

# COURSE REPORT

HARARE, ZIMBABWE

10<sup>th</sup> – 14<sup>st</sup> February 2014

Report Presented by: Dr Caroline Grange

## **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



# **PTC COURSE REPORT**

## **Harare, Zimbabwe 10-14<sup>th</sup> February 2014**

### **PURPOSE OF THE VISIT**

Second '5 day PTC course' in Harare, Zimbabwe as part of the COOL African project. First 5 day course ran in 22<sup>nd</sup> – 26<sup>th</sup> April 2013 and we were indebted to the help received from the following people:

Mr Max Gova (Head of surgery, Parirenyatwa Hospital, Harare)  
Professor Godfrey Muguti (Professor of surgery, Parirenyatwa Hospital, Harare)  
Mr George Vera (Head of orthopaedic surgery, Parirenyatwa Hospital, Harare)  
Dr Laurie Marks (a Zimbabwean anaesthetist who works in Barnstaple, UK and Harare) for his advice, and contacts

Special thanks to Mr Gova, Professor Muguti and Mr Vera for their help and support with the initial course in April, when we conducted two PTC courses and a modified one day course for nurses. Unfortunately, we were unable to organise an instructor's course on that occasion.

Therefore the purpose of the February 2014 course was to reintroduce the PTC concept and sustainability of PTC teaching facilitating improved trauma management in Zimbabwe. Previous PTC course run approximately 10 years ago without sustainability.

### **KEY STAFF IN PLANNING AND CO-ORDINATING**

#### **Overall**

Main organisers of the COOL project.

#### **From Zimbabwe,**

Mr Max Gova (Department of surgery, Parirenyatwa Hospital, Harare)

**From the UK,** Dr Caroline Grange was in charge of the UK organization logistics, arranging the faculty and was the contact person with the Zimbabwe PTC coordinator. Annette Clack from PTC in Oxford was also an enormous help.

**Mr Joel Mugota** (chief technician in department of surgery) was extremely helpful in helping with the venue.

**Mrs Gwese** (secretary to Mr Max Gova)

**Mrs Grace Zvokowomba** (secretary to surgical department)

### **ACCOMMODATION**

The instructors stayed at the Bronte Garden hotel, which was a short walk from Parirenyatwa Hospital.

### **TEACHING VENUE**

Seminar/Lecture room in the Department of Surgery, Parirenyatwa Hospital (and 2 other rooms for Workshops/scenarios training). All the rooms were in close proximity, which made 'time keeping' easy as course delegates could swap between different workshops quickly. However it would have been useful to have a designated time keeper as all instructors were involved with the workshops.

The teaching areas were good. The PTC projector worked well and several blackboards/flip charts were also available. Two goat carcasses was bought for the surgical airway / chest drain insertion for the Monday and Thursday workshop. All instructors met and reviewed the venue at the hospital on Sunday 9<sup>th</sup> February 2014.

## **MEDIA COVER**

None

## **COURSE INSTRUCTORS**

The overseas faculty was formed by four instructors:

Dr Caroline Grange. Previous PTC instructor in Zimbabwe, Bangladesh and China. Anaesthetic Consultant in Oxford, UK. Team leader

Dr Paul Ransom. ATLS Instructor/ Director. No previous PTC experience. Consultant Emergency Medicine consultant

Dr Catherine Bryant. IMPACT instructor. No previous PTC experience. ST6 in Anaesthesia (Bristol)

Dr Jamie Wilson. Previous PTC instructor in Zimbabwe. CT1 in Emergency Medicine (Gloucester).

At the end of the working day, the faculty meet to evaluate the events of the day and plan the activities for the following day.

All the instructors were extremely enthusiastic and committed. I would like to thank all the instructors, as without their hard work, the courses could not have been the success they were.

