

PTC COURSE REPORT

KIGALI, RWANDA

15th – 21st September 2014

(For PTC Africa 2012-2014 Programme)
Centre d'Accueil St Francis d'Assises, Kilgali

Report Presented by: Jeanne Frossard

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.



The Purpose of the visit

This was to mentor the Rwandan faculty for the third 2/1/2 course to be held.

Background

Rwanda is a small country where the needs of trauma management are similar to other African countries. Motor Vehicle accidents account for 31.6 per 100,000 deaths and the global average is 18/100,000. The Rwandan Surgical Society (RSS) has partnered with institutions to improve trauma management and there is now legislation for compulsory helmet, seat belt usage, blood alcohol limits and speed limits. Head injury accounts for 44% of the injuries

Executive summary

The plan is to complete a total of four 2/1/2 courses. The first was Kigali the second in Butare and the third in Kigali. Plans are being formulated for the 4th. The faculty have also completed two provider courses without input from outside faculty. These were held in Gisenyi in the Western province and Rwamagana in the Eastern province, training a total of 36 medical personnel. There are three main hospitals in Kigali. Central University Hospital of Kigali (CHUK), King Faisal Hospital (KFH) and the Rwanda Military Hospital (RMH) and one in Butare. There are 44 and they practically close down if the personnel are taken away and so it is felt that it is better to build up a faculty in Kigali and Butare that can go out and train in the provinces as the distances in Rwanda are not huge.

Charles Clayton joined the course to observe the program and experience how it was progressing after a year

Noel Peters has been employed to analyse the data collected and he joined the course to interview participants and instructors as part of the six month follow up for data collection. He interviewed in Kigali and Butare and helped with the data collection for the first course. There have been some problems with the data collection being rather incomplete in all countries especially the confidence matrix and accurate email addresses and so great efforts were made to ensure that a complete set of data was obtained during this course

We were fortunate to have the company of two doctors from the DRC. Drs Raymond Gbombo Bachongo who is Medical director of the hospital in Kamungo and Dr Napoleon Katemba Kahereni who is the medical director of the hospital in Beni. Both are very committed to starting PTC in the DRC

They had travelled from Beni/Kamungo in DRC with funding from Professor Lavy to participate in a PTC course with the hope of starting PTC in the DRC. Dr George felt that it should be possible for the Rwandan instructors to go and help them with a course if funding could be found. The Rwandan faculty were very accommodating and when Dr Napoleon was at a skill station they conducted it in French so he got maximum benefit.

In total 38 people were trained and 12 instructors including Drs Raymond and Napoleon. There are now in Rwanda 145 people trained and 35 instructors. Both the 2-day (15 credits) and the full 5-day (32.5 credits) course have been accredited for CPD credits by the Rwanda Medical and Dental Council/CPD programme upon full participation and completion of PTC. Extra credits are awarded for instructors (14 per day)

Venue

Centre d'accueil St Francis d'Assises, Kigali. An excellent venue that was very well within budget. The accommodation was basic and functional and the food was tasty if slightly repetitive. The course venue had everything that was required with a large light room. The sisters were extremely kind, obliging and helpful.

Key personnel

Dr Georges Ntakiyiruta, (Course Co-ordinator) General surgeon, CHUK (Central University Hospital of Kigali), COSECSA representative and Head of Education Committee of Rwanda Surgical Society (RSS)

Dr Ruhungande Landouald (Course Leader), Senior Resident in Surgery, CHUK

When I arrived everything had been superbly organized and I was met at the airport and taken straight to meet the entire faculty in a café so that we could discuss the structure of the course. We also started making plans for the final 2/1/2 course so that everything is in place as much as possible

UK Faculty

Jeanne Frossard, Consultant Anaesthetist UCLH NHS Trust, London

Noel Peters. Surgical Spr, Oxford. PTC research fellow

Charles Clayton, CEO. PTCF

Rwanda Faculty:

Dr Georges Ntakiyiruta, (Course Co-ordinator) General surgeon, CHUK .COSECSA representative and Head of Education Committee of the RSS

Dr Ruhungande Landouald (Course Leader), Senior Resident in Surgery, CHUK

Dr Mussa R Gakwaya, MCS trainee, RMH, Kigali

Dr Majyambere Jean-Paul, General Surgeon, CHUK

Dr Bayisenga Justin. General Surgeon, Butare

Dr Mukagiju Francoise. MCS trainee. KFH

Dr Bahati, Felix. MCS General surgeon. CHUK

There was no media coverage.

