

## **PTC Course report**

Kibaha and Bagamoyo District Hospitals  
Pwani Region  
Tanzania

5<sup>th</sup> – 10<sup>th</sup> December 2013

Report prepared by Dr Jane Olday

## 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



## **Purpose of the visit**

This course was the second of five to be run in Tanzania over an 18 month period, until the end of 2014 as part of the COOL project. (COSECSA Oxford Orthopaedic link). The first was held in September 2013 in Muhimbili National Hospital, Dar es Salaam.

This second course was run through EMAT by instructors who are doctors in Emergency Medicine at Muhimbili National Hospital, the large tertiary referral state run hospital in Dar es Salaam. Two UK based PTC instructors also attended the courses in Kibaha and Bagamoyo to facilitate and help the Tanzanian instructors.

Road traffic accident trauma worldwide is a substantial cause of morbidity and mortality. In Tanzania, 90% of RTA casualties are passengers, compared to the USA where 60% are the driver. Evidence suggests that this is because there are fewer cars per capita and cars carry more passengers in Tanzania. In addition, prevention of secondary injury can be difficult when access to hospitals from remote environments is problematic.

The course followed the 2-1-2 format designed by PTC and was held in 2 centres over 5 days. The course ran from Friday to Tuesday in order to minimise time away from work for the participants and instructors. In addition, Monday was a public holiday.

The first 3 days were held in Tumbi District Hospital, Kibaha, situated 34km to the east of Dar es Salaam on the Morogoro road. After the instructors course on Sunday we relocated to Bagamoyo District Hospital, a coastal town, 80 km north of Dar es Salaam.

## **Executive summary**

6 instructors (4 Tanzanian, 2 UK) lead the course in Kibaha. There were 17 participants, a mixture of medical officers, Assistant Medical officers, clinical officers and nurses.

9 candidates were selected (5 men, 4 women) to attend the Instructors course on Sunday.

All 9 new instructors accompanied the original team of 6 to Bagamoyo. Our new instructors then trained a cohort of 12 participants (medical officers, Assistant medical officers, nurses and midwives) over a further 2 days.

The course was taught in a mixture of English and Swahili. Participants in Kibaha found the UK lecturers a little hard to follow and in Bagamoyo much of the lecturing and scenario work was conducted in Swahili.

All candidates on both courses completed the pre and post course MCQ.

16/17 candidates improved their score in Kibaha. In Bagamoyo the improvement in MCQ scores was very marked for some candidates (8/30 pre course, 30/30 post course)

## **Key personnel**

Dr Juma Mfinanga, Emergency Physician, Muhimbili National Hospital and General Secretary of the Emergency Medicine Association of Tanzania.(EMAT), Tanzania PTC –Coordinator

Dr Hendry Sawe, Emergency Physician, Muhimbili National Hospital and President of the Emergency Medicine Association of Tanzania. (EMAT)

Professor Mwafongo, Head of A&E and Anaesthesia, Muhimbili National Hospital

Dr Debbie Harris, PTC link and project lead, Consultant Anaesthetist, Frenchay Hospital, Bristol, UK

Dr Jane Olday, Consultant Anaesthetist, Frenchay Hospital, Bristol, UK

Annette Clack, PTC co-ordinator, Oxford, UK

## **Professional aspects of the visit**

The 3 days in Kibaha were held in a large airy air conditioned room on the first floor of the education block. The electricity was knocked out by a storm on day 2 and the room remained cool. Food and refreshments were excellent. AV facilities and projection were provided by the instructors' laptops and a projector donated by PTCF.

The room at Bagamoyo was also of adequate size. We accommodated a total of 15 instructors and 12 candidates. Unfortunately the air conditioning was not working and the tin roof combined with very hot weather meant that the scenario work was a little uncomfortable! AV equipment used was the same as that in Kibaha. At times we struggled to make ourselves heard over the rain drumming on the roof.

Both courses started around 30 minutes late on most days and we struggled with timekeeping. We started the final day in Bagamoyo an hour early in order to revisit some of the topics from the previous day and managed to finish on time.

The commute from Dar es Salaam to Kibaha for the local and UK instructors proved to be extremely gruelling. The Morogoro road out of the capital to Dodoma is being rebuilt to facilitate a much needed rapid transit bus route. The 34km commute to Kibaha took anything from 90 min to 3 hours, which added considerably to the length of the working day.

Arranging our accommodation in Bagamoyo needed local negotiating skills – the hotel was initially reluctant to let us share rooms. However, in the end it was clean, comfortable, cool and we had an excellent PTC course dinner in the gardens.

### **Course participants**

1st course in Kibaha; 17 participants, 8 women, 9 men. Pre course MCQ scores ranged from 7-24/30, post course MCQ scores from 11 to 28/30. One candidate's score decreased (14 to 11)

In Bagamoyo, 12 participants, 5 women and 7 men. Pre course scores ranged from 7 to 14. Post course scores from 13/30 to 30/30.