## **COURSE**

The courses were planned as follows:

Standard PTC provider courses (February 10/11<sup>th</sup> and February 13/14<sup>th</sup> 2014)

Instructors course (12<sup>th</sup> February 2014)

## **Candidates**

### **1st PTC Course (10-11<sup>th</sup> February)**

<b>Name</b>	<b>Speciality</b>	<b>Grade</b>	<b>Hospital</b>
D Kavhayi (female)	Orthopaedic	Nurse	Harare Central
T Masamha (male)		Hospital Medical Officer	Parirenyatwa
B Mupita (male)	Casulty	Nurse	Chitungwiza
A Kamonere (female)	Othopaedics	Nurse	Avenues Clinic
R Dimba (female)	Anaesthetics	Nurse	Parirenyatwa
R Tapfumaneyi (male)		Charge nurse	Harare central

F Mhandu (female)	Casualty / Intensive care	Matron	West End
K Karaga (male)	Emergency medicine	Casualty officer	West End
W Chitaukire (female)	Intensive care	Matron	Avenues Clinic
A Dzirutsa (male)	Anaesthetics	Nurse	Parirenyatwa
J Chiripanyanga (male)	Cardiothoracic	Registrar	Parirenyatwa
B Gwashure (male)	Anaesthetics	Nurse	Parirenyatwa
M Chaparadza (female)	ITU	Nursing Sister	St Annes
M Mangombe (male)	General practitioer	Doctor	Chipinge District
A Hlamiti (female)	paediatrics	Nurse	Harare Childrens
J Vhanda (male)	Surgery	SHO	Parirenyatwa
Elector Muguse (female)	ITU	Sister	West End
S Khanyago (male)	General surgery	Consultant	Good Shepherd's hospital, Swaziland
M Tapa (female)	Operating theatres	Nurse	Chitungiza Central
V Bokasha	Operating theatres, Casualty	Nurse	Medical Investments CNR Baines

Dr Sam Khanyago, a surgical consultant from Swaziland contacted me as he was keen to set up a course in his home country. He attended the instructors course and also taught on the last PTC course.

#### MCQ's score

**First course**    *Minimum score*    *Maximum score*

*Pre course*                    12/30                    26/30

*Post course*                    18/30                    29/30    *Most showed a marked improvement from pre course score*

#### **Instructor's course (Wednesday 12<sup>th</sup> February)**

<b>Name</b>	<b>Speciality</b>	<b>Grade</b>	<b>Hospital</b>
D Kavhayi (female)	Orthopaedic	Nurse	Harare Central
T Masamha (male)		Hospital Medical Officer	Parirenyatwa
B Mupita (male)	Casulty	Nurse	Chitungwiza
A Kamonere (female)	Othopaedics	Nurse	Avenues Clinic
R Dimba (female)	Anaesthetics	Nurse	Parirenyatwa
R Tapfumaneyi (male)		Charge nurse	Harare central
F Mhandu (female)	Casualty / Intensive	Matron	West End

	care		
K Karaga (male)	Emergency medicine	Casualty officer	West End
W Chitaukire (female)	Intensive care	Matron	Avenues Clinic
A Dzirutsa (male)	Anaesthetics	Nurse	Parirenyatwa
J Chiripanyanga (male)	Cardiothoracic	Registrar	Parirenyatwa
B Gwashure (male)	Anaesthetics	Nurse	Parirenyatwa
M Chaparadza (female)	ITU	Nursing Sister	St Annes
M Mangombe (male)	General practitioer	Doctor	Chipinge District
A Hlamiti (female)	paediatrics	Nurse	Harare Childrens
J Vhanda (male)	Surgery	SHO	Parirenyatwa
Elector Muguse (female)	ITU	Sister	West End
S Khanyago (male)	General surgery	Consultant	Good Shepherd's hospital, Swaziland
M Tapa (female)	Operating theatres	Nurse	Chitungiza Central
V Bokasha	Operating theatres, Casualty	Nurse	Medical Investments CNR Baines

