COURSE REPORT

BEIRA, MOZAMBIQUE

10th – 14th February 2014

Report Presented by: Dr. Tom Hampton

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.

PTC

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This was the third visit of the UK PTCF team to Mozambique as part of the COOL African project.
The courses were held in Beira, halfway between the capital and Nampula in the north.
This low lying coastal town was the home city of the country's COSECSA representative and 2nd largest city in Mozambique. The Beira course was held at a tertiary referral hospital & backed by a medical university. It will hopefully enable the building of a strong cornerstone in the ongoing implementation of the PTC program throughout the whole of Mozambique.
Two UK instructors worked in collaboration with three other new PTC instructors from the previous course in Maputo.

The courses were planned in the traditional 2-1-2 model.
The lecture slides were Portuguese.
Over 90% of the course was delivered in Portuguese.
Any English lectures were delivered by the UK delegates with real time translation by the other instructors.

Instructors

Local Faculty:
Present for the 1st course and the instructors course was Dr Otilia Neves.
Present for all 3 courses were Dr Helder de Miranda and Dr Gobeia.

Dr Neves (former emergency physician, Maputo) represents the Mozambican Ministry of Health as the Minister for Emergencies. She talked at length about the need for an all encompassing government-led strategy for trauma and strongly feels that PTC has an integral role in their vision for the future. She has inspirational aims and is currently forging a new project to have a nationalised emergency services call centre, a system which has never previously existed in Mozambique.
She seems greatly respected and has now proved herself to be utterly essential for the ongoing success and proliferation of the courses.
Dr Neves took responsibility for selecting candidates for the courses and also with overall organisational issues including travel, catering and expenses. All candidates had received copies of the course guide prior to attendance.
Unfortunately she was drawn back to the capital after the 3rd day to have discussions with the Portuguese Health Minister about ongoing health provision and improvement in Mozambique.

Dr Helder de Miranda (general surgeon, Beira) is the COSECSA representative of Mozambique and was present at the inaugural Maputo PTC course. He was the lead local representative and was very adept at delivering numerous lectures and small group teaching, also taking responsibility for coordinating the efforts of all the hospital admin and technical staff who contributed to the course's smooth running. Although occasionally drawn away by his clinical duties he acted as a first rate host and guide and was responsible for sourcing safe lodgings and airport transfers with much humility and good grace.
He proved a useful enforcer when there were matters of uncertainty and equipoise and appeared to deal with concerns with diplomacy and fairness.

Dr Gobeia (anaesthetist, Beira) was also present at the first Maputo course. He and Dr Miranda work regularly together in theatres and their collaboration proved invaluable here too. Although he is a quieter character, he led many sessions, was a permanent presence and responsible for sourcing a great many tools and equipment necessary for the scenarios and workshops.

Another key person during the Beira course was Dr Olimpio Dura Mola, Director of the Emergency Department. of the Central Hospital in Beira. He is a dynamic orthopaedic surgeon, with substantial interest in service improvement and audit. Despite undergoing the initial course here, he became integral to translation and running of the 3rd course once Dr Neves had returned to the capital.

UK faculty:
Dr Tom Hampton - Core Surgical Trainee working in Orthopaedics, Brighton. Previous PTC faculty in Maputo last year. Team lead for coordination and liaison with local faculty.

Dr Liz Shewry - Locum Consultant Anaesthetist in Major Trauma, Southampton University Hospital and Pre-hospital Emergency Physician South-central Ambulance Service. Although new to PTC, Liz's extensive experience both on numerous teaching courses in Africa, and at home and abroad in Major Trauma proved invaluable.

Media Coverage

As Dr Amaia Arana (Mozambique PTC UK lead link) has elaborated previously, urban road traffic accidents are a huge socioeconomic and political bête noire in Mozambique. Once again the Ministry of Heath was keen to present the courses to the public as an important arrow in the quiver of solutions and during the instructor course, reporters from the national " TV/// " network filmed both the UK and Mozambican instructors variously at work during lectures and interviews which were then shown on TV that evening.

