

# **PTC PROGRAMME REPORT**



**Wynne Aveling**

**August 2013**

**PTC PROGRAMME  
Mbarara - August 2013**

**C O N T E N T S**

<b>SECTION</b>	<b>CONTENT</b>	<b>PAGE</b>
1	Introduction	2
2	Key staff involved in planning and co-ordination	3
3	UK PTC Instructors	3
4	Purpose of visit	4
5	Executive summary	4
6	Professional aspects of visit	5
7	Instructors' PTC (days 1&2)	6
8	Teaching the teachers (day 3)	7
9	PTC course (days 4&5)	8
10	Post course evaluations	9
11	Discussion	10
12	Issues raised	11
13	Acknowledgements	11
Appendix	Course attendees	12

# REPORT

## 1. INTRODUCTION

This report details a UK team visit to Mbarara in Southwestern Uganda to run a Primary Trauma Course Foundation Programme (PTCF) in August 2013. This was the third of a new wave of THET funded PTC courses in Uganda as part of the COOL project via Oxford and COSECSA.

With the high incidence of trauma and its poor management well documented throughout Africa, the need for improved trauma management is of paramount importance in order to save life and promote both a rapid and quality recovery. The PTCF aims to address this issue through a properly structured and consistent programme that takes into account the often poor resource environments the medical teams work in.

This report summarises each stage of the two courses together and concludes with discussion points and issues raised.

Wynne Aveling  
**August 2013**



## 2. KEY STAFF INVOLVED IN PLANNING AND CO-ORDINATION

Alex Bangirana (AB)  
Alison Colvin (AC)  
Annette Clack (AC)  
Deus Twesigye (DT)  
Nigel Rossiter (NR)

PTC Coordinator Uganda COSESCA rep  
UK Course Director  
PTCF Administrator  
Consultant Surgeon Mbarara Hospital  
UK Country Coordinator for Uganda



## 3. UK PTC INSTRUCTORS

**Dr Alison Colvin**  
**Dr Kirk Langley**  
**Dr Wynne Aveling**

SHO orthopaedics, Basingstoke Hospital  
Consultant Anaesthetist, Perth Australia  
Consultant Anaesthetist, UCLH NHS Trust UK

#### **4. PURPOSE OF VISIT**

The purpose of the visit was to run a PTC Programme at Mbarara the main town in southwestern Uganda. It houses a university including a medical school and the regional referral hospital (MRRH). Doctors from MRRH were invited to the PTC course (days 1 and 2) and the PTC instructors' course (day 3). Nurses and clinical officers were invited to the second PTC course (days 4 and 5) largely led by the new instructors from days 1-3.

#### **5. EXECUTIVE SUMMARY**

- A five day PTC programme was held in Mbarara August 12-16 2013.
- The faculty was made up of three UK based doctors and five Ugandans.
- 11 local doctors attended the PTC instructors course, 10 completed it.
- 9 of them attended Teaching the Teachers and became instructors.
- The new instructors ran the second PTC course which was attended by 19 nurses and clinical officers from Mbarara Regional Referral Hospital.
- Feedback for all parts of the week was very good.
- MCQ scores showed improvement after each course especially the second one.
- The UK and local organisation worked well together and there were no problems with transfer of funds.
- Funding for Kampala instructors to attend was crucial.
- All involved felt that PTC should be rolled out to the police and others.
- There is now enough local expertise and enthusiasm to run courses in Mbarara without outside help.

## 6. PROFESSIONAL ASPECTS OF VISIT

### **Faculty** (days 1-3)

Alex Bangirana (AB) local course coordinator Head of A&E Kampala

Deus Twesigye (DT) surgeon Mbarara

Gideon Rukundo (GR) A&E surgeon Kampala

Peter Mbidde Musiitwa (PMM) surgeon Kampala

Derek Harbourne (DH) A&E lead Mbarara

Alison Colvin (ACo) UK course coordinator

Kirk Langley (KL) anaesthetist Australia

Wynne Aveling (WA) anaesthetist UK

\*For clarity anglicised style of name order used

AB GR PMM and ACo had all taught on the Kampala course held in Feb 2013. DT and DH provided an Mbarara perspective. KL, who travelled at his own expense, was trained in Zimbabwe and gave an African perspective. WA, already in Uganda on other business, had previously worked in Mbarara.

NR provided the overseas faculty with extensive information, including instructor's manual, all slides and much else, by email in good time before the course.

The courses were held at the Acacia Hotel close to the hospital. The facilities were excellent, the staff very helpful and the food generous in quality and quantity.

Payment for the hotel had arrived by bank transfer before the course. Funding from UK enabled the three Kampala based faculty members to travel and stay for five days. The PTC foundation visa credit card was problematic as most places do not take credit cards, and the ATM swallowed it! Eventually it was used for the hotel balance and cash for other expenses.

A fire at Nairobi airport delayed ACo's arrival but we arrived in Mbarara by 8pm Sunday, having discussed the allocation of talks on the journey. The teaching materiel and projector came with us from Kampala and were in good order. A faculty visit to the hospital (MRRH) took place after the Wednesday course.

