

# PTC COURSE REPORT

JIMMA, ETHIOPIA

18<sup>th</sup> – 22<sup>nd</sup> August 2014

Report Presented by: Dr Allie Green

## **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



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## Purpose of the visit and executive summary

This visit was the second to Jimma, Ethiopia as part of the PTC/COOL project, to support a 2-1-2 PTC programme. Previously a 2-1-2 PTC course had been run in March 2014 and courses have also been run in Addis Ababa in 2009 and 2013. During the same time in August, PTC courses were also being run in Gondar and Bahir Dar. The purpose of this visit was to support local instructors to teach the course and to ensure sustainability of the PTC in Jimma and beyond.



## Background

Ethiopia is one of the oldest countries in the world and with over 93 million people is one of the worlds most populous land locked countries and Africa's second-most populous nation. According to the WHO Ethiopia has only 2.6 medical doctors per 100,000 people, and a total of 17 anaesthesiologists, 2 of which work in Jimma.

Ethiopia' main health problems are communicable diseases caused by poor sanitation and malnutrition, which is exacerbated by the shortage of trained healthcare workers and facilities. Access to healthcare is much better in the cities, which is reflected in the life expectancy, which is 53 compared to 48 in rural areas. Access to clean water is also greater in the city with 81% having access compared to 11% in rural areas. Trauma is a major contributor to morbidity and mortality however data collection is limited and much is underreported, so exact mortality figures are difficult to establish.

In 1999 trauma was one of the most common reasons to visit the casualty department of the Black Lion Hospital in Addis Ababa (the national referral hospital), representing 25% and 62% of the surgical and orthopaedic admissions respectively. One data report suggested that 34% of the emergency visits were related to road traffic accidents. The majority of the patients were in the age groups of 15-44 years. Pedestrians are especially vulnerable to accidents, as well as men working in building construction, where weak wooden scaffolding is usual. Allegedly in Addis every day six people die in road traffic accidents alone. Some of the contributing factors include poor ambulance services, refusal of hospitals to accept patients and poor resuscitation facilities at some hospitals.

Ethiopia has the highest death rate per 10,000 vehicles per year of Africa with statistics varying between 114 and 180 deaths/10,000 vehicles annually. This compares very unfavourably with countries like Zimbabwe or South Africa each with 17 deaths/10,000 vehicles/year.

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Jimma is the largest city in southwest Ethiopia with a population of over 200,000 people. The hospital is the largest in Southwest Ethiopia with the only trauma surgery service, therefore serving a population of over 14 million people, the majority of which live in rural communities. However the facilities in Jimma are very different to those in Addis Ababa. There is no accident and emergency department or resuscitation room, but an Emergency OPD where patients arrive and are seen in order of arrival, not on a triaged basis. This is covered by junior interns and residents and there is no anaesthetic input to emergency trauma admissions. There is Xray but as yet no CT scanning available.

Many of the patients presenting in Jimma have travelled for hours or in some cases days to the hospital, mostly on public transport. Trauma from road accidents is very common as the roads in the surrounding area are dusty dirt tracks in many cases which makes travelling during the rainy season particularly treacherous, especially by motorbike when helmets are very seldom worn. Although exact data is not available, other common trauma cases include head injuries from falls, assault with machete or blunt instruments and occupational injuries from working on rural farms.

The hospital has one senior trauma surgeon, from the Swiss GoStar charity and one trauma theatre. There is limited running water in the hospital, inadequate equipment and currently no blood bank. The trauma ward has the capacity for 50 patients with additional patients lining the corridor and emergency outpatient department. It is always full to capacity. From discussions with the trauma surgeon in Jimma, there are on average 2-3 trauma admissions a day with the most common injuries being femur fracture, tibia fracture and forearm fractures. Sadly, many of the patients with severe head and spinal injuries die due to lack of resources.

Currently, a larger hospital is being built in Jimma, which, with its better facilities and trained personnel will hopefully help to improve patient care.