There were 21 delegates that attended the instructor's course

## 2nd PTC Course (13-14<sup>th</sup> February 2014)

23 delegates attended the 2<sup>nd</sup> PTC provider course, with many of the new instructors teaching on some the sessions. Two of the new instructors helped with the organisation of the 2<sup>nd</sup> PTC course – Dr J Chiripanyanga (cardiothoracic registrar) and Dr T Masamha (casualty officer)

Name	Speciality	Grade	Hospital
C Kitungwa (male)	Surgery	Doctor	Chitungwiza Central
L Moya (male)	General practice	Doctor	Bindura Provincial Hospital
T Nyarambi (male)	Orthopaedics	Doctor	Harare Central
T Bondera (male)	Surgery	Doctor	Parirenyatwa
L Tanyanyiwa (female)	Eyes - research	Nurse	UZ medical school
E Katsekera (female)	Eyes - research	Nurse	UZ medical school
C Shelton (male)	General surgery	Registrar	Parirenyatwa
T Chitsamatanga (male)	Orthopaedics	Doctor	Parirenyatwa
T Chikura (male)	Orthopaedics	Doctor	Parirenyatwa
M Chimhamhiwa (male)	Urology	Registrar	Parirenyatwa

A Hamadurim (male)	General surgery	Doctor	Chitungwiza general
J Kasule (male)	Orthopaedics	Consultant	Harare Central
A F Danda (male)	Orthopaedics	Junior doctor	Harare Central
P Runodada (male)	General surgery	Registrar	Parirenyatwa
E Mutetuwa (male)	Anaesthetics	Doctor	Parirenyatwa
B Chintembo (male)	Orthopaedics	Doctor	Harare Central
M Baloyi (male)	Orthopaedics	Doctor - RMO	Harare Central
H Makiwa (male)	Surgery	Doctor - RMO	Harare Central
P Manjeya (female)	Anaesthetics	Nurse	Harare Central
C Mukutira (male)	Haematology	Technical assistant	UZ, Harare Central
C Mudimu (male)	Urology	Registrar	Parirenyatwa
F Radmard (female)	General Practice	Casulty officer	Parirenyatwa
M Mushaninga (male)	Anaesthetics	Doctor	Parirenyatwa

However due to Valentine's Day and other work commitments, there were a number of delegates that left early on Friday afternoon and hence did not complete the course.

MCQ's score

### ***Second course***

	<i>Minimum score</i>	<i>Maximum score</i>
<i>Pre course</i>	9/30	29/30
<i>Post course</i>	23/30	29/30

There was a clear improvement with the candidates in the post-course MCQ's. The 2<sup>nd</sup> PTC course delegates were much stronger than the 1<sup>st</sup> PTC group except for one delegate who was at the extreme end of the range (MCQ score 9/30) and didn't do the post course MCQ.

### Teaching and other material provided to candidates

Unfortunately despite manuals being e-mailed prior to commencement of the course, no one received any paperwork. Predicting photocopying to be a problem, Caroline Grange and the other instructors photocopied the manuals and paperwork in the UK and bought these to Zimbabwe. There was a small amount of photocopying that had to be done in Zimbabwe.

The KIT box was (as before) invaluable. Additional equipment was provided by Caroline Grange, Catherine Bryant and Jamie Willson. Paul Ransom also provided a paediatric manikin which was left for future teaching at the hospital.

### Feedback from candidates

Both standard provider/instructor courses were well received. The delegates particularly enjoyed the interactive sessions especially scenarios and workshops.

All candidates scored the lectures/workshop/scenarios as 'Good – Very good'

## **Language**

No language issues

## **Equipment**

The PTC KIT equipment was excellent and fully utilised. As equipment was not provided by the local hospital it would have been difficult to run the course without this facility. Additional equipment (cannulae, airways, chest drains, cervical collars etc) were provided by the UK instructors.

Two goat carcasses were obtained for the surgical airway / chest insertion workshops. It was therefore easy to run the basic airway workshop with the adult airway manikin and use the goat trachea for the advanced airway workshop.

Powerpoint facilities, black/white boards and flip-charts were all available. The PTC provided projector was very useful.