### **Course Instructors**

Dr Juma Mfinanga, Emergency Physician, Muhimbili National Hospital and Tanzania – PTC coordinator

Dr Hendry Sawe, Emergency Physician, Muhimbili National Hospital

Dr Kweka Walter Aquilin, Surgeon and visiting lecturer, Muhimbili National Hospital

Dr Geminian Festo Tembo, Emergency Physician, Muhimbili National Hospital

Dr Deborah Harris, Consultant Anaesthetist, Bristol, UK

Dr Jane Olday, Consultant Anaesthetist, Bristol, UK

### **Details of activities**

#### **Days 1 and 2**

The first day started at around 0945. The lectures were shared among the 4 local and 2 overseas instructors. No goat was available on day 1, so skill stations were rearranged. The candidates were enthusiastic and involved and the skill stations generated much discussion. We moved onto scenarios in the afternoon.

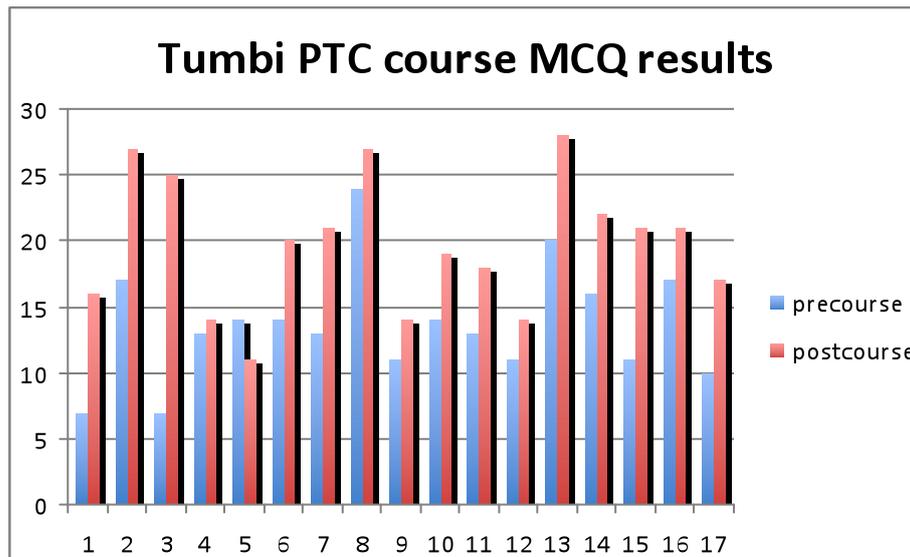
The candidates found these more difficult and we spent some time reinforcing simple ABC manoeuvres (people were keen to intubate without having utilised simpler airway rescue techniques)

Day 2 was busy (Saturday). We started with the lectures on systems trauma. The goat arrived, looked cute and got killed. We used the thorax for the workshop on chest drain insertion and both legs to demonstrate the use of interosseous needles. We combined practical sessions with workshops on analgesia, transferring sick patients and managing trauma in children. The candidates performed well on the practical stations and generated interesting and diverse discussion in the workshops.

All participants completed the end of course MCQ and all but one improved their scores. We selected 9 instructors (a mix of medical and nursing staff, men and women).

Feedback from the first course included difficulties in understanding the UK instructors (intonation different, spoke too fast) and a request for the course to be run Monday to Friday, rather than over a weekend.

We were fortunate to have Dr Peter Dattani, the medical Director of Tumbi Hospital in attendance. End of course certificates were presented by the Regional Medical Officer Dr Beatrice Byalugaba. After the course concluded, Dr Harris and Dr Olday were shown around the hospital A&E by Dr Josephat Francis. This was very interesting, especially the new High Dependency area.



### Day 3 (instructors' course)

All 9 selected candidates attended the instructors' course on Sunday. All new instructors had been asked to prepare one of a lecture, workshop, teaching session etc. Due to the small number of participants, each candidate gave their presentation to the whole group. Some excellent presentations; "how to drink a bottle of water" was especially apposite and clear!

All the new instructors accompanied the original team to Bagamoyo for the next course, held on Monday (a bank holiday) and Tuesday.

### Days 4 and 5

Bagamoyo is a coastal town approximately 80km up the coast from Dar es Salaam (and the birthplace of the President). We drove up from Dar that morning in only 90 min (in contrast to the lengthy trip to Kibaha). 12 local doctors, Assistant Medical officers, clinical officers, Nurses and midwives attended. Initial MCQ results were poor (scores ranged from 7-14/30). We were accommodated in a large room. Unfortunately the air conditioning was not functioning and the weather was very warm. The tin roof over our heads made the room uncomfortably hot as the day went on. Our new

instructors gave their lectures with confidence using both English and Swahili. Again, we struggled with timekeeping and keeping momentum going. We had made a decision not to teach intubation on the skill stations and to concentrate on more basic airway skills.