## **Key staff involved in planning and coordinating**

Following the success of the PTC course in March 2014 in Jimma, it was decided by Dr Allie Green (KSS Education Fellow and course director in March) and Dr James de Courcy (Lead for PTC Ethiopia), that a follow up course should be planned for approximately 3-6 months after. This course would be taught by local instructors, with support from Allie in coordination and planning.

Dr Graeme Harrington, the Operation Smile visiting lecturer who was faculty on the March course was able to start advertising the course before he left Jimma at the end of July. In addition to this, email correspondence between Allie and Drs Yemane and Girma (Anaesthesiologists) and Drs Daniel and Yonas (Lead for Surgery and Trauma) started the planning process. Emails were sent to all of the 16 instructors from the March PTC course and also the previous PTC course in Addis in 2013. Unfortunately, due to surgical training rotations, many of the residents who participated in March were now working in Addis and could not attend the course. Dr Seblework, an Emergency Medicine physician from Addis agreed to instruct, in addition to Drs Yemane and Girma, anaesthetists Million, Nega and Biruk, and the Swiss Trauma Surgeon, Dr Amir Steinitz from the GoStar charity.



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Before Allie's arrival, lectures were allocated, the conference hall and skills rooms were booked, candidates for both courses were coordinated and an attempt at printing the manuals was made. Unfortunately, due to a problem at the university, these could not be printed. Allie printed all the COOL paperwork, certificates and CDs in the UK and on arrival met up with the instructors a couple of days prior to the course start to run through the programme.

Following the success of the PTC course in March, we decided to keep the format and timetable the same. Lectures were held in the conference hall and practical sessions in the anatomy lab. The timetable had been modified in March to ensure minimal disruption and moving around the university campus. Lunch was arranged by Allie at the Sport Cafe, a popular cafe with students just outside of the hospital and university campus. Following the time keeping and costing issues we had using the hospital catering during the March course, this seemed a better alternative. The instructor course was once again held at the Honeyland Hotel and a large room was organised free of charge.

Equipment was kept to a minimum, with no sheep purchased this time around for the chest drain skills station. Airway equipment was from the dept of anaesthesia and chest drain insertion was taught with a skeleton, a cadaver and equipment from the operating theatres.

## Course Participants

The participants for the first course were a mixture of senior surgeons, residents, interns and nurse anaesthetists. Although the anaesthetists do not have extensive involvement in the initial management of trauma, the aim was to help improve the knowledge, skills and communication within the surgical and anaesthetic departments so that the management of trauma patients in theatre could be improved. It would also provide instructors skilled in airway management for future courses. The second course was attended by interns and anaesthetists. Participants are listed below. Unfortunately many of the surgical residents and seniors were in Addis or on annual leave and so could not attend. On the instructor day we trained 17, 3 of which had attended the PTC course in March but were unable to attend the instructor course. Of these new instructors, 11 taught either a lecture, workshop, skill or scenario on course 2. The difficulty was getting people to attend for the full week as clinical duties needed to be covered. On course two, the instructors came for their allocated teaching session but were not able to stay for the duration of the course.

## Course 1 Instructors

Dr Allie Green, Education Fellow in Anaesthetics, Brighton, UK (Course Director)

Dr Amir Steinitz, Trauma Surgeon, Basel, Switzerland

Dr Seblework Temesgen, Emergency Physician, Addis Ababa

Dr Yemane Ayele, Anaesthesiologist, Jimma University Specialised Hospital

Dr Girma Woldearegay, Anaesthesiologist, Jimma University Specialised Hospital

Million Tesfaye, Anaesthetist, Jimma University Specialised Hospital

Biruk Abebe, Anaesthetist, Jimma University Specialised Hospital

Nega Desalegn, Anaesthetist, Jimma University Specialised Hospital

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The team worked extremely well together and Million took on the role of course director with Allie. The faculty were contacted by Allie before the course to ensure lecture allocations reflected their interests and skills. We were very fortunate that all of the faculty members had worked or were currently working in Jimma, which added to the credibility of the course, as we knew many of the candidates, the local set up and equipment availability. We were also very lucky to have Amir with us for the first course, as the only trauma surgeon in Jimma he is a fantastic source of local knowledge and is well respected by the surgical trainees. In addition to the above, on course one we had the help of Gaby Steinitz and Charles Kane, a US Peace Corps Volunteer, who played fantastic trauma patients in our scenarios.