## **Documentation**

Much of the documentation was photocopied in the UK which saved an enormous amount of time at the start of the course.

## **Certificates**

The certificates were produced by Mrs Gwese (Mr Gova's secretary) and this worked very well.

## **WHERE TO GO FROM HERE – SETTING A COMMITTEE meeting**

Dr Farai Madzimbamuto (consultant anaesthetist - director of anaesthetic education) and Dr Noti Chifamba (head of anaesthetics mobile) joined us for the meeting. Although the anaesthetic department was particularly keen to help organise future courses they felt that the surgical department was keen to retain ownership and hence it had been difficult to get involved. Unfortunately Dr Max Gova was unable to attend this meeting, but Caroline Grange had met him prior to this time and his main concerns were running the courses without future funding. Caroline Grange will continue to keep in touch with Mr Gova and the surgical department and try and help with future arrangements.

It was unfortunate that the first PTC course was very 'nurse heavy' and hence most of the new instructors were nurses. Culturally it is perceived as more difficult for the nurses to teach the doctors. The second PTC was largely attended by doctors but unfortunately these delegates couldn't attend an instructor's course.

Dr Monika Schlaak (A and E director) is keen to get involved in the course. However she felt the morale amongst the healthcare workers is low in Zimbabwe. This is compounded by low pay which is often received late by the healthcare worker. She felt this may lead to difficulty in sustainability of the course.

Two junior doctors Dr J Chiripanyanga (cardiothoracic registrar) and Dr T Masamha (casualty officer) were keen to help with future courses and Caroline Grange will stay in touch with these doctors. However one of these doctors is trying to work/emigrate to New Zealand.

Charles Clayton will try and contact the Harare links in March to try and maintain the interest in the course.

## **SUBSIDIARY ACTIVITIES**

We had little time during the week for other activities in the evenings as we were organising the planned 2:1:2 PTC provider/instructor course format during the evenings. However we were all invited to the house of Dr Farai Madzimbamuto (consultant anaesthetist and head of anaesthetic training) for dinner on Friday night. He and his wife also took us to the Balancing Rocks at Matopos National Park and the Mbizi Game Park on Saturday before taking us to the airport for the flight home on Saturday 15<sup>th</sup> February. We were delighted to spend time with this lovely couple.

The UK instructors were also able to look around the operating theatres and the casualty department.

## **OBSERVATIONS AND RECOMMENDATIONS**

The courses ran well and the instructors were enthusiastic and worked extremely hard to make the course a success. However due to Valentine's Day and other work commitments, there were a number of delegates that left early on Friday afternoon and did not complete the course.

It was somewhat of pity that the first PTC course was very 'nurse heavy' and hence most of the new instructors were nurses. Culturally it is more difficult for nurses to teach doctors in Zimbabwe. The second PTC was largely attended by doctors (and were stronger than those of the first course) but unfortunately these delegates couldn't attend an instructor's course as their basic provider course was on the last 2 days of the course. In addition there remains a concerns surrounding sustainability of the course in Zimbabwe.

## **EXECUTIVE SUMMARY**

The PTC course was well organised and Mr Gova had done an exceptional job to organise the required number of delegates for the 2:1:2 PTC format. The venue was excellent and course catering was provided by PTC was of a high standard. All of the equipment and most of the photocopying was from the UK, as this reduced time required by the instructors dealing with administration. The instructors worked as a great team and were enthusiastic and hard working.

It was somewhat of pity that the first PTC course was very 'nurse heavy' and hence most of the new instructors were nurses. Culturally it is more difficult for nurses to teach doctors in Zimbabwe. The second PTC was largely attended by doctors (and were stronger than those of the first course) but unfortunately these delegates couldn't attend an instructor's course as their basic provider course was on the last 2 days of the course. In addition there remains a concerns surrounding sustainability of the course in Zimbabwe.

Dr Caroline Grange  
PTC contact Zimbabwe  
COOL Project  
March 2014