Day 1

The participants

There were four GP's and 14 surgical interns. There were no nurses or anaesthetists

1	Dr Muhaweninmana, Emmanuel
2	Dr Sekabuhoro, Safari
3	Dr Katembo Kahereni, Napoleon
4	Dr Gbombo Bachongo, Raymond
5	Dr Niragire, Alice
6	Dr Ingabire, Jean de la Croix Allen
7	Dr Harindintwari, antoine
8	Dr Hirwa, D. Aime
9	Dr Ngarambe, Christian
10	Dr Ndayizeye, leonard
11	Dr Nyirera, Eugene
12	Dr Butama, Herbert

13	Dr Munyemana, Philbert
14	Dr Ndayizeye, Leonard
15	Dr Munyemana, Paulin
16	Dr Muvunyi, Baptiste
17	Dr Kamunga B, Laurent Gamy
18	Dr Kanigi, Marcelin

Dr George gave the introduction, explained the role of PTC in Rwanda and welcomed the participants from the DRC

The standard PTC format was followed and the box of equipment and projector were used. Time keeping was good. Apart for the lecture on Airway and Breathing which was given by Jeanne all the lectures and skill stations were run by the local faculty. At the finish Landouald gave a very good summary using his own slides on what had been covered that day.

At the end of the day there was a ¾ hour debriefing session which proved useful for everyone and the faculty decided how they could modify techniques for the following day. There was a good discussion on how the team could support and help each other and how to modify things at the last minute, in good PTC fashion. All round it was felt that the day had been very successful. Francoise announced that she had to work the following day due to staff shortages and her slots were immediately filled in.

An agreement was made to arrive well in advance the following day to prepare equipment for workshops and scenarios.

Day 2

The team were there early to prepare. They had considered the feedback session that we had the night before and chose to change the position of the furniture, prepared stations for the workshops and scenarios. There was the normal race to get through the lectures in the morning but the whole day was conducted in a very professional manner.

Dr Landaould conducted a brainstorming session and the feedback was very standard with the usual popularity for the scenarios

Certificates were issued and there was a short debrief at the end of the day but very little feedback was needed as so many positive adjustments had been made to the performance.

MCQ results

Pre course mean: 67%

Post course mean: 85%

Percentage improvement: 18%

One candidate scored 100% in the post course MCQ

Day 3

Instructor course

12 instructor candidates had been nominated from the previous day

Faculty was as follows

1	Dr Ruhungande Landouald (lead)
2	Dr Bayisenga Justin
3	Dr Mussa R Gakwaya

4	Dr Bahati, Felix
5	Dr Majyambere Jean-Paul,

Instructor candidates

1	Dr Muhawenimana, Emmanuel (nominated lead)
2	Dr Sekabuhoro, Safari
3	Dr Katembo Kahereni, Napoleon
4	Dr Gbombo Bachongo, Raymond
5	Dr Niragire, Alice
6	Dr Ingabire, Jean de la Croix Allen
7	Dr Harindintwari, antoine
8	Dr Hirwa, D. Aime
9	Dr Ngarambe, Christian
10	Dr Ndayizeye, leonard
11	Dr Niyirera, Eugene
12	Dr Butama, Herbert

The faculty were there in plenty of time to prepare and so started very promptly. They started on hour early and so there was plenty of time to cover all topics. There was a power cut just before Justin started the lecture on how adults learn but he used the slides for his laptop and the flip chart and gave an extremely good lecture . A very good example of good PTC teaching . Landaould included slides in his presentation on teaching a skill that included examples from previous courses in Rwanda which brought the presentations very much alive and relevant to the new instructors.