The instructor course was taught by Million, Seble and Allie.

## **Details of activities and professional aspects of the visit**

Allie arrived on Thursday 14th August which allowed a couple of days to coordinate the programme and meet all the instructors. Allie met Amir in Jimma and attended the morning surgical meeting on Friday 15th to meet up with the surgical seniors and had dinner with Drs Girma and Yemane. Dr Seble arrived on Sunday 17th and met with Allie and Amir at the Honeyland Hotel to run through the presentations and timetable.

As already mentioned all knew Jimma hospital well and so it was easy to orientate ourselves on the Monday morning. The projector and some airway equipment was provided by the anaesthetic department. Therefore Allie did not have to bring any equipment with her into Ethiopia as this had caused problems at customs on the previous course in Addis 2013.

After the course we all met for dinner to debrief the day and talk through the candidates to highlight any who may need extra support, and those who could be potential instructors.

Due to clinical commitments, Amir, Yemane, Girma, Nega and Biruk could only teach on course one, so the instructor day was modified for 3 instructors as we had done previously in March, but it worked well with great feedback from the candidates.

## **Contents of the Primary Trauma Care course**

The participants in the first course were a mix of Surgical seniors, residents and anaesthetists. We are grateful to Dr Daniel, Head of the Surgical department for allowing the surgical residents and interns to take time off their clinical duties and allowing them to participate for the majority of the week. Unfortunately, due to clinical commitments Dr Daniel could not attend the course, but Dr Yonas the new trauma lead for Jimma University Specialised Hospital, who is part of the GoStar trauma surgeon training programme, attended course one, the instructor course and taught on course 2.

## Course 1 (18th - 19th August)



	Name	M/F	Grade
1	Yonas Yilma	M	Senior surgeon
2	Abdikadir Mohamed	M	Medical intern
3	Ergabus Idea	M	Medical intern
4	Meliha Mehdi	F	Medical intern
5	Tigist Tesfaye	F	Medical intern
6	Shagitu Miressa	F	Medical intern
7	Hayder Abdella	M	Medical intern
8	Hunduma Jisha	M	Anaesthetist
9	Anberbir Girma	M	Medical intern
10	Kidane Woldemariam	M	Anaesthetist
11	Tegenu Dinku	M	GP
12	Dabessa Mosissa	M	Surgical resident
13	Biruk Girma	M	Surgical resident
14	Dejene Asfaw	M	Medical intern
15	Girma Fikru	M	Medical intern
16	Orjee Obadaiah	M	Surgical resident
17	Hakim Joseph	M	Surgical resident
18	Gemechis Amano	M	GP

Mean pre course MCQ score (/30)	20.7	Mean pre course confidence score (/40)	30.17
Mean post course MCQ score	26.8	Mean post course confidence score	36.44

<b>Monday 18th August</b>			
9.00	30	Welcome, introductions and MCQ	Allie
9.30	20	PTC Overview	Allie
9.50	20	Local Trauma Perspective	Seble
10.10	30	ABCDE of trauma & primary survey	Allie & All (demonstration)
10.40	10	BREAK	
10.50	30	Airway & Breathing	Million
11.20	30	Circulation & Shock	Seble
11.50	30	Chest Injuries	Amir
12.20	40	LUNCH BREAK	
13.00		<i>Skills Stations</i>	
	25	Basic/advanced airway	Yemane & Million
	25	C-Spine/Logroll	Seble & Nega
	25	Chest Drains	Amir
14.15	10	BREAK	
14.25	60	Scenario practice (3 Grps)	Yemane, Seble, Million, Nega, Amir
15.25	45	Abdominal & limb injuries	Amir
16.10	5	Summary	Allie

## Day 1

The course timetable was modified slightly from that used during the March course. We were a little late starting as we had to register all of the candidates, so the MCQ was completed as and when they arrived, and any latecomers completed it during the coffee break. This allowed us to make up the time well and the rest of the day ran to time. Allie entered the COOL data on the spreadsheets sent by the PTC and confirmed name and email with each candidate individually. Candidates were allocated to 3 groups for the skills and scenario workshops.

