these trainees undergo.

At the end of the instructor day a discussion was held between the new instructors, UK faculty and Drs Derbew, Nebyou and Abebe. Dr Derbew outlined the plans that, in discussion, the local senior doctors had formulated:

- It has been proposed that a potential committee be set up to steer onward development of PTC in Addis Ababa and that this should comprise Drs Miliard Derbew, Nebyou, Abebe, Amezene Tadesse, Andualem Deneke, and incorporating Dr Helena from the MoH.
- There should be initial concentration, as well as further courses in Addis Ababa, on Mekele and Awassa, with Gondar participants being able to go to Mekele. A Canadian group will be going to Gondar in September to do some trauma training and so it has been suggested that the course should potentially be taken to Gondar later in the year in October or November, although in the interim some Gondar personnel could go to Mekele for PTC and instructor training on the 2-1-2 course there.
- There are already plans to take a course to Jima next spring, and this will hopefully be aligned to the conference that is happening there then, with input from Dr Phil MacDonald and his colleagues who will be there to teach on that course.
- There are plans to expand the committee with representation from peripheral centres, and for satellite committees to be set up in North, East, South and for these to have representation with Addis Ababa on a countrywide committee, following the COSECSA training pattern.
- Initial funding for these courses will continue to be from PTC/COOL, but aiming towards locally raised support from MoH and other sources, and with reducing input from non-Ethiopian instructors.
- Dr Derbew said that they hope to concentrate on ToT for the first two years. The plan is also to expand out to both physician and non physician training.

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

The experience with the equipment was unfortunate, although it was eventually resolved. We felt that, given that projectors are likely to be available for training, the likelihood is that trying to bring in the PTC one might well lead to problems (luggage is X-rayed on exit from the airport) and that it would be better not to try to bring it in on a further visit.

We felt that, particular with the good calibre of a number of the participants on the second course, there would be a strong argument for any further instructor group going out to see if it were possible to run an instructor course (or even a 1-2) with a number of those who were on the second course, perhaps before then going on to the location where the further 2-1-2 course (such as Mekele or Awassa) was taking place.

Details of any teaching or other material provided

For both the 2 day courses local printing and distribution of paper copies of the PTC manual was arranged, and the COOL paperwork was completed. In addition at the end of the instructor day a CD was written for each participant containing all the course slides (PTC official slide sets for basic and instructor slides as well as the slides used on the first three days of the course with added illustrative pictures). As well as these the CD contained electronic copies of the course and instructor manuals, COOL paperwork, a collection of trauma images as used on previous courses in PowerPoint format and some other useful material such as the WHO

Surgery in the District Hospital book in pdf format. These CDs were distributed to all the participants in the instructor day, and some additional copies were left with Dr Abebe to support further teaching.

The PTC equipment box has been left at the surgical skills lab and will hopefully be taken in its entirety to any further courses.

Acknowledgments

I would like to take this opportunity to thank Dr Miliard Derbew, Dr Nebyou Seyoum and Dr Abebe Bekele, our local contacts. In addition I would like to thank Ms Meseret and her colleague Ms Tsion: with Tim Nunn, Tsion had a difficult time negotiating with Customs for the equipment box and proved invaluable.

Our faculty team proved excellent and worked well together, and I would like to state my great appreciation to them. Hopefully some of the team will be able to return to lead further courses in Ethiopia in the future.

Annette Clack and Charles Clayton gave valuable support both before and during the course, as did Tim Beacon from MedAid and Doug Choyce from DHL, in trying to find a solution to the Ethiopian Customs issues.

*Dr James de Courcy
Course Director
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COSECSA Oxford Orthopaedic Link (COOL)

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