Our new instructors found it difficult to facilitate and guide their students through the scenarios and needed a lot of input from the Muhimbili instructors at this stage. The new candidates were less confident with their English and the role of the UK instructors was more limited.

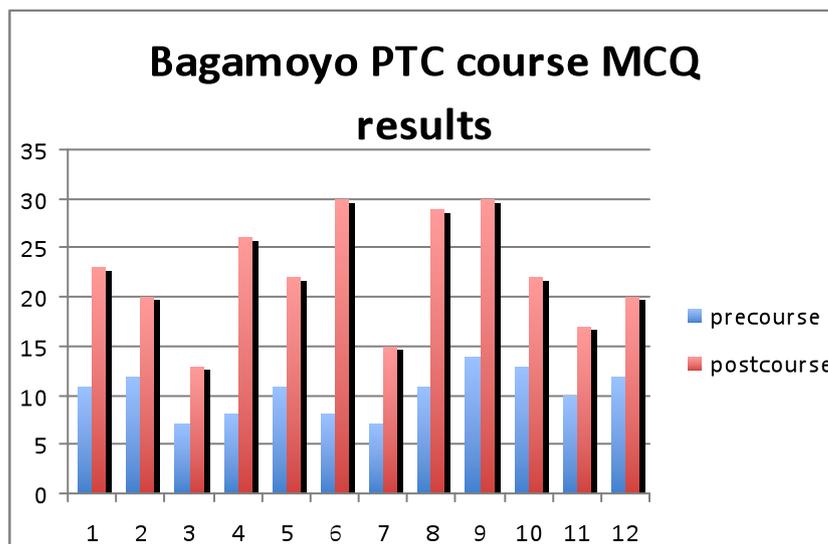
It became apparent through the day that the Bagamoyo candidates would benefit from re-covering some of the initial ABC techniques and from more scenario practice.

We started an hour early on Tuesday morning and did an extra 80 min of basic scenario work. In our workshops and skill stations we decided not to teach chest drain insertion (Bagamoyo have limited access to chest drains) and used a chicken carcass instead to demonstrate intraosseous needle insertion. The post course MCQ showed some very dramatic improvements in MCQ scoring and feedback was generally good

We managed to finish the course on time. The District Medical Officer Dr Mastidia Rutaiwa and the acting hospital medical officer in charge Dr Zena Mtajuk were in attendance and presented the course certificates

Of the 9 new instructors we trained in Kibaha, we felt that two of them had the confidence and knowledge base to go on and run other courses elsewhere but the others will be able to consolidate their skills and run courses at Tumbi. As we run the other courses in Tanzania, it will be interesting to see if this continues to be the case.

MCQ results, day 4 & 5



**Media coverage and plans for the future**

Dr Harris and Dr Olday visited Professor Victor Mwafongo on two occasions during their trip. The meetings were very helpful and Professor Mwafongo reiterated his support and interest in the PTC model.

Unfortunately we were unable to secure an appointment with Dr Kwesi, the Assistant Director for Emergency Preparedness and Disaster Response in order to discuss the possibility of government funding to propagate the PTC course to more remote locations in Tanzania. We have, however, kept in touch with him by email and copy him into reports and communicate regularly regarding plans for the future.

On this occasion, there was no media coverage.

There are 3 more courses planned

March 2014, KCMC and Mt Meru (Arusha Region Hospital)

June 2014 – Mbeya and Iringa

October 2014 – Mtwara and Linde

Kit for the courses is kept in the black box donated by PTC and stored by EMAT in Muhimbili Hospital in Dar es Salaam. Our experience of training in other centres was that although our new instructors were enthusiastic and hard working, they would require some continuing support from the Muhimbili (EMAT) team to continue to disseminate the PTC concept.

## Appendix.

Candidates, course 1 (\*denotes instructor)

|                       |
|-----------------------|
| Elizabeth Katambala * |
| Alphonse Moyo *       |
| Rebecca Kitainda *    |
| Elisia Towo *         |
| Osward Maula          |
| Athumani Mfuku        |
| Julius Mshighati *    |
| Josephat Francis *    |
| Lucy Joseph Lyimo     |
| Joyce Thomas Mfyuji   |
| Evodia Kimario        |
| Charles Kaswiza *     |
| Erica Mrema *         |
| Predicanda Simtowe    |
| Mwanaharusi Ndege     |
| Baruna Mussa *        |
| Daura Wawa            |

Candidates, course 2

|                           |
|---------------------------|
| Irene Mndalla Kasela      |
| Harun Mwakilasa           |
| Said Madara               |
| Francis Onesma Kiluvia    |
| Festo Nayingo             |
| Asia Iddi Nyanyam         |
| Michael Sebastian Michael |
| Fatima Songoro            |
| Angela Peter Aweda        |
| Mesaki Mchomvu            |
| MlunGwana13               |
| Ramadani Mohammed Njou    |
| Emmanuel Nhonoli          |