It is clear from working in Jimma that the main method of teaching is by presentation and so we wanted to ensure we limited traditional 'lecture style' teaching as much as possible. We used a scenario to teach the ABCDE of trauma and ensured a brief discussion of recent cases after each lecture. Million also used a manikin to perform airway manoeuvres during the airway and breathing lecture.

The timetable also worked well with our room changes. The morning was spent in the conference room and then after the lunch break we moved to a different building to the anatomy lab for the skills, scenarios and abdominal and limb injuries lecture. With faculty members staying with the group during breaks we were able to minimise losing candidates throughout the day!



Tuesday 19th August			
9.00	40	Head & spinal injuries	Seble
9.40	30	Trauma in children & pregnancy	Nega
10.10	30	Burns	Biruk
10.40	15	BREAK	
10.55		<i>Workshops</i>	
	20	Analgesia	Girma
	20	Transportation	Amir & Nega
	20	Triage scenarios	Million & Biruk
	20	Neurological assessment	Seble
12.15	30	Secondary survey	Allie & All (Demonstration)
12.45	55	LUNCH BREAK	
13.40	30	Disaster management (discussion Grp)	Amir
14.10	60	Scenario practice (3 Grps)	Amir, Seble, Nega & Million
15.10	10	BREAK	
15.20	25	MCQ & Review	Allie
15.45	30	Summary, feedback & evaluation	Allie, Seble & Million
16.15	15	Certificates & planning of instructor day	Allie

## Day 2

The day ran well to time. The first three lectures of the day produced much discussion, as this is a lot of new information for some and we sadly had to cut short discussions to keep to time. This also occurred in the March course and so perhaps for future courses there should be more time allocated for these first 3 lectures.

Again, the secondary survey was performed as a demonstration, which was well received and prompted more discussion.

After the lunch break we again moved to the anatomy lab to run the scenarios and disaster management discussion. Amir, as the trauma surgeon, was the best person to do this and stimulated a great discussion of what would happen if a plane crashed at Jimma airport. We were able to use a white board for this but it could have easily been run without. The scenarios from the manual were modified by us to reflect recent cases seen by us in Jimma.

Seble and Million presented the certificates at the end of the day and feedback of the course was very encouraging.

## Instructor Course (20th August)



Name	M/F	Grade	Notes
1 Hakim Joseph	M	Surgical Resident	
2 Hunduma Jisha	M	Anaesthetist	
3 Hayder Abdella	M	Medical Intern	
4 Abdikadir Mohamed	M	Medical Intern	
5 Fikir Tesfaw	M	Medical Intern	PTC March 2014
6 Tsigereda Damene	F	Medical Intern	PTC March 2014
7 Dabessa Mosissa	M	Surgical Resident	
8 Meliha Mehdi	F	Medical Intern	
9 Dejene Asfaw	M	Medical Intern	
10 Shagitu Miressa	F	Medical Intern	
11 Anberbir Girma	M	Medical Intern	
12 Orjee Obadaiah	M	Surgical Resident	
13 Yonas Yilma	M	Senior Surgeon	
14 Tigist Tesfaye	M	Medical Intern	
15 Ergabus Idae	M	Medical Intern	
16 Tigist Tefera	F	Anaesthetist	PTC March 2014
17 Kidane Woldemariam	M	Anaesthetist	