Course Events

The UK faculty arrived on Saturday before the courses started and met with Dr Miranda to view the venues, and plan some of the teaching sessions. Dr Neves arrived Sunday evening and a further meeting was held to ensure smooth running of the course.

Instructors for the first course were primarily Drs Neves, Gobeia and Miranda. Both UK instructors delivered a lecture and were integral to the successful coordination of the workshops and scenarios.
The instructors course was delivered more evenly between the 5 instructors due to the novelty of the syllabus to the African candidates.

The second course was delivered exclusively by local faculty and newly qualified instructors with ongoing facilitation by the UK instructors. Given the relative success of this, it might appear that the content of the course could have been run entirely by the local faculty. However, coordination, timing and administration was left almost entirely to the UK faculty.

The nightly faculty meeting was held formally only once leaving little opportunity to fully evaluate the events of the day. Despite this, numerous points mentioned by the candidates during the adhoc feedback were considered and the majority of new instructors took to their roles in the faculty with enthusiasm and aplomb.

There were a total of 41 candidates expected during the week:
One faculty member from the first Maputo course could not attend.
The first course was attended by 25 candidates, 19 of whom became instructors for the second course.
Of these 11 were doctors, the others technicians or nurses
Only 3 candidates were female, 2 were medical physicians, the other a surgical technician.

Instructor course Distribution by province:

- Beira and locales- 3 senior doctors, 2 postgraduate junior doctors

- Tete province (northwest, same latitude as Blantyre) - 2 doctors and 2 technicians
- Quelimane province - 4 technicians
- Chimoio and Manica province (inland from Beira, close to Zimbabwe) – 2 doctors, 2 technicians
- Doctor Zelinaba, attended in isolation from Mutarara (equidistant between Quelimane and Tete)
- Doctor Alberto Dique attended in isolation from Ulongwe (border with Lilongwe)
- 2 technicians from Gurue (near Nampula ?!)

As a result of some no-shows, only 11 new candidates attended the second course (with 3 technicians choosing to resit).

Total health professionals trained (36 total):
Beira- 5 doctors + 2 original faculty doctors
Tete- 2 doctors + 7 technicians
Quelimane- 1 doctor and 7 technicians
Chimoio- 4 doctors + 2 technicians
Plus 4 further individuals at isolated institutions

MCQ scores (30 Portuguese questions)

First course	*Minimum score*	*Maximum score*
Pre course	*20%*	*77%*
Post course	*40%*	*93%*

Second course	*Minimum score*	*Maximum score*
Pre course	*23%*	*73%*
Post course	*47%*	*90%*

Only 4 candidates didn't improve their scores. Though many starting scores were low, by the doubling of their score we felt that significant improvements had been made. Anecdotally many candidates were seen to growth both in confidence and skill during the scenarios and workshops.
All marking and scores were done by UK faculty for first course but attempts to share task were poorly understood and ultimately handed back to UK faculty for second courses. Happily the concept of formal feedback was well understood and administered by new local instructors.

Feedback from candidates
- Membros (limbs) lectures are separated from Abdomen- Should be swapped in lecture order to be given concurrently
- Add major incident slides to main body of slides
- More neurology material needed
- Add workshop talk-throughs primer lectures?
- More time for workshops- 40 minutes rather than 20 suggested
- Lo- tech name badges in big font preferred
- Preference for a 7 day course
- Videos of skills/ scenarios/ trauma team to watch in advance and during the course

Positive aspects appeared to mimic most of the points raised in the nampula course:

The was much gratitude extended to the UK faculty and an agreement of positive practical daily value of the course here in Mozambique. As usual the instructor course was a huge source of affability and relaxation between all individuals.
Portuguese was essential and appreciated. Again there were calls for video demonstrations for the skill stations. Most lamented the opportunity not to run the course over a 3-2-3 format and felt that they could acquire this time off from work with relative ease given the perceived importance of the course material.