The workshop in the afternoon were very professionally run and very entertaining.

Dr Emmanuel was in charge of the new instructors and lectures were allocated for the next two days so that everyone had a chance to participate

Day 4

The instructors arrived on time to prepare. The course was run for 20 medical students in their 5th and 6th years

All the new instructors came to teach so that they would get PTC teaching experience and the lectures and workshops were allocated so that everyone got a chance to practice.

The day went smoothly with good time keeping and much enthusiasm from the medical students as in three months they will be working in district hospitals
There was a debriefing session in the evening lead by Dr Landouald.

Participants

1	DUKUNDANE, Dieudonne
2	NZARAMBA, Theoneste
3	NGENDAHIMANA, Daniel
4	NZIRORERA, Ildephonse
5	NDIZIHIWE, Eulade
6	NGAYABERURA, Jean Paul

7	NIYONGIRA,Ernestine
8	NDUWUMUKIZA, Olivier
9	NIYONZIMA, Christian
10	NIYONCUTI, Eric
11	SIBOMANA, Jeremie
12	UWIHOREYE, Clementine
13	UZAHABWANIMANA, Jean Claude
14	HITAYEZU Donatien
15	IRAKIZA Jean Jacques
16	BIGIRUMWAMI Darlene
17	BIGIRIMANA Simon Pierre
18	NIZEYIMANA Theogene
19	TURATSINZE Emile
20	RUGWIZANGOGA JEAN FELIX

Day 5

The team performed very well under the mentorship of the experienced instructors. The medical students particularly enjoyed the scenarios and got very involved. Timing was adapted around the breaks and was overall very good. A brainstorming after the session showed very positive feedback. Dr George held a debriefing session for new and experienced instructors and defined his expectations of them for carrying forward PTC Rwanda. They all experienced enthusiasm and willingness to help with the future cascade

MCQ results

Precourse : 71%

Post course :84%

Percentage improvement : 13%

The Future

Dr George has plans to put the course in the final year medical school curriculum and also as compulsory training for surgical interns during their trauma block. This will be an ideal way to identify new instructors and increase the pool. There are plans for another 2/1/2 course to be done in Kibuye near Lake Kivu and if funding allows maybe one more 2/1/2 before the end of December.

It is planned for these courses to have UK support to try to get complete data as it is hard for the local faculty to make sure all the paperwork is complete and teach at the same time. Robust data is needed for the project. Also it is agreed that although the local instructors perform very well they feel that they benefit from mentorship.

The Rwandan faculty seem very happy with the course and the progress made and as there is strong support from the RSS hopefully the cascade can proceed. They hope to include more anaesthetists and nurses in the future and if possible start doing modified courses for first responders

Due the the contacts that have been made with the DRC and the hope that courses will commence in Burundi, Dr George kindly offered to co-ordinate a translation into French of the instructor manual and proof reading of translations already done so that a French version can be used as an interim before the final translation of the new materials that are awaiting review and publication. The

instructors were approached and were very happy to help and hopefully the instructor manual will be completed by July.

Professional aspects of the visit

Noel Peters interviewed instructors from the previous course for the 6 month follow up and then went to Butare to interview further participants from the previous course.

Charles Clayton visited CHUK and KFH and at KFH met up with Professor Emile Rwamasirabo who is the CEO and president of the Rwandan Surgical Society and is very supportive of the PTC programme.

Acknowledgements

Particular thanks go to Drs Georges and Landaould for co-ordinating and contacting all course participants. Also, thanks all the Kigali Rwandan instructors, administrators and the venue staff for their time, enthusiasm and planning.

Many thanks to Annette, Charles Clayton and the COOL team for their tireless administrative support and patience.

Jeanne Frossard
UK link for Rwanda
Kigali. April 2014

Photos