Wednesday 20th August			
9.00	5	Introduction	Allie
9.05	15	How adults learn	Million
9.20	15	Asking questions	Allie
9.35	25	Feedback	Million
10.00	40	Giving presentations: Introduction and how to give a lecture	Allie
10.40	15	BREAK	
10.55	20	How to run a discussion group	Million
11.15	20	How to teach a skill	Allie
11.35	20	How to run a scenario	Seble
12.55	10	Preparation for workshops	Allie, Million, Seble (each with a grp)
12.05	40	Workshop 1: Skill (3 Grps)	
12.45	60	LUNCH	
13.45	40	Workshop 2: Lecture/Presentation	
14.25	40	Workshop 3: Scenario	
15.05	40	Workshop 4: Discussion Group	
15.45	10	BREAK	
15.55	30	Running PTC Courses & planning for course 2	All
16.25	15	Evaluation and certificate presentation	All

Despite horrendous weather the day started on time (!) and was attended by 14 of those who had attended the first two days, with the addition of an anaesthetist and two interns, who had attend the PTC course in March but were unable to attend the instructor course. The organisers' aim was that these doctors would attend the instructor day and then the succeeding two day PTC course. Some of the residents who attended had been up all night operating prior to attending and should be commended for their enthusiasm and high degree of professionalism for the course.

We advised the candidates that they would be giving a 5 minute presentation and leading a discussion group later in the day so they had some time to prepare. The group was split into three, with Allie, Million and Seble each leading a group for the 4 workshops. Allie decided that the presentation would be on 'teach us something we didn't know about Ethiopia' and the discussion group would be on disaster management, as this had sparked so much interest the previous day. They didn't disappoint, with some preparing notes and powerpoint presentations over the break times and she learned a lot about Ethiopia!

Although ideally it would have been good to move instructors around the groups, we were only 3 and by staying with each group we built up a rapport and had a lot of fun along the way.

At the end of the day 11 of the 17 attending stated they would be able to help with some aspect of teaching on the following two days, however because of clinical duties none could commit to the whole of course 2. Lectures/skills/workshops & scenarios were allocated accordingly.

## Course 2 (21st - 22nd August)



Name	M/F	Grade
1 Yared Getachew	M	Medical Intern
2 Fasil Tesfaye	M	Medical Intern
3 Tibebu Alemu	M	Medical Intern
4 Gashahun Mekonnen	M	Medical Intern
5 Mesganaw Melaku	M	Medical Intern
6 Gebru Tesfaw	M	Medical Intern
7 Selamawit Wolde	F	Medical Intern
8 Hadush Fitsum	M	Medical Intern
9 Tsion Yehuwalashet	F	Medical Intern
10 Lemlem Terefe	F	Medical Intern
11 Amanuel Teferi	M	Medical Intern
12 Hailu Tamiru	M	Medical Intern
13 Yohannes Shanku	M	GP
14 Negashu Dadi	M	Anaesthetist
15 Mamo Argeta	M	Medical Intern
16 Muhuyadin Abas	M	Medical Intern
17 Yesi Berhanu	F	Medical Intern
18 Filagot Bishaw	M	Medical Intern
19 Teyib Ababiya	M	Medical Intern
20 Khaled Abdo	M	Medical Intern
21 Tamirat Mulagete	M	Medical Intern
22 Tolossa Tufa	M	Medical Intern
23 Abdi Dingeta	M	Anaesthetist

Mean pre course MCQ score (/30)	21.8	Mean pre course confidence score (/40)	30.87
Mean post course MCQ score	27.0	Mean post course confidence score	37.48