Venue

The courses were held in the Central Hospital of Beira. The lectures were given in the library and the practical sessions were divided between a large seminar room and the library.
Lunch was substantial and held outdoors on all but a single day. Adequate coffee, tea, drinks and snacks were provided during the morning and afternoon breaks

Teaching Material and Documentation

Dr Neves travelled by plane with the PTCF equipment box and PTCF projector.
All the candidates received hard copies of the standard manual in Portuguese, and the new instructors also received the instructor's manual in Portuguese.

Identification badges were worn by everybody but proved too small and official. In future the UK and Mozambican faculty suggest use of large coloured post-it notes indicating Region, Role and Forename.

Dr Miranda signed the official attendance certificates.

The lions share of equipment came from the PTCF kit box left in Maputo. Dr Gobeia and Dr Shewry brought additional equipment for the scenarios and practical sessions (Nasopharyngeal tubes, laryngoscopes, Chest-drains, cannulas). Several cervical immobilisation collars were borrowed from the emergency department.

Role playing by instructors and participants, adult & infant manikins, an airway manikin and plain imagination were used during scenarios to varying degrees of success. The repeated use of locally sourced twigs and sticks to demonstrate IO needles proved popular.

During the first course there emerged a local faculty and candidate adoption of disinterest in using goat carcasses and with some reluctance we once again used cadavers from the morgue for the chest drain and surgical cricothyroridotomy demonstrations. These sessions proved hugely popular and longer sessions were called for by all. Again the moral and philosophical ramifications were hotly discussed by all involved.

At the end of the course the equipment kit was checked by the UK faculty & both Kit box and Projector left with Dr Miranda in Beira for transport.

<u>Kit Box Checklist problems</u>
Only 1 curved laryngoscope
NO straight or paediatric laryngoscopes
NO Magills forceps
Only 2 LMAs
NO spinal needles
NO cervical collar

NO spinal board
NO tape
NO lamp light

Future

Following the closure of the courses a meeting was held informally with the Mozambican faculty plus Dr Mola and Dr Dario (both Orthopaedic doctors of Beira) about future courses.

It is with great pleasure we can announce that Dr Neves is holding a 4th course (again in Maputo) during the last week of February, using exclusively Mozambican faculty.

However it is with much regret that formal implementation talks and more extensive discussion could not realistically be held as local political fighting reached a flashpoint and events took over everyone's attention on the last day with genuine concerns about various faculty and candidates being able to make safe passage home.

It was interesting to note that a handful of candidates had recently attended an informal ATLS style course held in Beira by our colleagues from Ipswich. Dr Shewry is actively involved in the creation of a database whereby anaesthetic/ ICM/ PHEM colleagues involved in global teaching register to prevent repetition or crossed purposes. We may need to consider something similar to this in the future.

Dr Neves did however request assistance for further courses to take place in 2014 in either Cabo Delgado or Tete. With government elections planned for October 2014, we have been advised to attend in June or July.

Unfortunately Dr Miranda's attempt to secure reliable translators for the English faculty were largely unsuccessful but for the most part delegates or instructors bridged gaps. Conversations during scenarios& workshops were held in French, English, Spanish and pigeon Portuguese. Although difficult, no translation difficulties proved insurmountable. Lectures were given thought using real time translation by a member if the faculty. Even a single dedicated translator would however have proved repeatedly useful during the less formal teaching and we must recommend this for future courses unreservedly.

Summary

The courses in Beira were a success.

The local faculty had much prestige and influence but the new instructors included some younger doctors and postgraduates who fully embraced most concepts and even surpassed their seniors in test scores.

The usual skeptical candidates were more contemplative by the last day, there were some exceptional performances by technicians and a warm sense of camaraderie by the final day.

I look forward with anticipation to the reports from the Maputo course, and hope Dr Neves manages to iron out the few organisational issues and timing problems with the help of her local team. All involved are hoping the ongoing support and finance of the Ministry of Health can sustain and spread this project the length and breadth of Mozambique.