AC and NR's role in co-ordination prior to the programme was much appreciated.

## 7. INSTRUCTORS' PTC (days 1&2)



### **Course Participants**

10 hospital doctors (see appendix)

DT welcomed us to Mbarara and described the heavy burden of trauma illustrating his talk with hospital statistics. Lectures, skill stations, discussions and scenarios were delivered by the faculty with good input from the Ugandan members. Scenarios were particularly lively.

This was a knowledgeable and motivated group who all knew each other which led to a very positive atmosphere. The MCQ scores reflected this.

**MCQ** mean (range)

**Before** 24/30 (18-28)

**After** 28/30 (25-30)

Feedback was generally very positive (see section 10 below). It was felt that the airway skill station needed more time than was allocated.

## 8. TEACHING THE TEACHERS DAY 3

All but one of the ten who completed the PTC came for the day on how to teach. The highlight was undoubtedly KL teaching Marvin how to tie a bow tie



Feedback was again positive and 9 doctors were presented with certificates at the end of the day.



## 9. PTC COURSE days 4&5

Nineteen clinical officers and nurses attended for the second course of whom 17 completed both days.

The course was entirely delivered by the newly trained instructors who proved very effective and enthusiastic.



There was a marked improvement in MCQ scores after the course

**MCQ** mean (range)

**Before** 14/30 (8-22)

**After** 20/30 (19-25)

## 10. POST COURSE EVALUATIONS

### Course Feedback Questionnaire (very poor =1 up to very good =5)

#### PTC days 1&2

Median 4 mode 4 range 3-5

Scores by sections

3 13% 4 53% 5 34%

Comments:

“More time for scenarios”

“Live animal for passing chest drain”

What would you change “None of the above”

#### Instructors' course

Range 4-5

Scores by sections

4 28% 5 72%

Most popular:

“giving a lecture” “the food”

What would you change? “It all went well”

#### PTC days 4&5

Mode 5 range 3-5

Scores by sections

3 7% 4 41% 5 52%

Comments

“When the head of A&E Mulago role played as a patient – SMILEY”

“Airway skills station needs more time”

“I would lobby for this to be taught to police officers, all health staff, learner drivers”

It was good to note that the new instructors (day 4/5) scored better than the old hands (day 1/2)!



## 11. DISCUSSION

All sections of the course were very successful largely because of the prior planning by Alex Bangirana from Kampala and Deus Twesigye from Mbarara. It was particularly gratifying that so many of the participants on days 1&2 went on to teach the second course and did so with considerable flair.



Both groups commented that they would like more time at the airway station.

Likewise many people would like to roll PTC out to the police and village health workers. The police who bring most accident victims simply scoop and run generally tossing the victim into the back of a truck.

There is enough expertise and enthusiasm now in Mbarara to run courses locally without the need for outside help, for all interns and emergency department staff.

Funding for local tutors is enormously helpful, doctors are poorly paid in Uganda and the cost of (relatively) safe ravel can be high.

## 12. ISSUES RAISED



## 13. ACKNOWLEDGEMENTS

Thanks are due particularly to Alex and Deus our Ugandan hosts. The pre course preparation by the Oxford team and Nigel Rossiter meant that we hit the ground running. Alison kept the finances in good order and finally thanks to those who became instructors and ran the second course.



## APPENDIX

### INSTRUCTORS' COURSE ATTENDEES days 1-3

Mugururu Robert	Consultant Surgeon
Nalwanga Juliet	Surgeon
Kayondo Gerald	Resident surgeon
Kiwanuka Joseph	Anaesthetist
Kwikiriza Andrew	Resident anaesthetist
Derek Harbourne	Lecturer emergency medicine
Mwesigioa Marvin	Resident surgeon
Nyaiteera Victoria	ENT resident
Kisinde Stanley	Resident surgery
Njuki Festus ( <i>could not attend day 2-3</i> )	Resident medicine
Nakku Doreen ( <i>could not attend day 3</i> )	ENT surgeon

### COURSE ATTENDEES days 4-5

#### All clinical officers or nurses

Tizimobusingye Sylvia  
Sorowen Henry  
Nabaasa Angellah  
Nakazibwe Nasufa  
Ocokoni Tom  
Kakairi Abubakr  
Buwule Judeson  
Asiimwe Andrew  
Ngabirano Agnes  
Nabbosa Mary  
Nampa Bernard  
Nuwgoaba Enid  
Tuhaise Prisca  
Twinobusinge Edison  
Ahimbi Marcis  
Nziabake Agnes  
Kunda Linnet  
Ahimbi Sibugi  
Jisia Arthur

#### COSECSA Oxford Orthopaedic Link (COOL)

This Primary Trauma Care course is part of a project funded through the Health Partnership Scheme, which is funded by the UK Department for International Development (DFID) for the benefit of the UK and partner country health sectors and managed by the Tropical Health Education Trust (THET). The project is called the COSECSA Oxford Orthopaedic Link (COOL). More information is available at [www.ndorms.ox.ac.uk/cool.php](http://www.ndorms.ox.ac.uk/cool.php).



PTC