Thursday 21st August			
9.00	30	Welcome, introductions and MCQ	Allie
9.30	20	PTC Overview	Allie
9.50	20	Local Trauma Perspective	Dabessa
10.10	30	ABCDE of trauma & primary survey	Allie & All (demonstration)
10.40	10	BREAK	
10.50	30	Airway & Breathing	Hunduma
11.20	30	Circulation & Shock	Tigist (anaesthetist)
11.50	30	Chest Injuries	Yonas
12.20	40	LUNCH BREAK	
13.00		<i>Skills Stations</i>	
	25	Basic/advanced airway	Hunduma & Tigist (anaesthetist)
	25	C-Spine/Logroll	Tigist (Intern) & Tsigereda
	25	Chest Drains	Hakim & Anberbir
14.15	10	BREAK	
14.25	60	Scenario practice (3 Grps)	Tigist (anaesthetist), Hunduma, Dabessa, Anberbir, Tigist (Intern) & Tsigereda
15.25	45	Abdominal & limb injuries	Yonas
16.10	5	Summary	Allie

## Day 1

The day started well on time and after introduction by Allie, the day was taught incredibly well but the new and enthusiastic instructors. The primary survey demonstration was fantastic and promoted much laughter and discussion from the group. Although the instructors could not stay for the whole day, their enthusiasm and commitment must be commended, as many were on duty and would go to the out patient dept, do some jobs and come back to help teach the course! Considering the short notice of which presentation they would be giving, a lot of hard work went into preparing the lectures and workshops. It was great to see a mix of specialities and grades working together to instruct the course.



Friday 22nd August			
9.00	40	Head & spinal injuries	Orjee
9.40	30	Trauma in children & pregnancy	Dabessa
10.10	30	Burns	Hayder
10.40	15	BREAK	
10.55		<i>Workshops</i>	
	20	Analgesia	Anberbir & Hayder
	20	Transportation	Orjee
	20	Triage scenarios	Fikir
	20	Neurological assessment	Tigist & Tsigereda
12.15	30	Secondary survey	Allie & All (Demonstration)
12.45	55	LUNCH BREAK	
13.40	30	Disaster management (discussion Grp)	Hakim
14.10	60	Scenario practice (3 Grps)	Hakim, Dabessa, Tigsit, Hayder & Fikir
15.10	10	BREAK	
15.20	25	MCQ & Review	Allie
15.45	30	Summary, feedback & evaluation	Tigist & Hakim
16.15	5	Close & certificates	Allie

## Day 2

Again, this ran well to time and the presentations were delivered well with much enthusiasm and professionalism. The disaster management discussion group led by Hakim was fantastic and highlighted how important it is to run the PTC course knowing the local set up, political and cultural situation.

The feedback was all positive, with one candidate stating he had learned more in 2 days than he had during 10 weeks on the ward. Another had heard about the course from a friend who attended the course in March and had delayed his annual leave in order to attend. The major theme in the feedback was that the course should be run again and available for other healthcare professionals.

Hakim led the feedback discussion and with Tigist and Dabessa, presented the certificates and CDs.

## Feedback

After each of the two courses a session of feedback was held, with very positive comments and much enthusiasm. Many remarked that this training should be available for all doctors, nurses and public health officers in training in Jimma.

### *First Course Feedback*

What was the best part of the course?	What would you change?
All	Nothing
The instructors are very nice & whole course is interesting	To have more training and increase the number of participants
Promote effectiveness in primary trauma care	The course to come in september and we train it at the beginning of internship
Workshops	
Being able to openly ask what we wanted to know & friendly	Next time let it involve a larger people not only medical doctors but nurses and students
ABCDE of trauma and primary survey	How to perform interosseous cannulation, add to workshop
ABCDE and scenario practice	This course should be given again for us in future if possible and the rest of health practitioners should be trained
Organisation of the program	To add more illustrations & photos to the seminars
Skills stations	
The best part is the well organised system to approach trauma patients	
To be organised in approaching the trauma patient	
The interactive parts including scenarios, workshops and skills stations	
It is practical training	

## Instructor Course Feedback

What was the best part of the course?	What would you change?
The workshops	The participants to get involved more in the lecture session
Time management and organisation	Experience sharing amongst groups from each activity
The workshops but the other is also very nice	To add that every individual to stand in front of the group and present one topic on PPT in order to have more confidence
Whole course was interesting but the best part was workshop scenario	More time for the workshops than the theory part
How adults learn and workshop scenarios	Giving more time to initiating the audience to participate in the course
Teaching a skill	Make the instructor course a bit longer
Enables to develop to be good instructor, proving structured way of giving course. Simple method with planning	Give more time for workshops and presentations
How to lead a discussion group	It will be good if somebody has to choose his part of interest
How to give a lecture & to teach a skill	To prepare the lab to demonstrate the skill
Knowing that there are different ideas that can be raised & how we can respond to it.	Would be interesting to have a longer training
Presentation (lecture) and discussion part	
All are best for me	
How to plan, discuss the issue & summary	

## Second Course Feedback

What was the best part of the course?	What would you change?
The practical part	Everything is satisfactory, I liked it!
Everybody was interested and it was not boring	If possible the demonstration to be presented as a video as well
The practical skill session from day 1, lecture on children and pregnancy as well as practical session day 2	Involve other health professional (apart from physicians) in the training
The whole thing and the whole presentations	Changing the theory part to practical
Primary survey	Asking the college and involving others for PTC
It is practically based	Nothing, am grateful
The practical part and discussions I like most	To expand this program to health centre level where they are the first to see patients!
Chest trauma and disaster management	Nothing except call others to attend
Disaster management lecture	Encourage to continue such type of training to other health professionals
Scenarios	All the workshops should be supervised by Allie
All parts are best	
The whole course was very interesting. I wish it will be repeated some other time	
All are best for me but especially the workshop is very important	

## New instructor feedback

“ Thank you, we got a wonderful experience from PTC, we are ready to make a difference”

“Thank you for giving us your time as well as for giving us the most thoughtful gift of all (the capacity to let out our confidence and knowledge) on the Primary Trauma Care course. It surely was a life changing experience. We went from having a rough idea about trauma to a well organised instructor to more confident physician. Thanks a lot!”

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## Media coverage

As far as we were aware there was no media coverage during the course.

## Evaluation of the success and relevance of the visit

Overall, this visit was very successful, with a strong group of participants and an enthusiastic and committed group of new instructors. Speaking with Amir since the course in March, he says that the residents and interns are now presenting the patients differently at the morning trauma meeting paying attention to primary and secondary survey, something that was not done before. Allie was asked when she is coming back to run another course!

We feel that the success of the course was for a number of reasons.

- Targeting the residents and interns who have the time and enthusiasm to learn and teach. Many of the seniors have many commitments and a busy working schedule in and out of the hospital which makes it difficult for them to attend and to potentially run courses in the future. We hope that the enthusiasm continues and the residents and anaesthetists feel that they can run future courses.
- Amir, a trauma surgeon working in Jimma who the residents and interns know and respect was on the faculty. That added huge 'buy in' for the course as it was made relevant to Jimma, with extensive knowledge of local cases and equipment. Having all of the faculty known to Jimma and many of the participants also helped, as we had an established rapport with them and had the local knowledge made the course more appropriate for their 'set-up'.
- Having run a successful course in March, it was easy to replicate, using the same rooms, timetables, equipment etc.

However the success of future courses run by the new instructors will depend on whether individuals can be released from clinical duties. We were very grateful for Dr Daniel and Dr Yonas allowing some of the residents and interns to attend, but it is understandably difficult to allow trainees to attend whilst ensuring adequate clinical cover in the OPD and on the wards.

The instructors were clearly committed to teaching on the second course and their feedback to us expressed how much they enjoyed it. However, none were able to attend for the whole course and the concern is that there would be no one to take lead of the course in the future. Million was invaluable as co-director on the first course, taught very well on the instructor course and was able to attend for the entirety of course 1 and the instructor course. He is keen to take the lead on future courses.



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## Future potential plans for PTC dissemination

As discussed previously, the surgical department in Jimma are very keen for the PTC course to be repeated again in approximately 3 months, to be incorporated into the surgical curriculum and to be run for non medical healthcare professionals. By involving the operation smile visiting lecturer (currently this post is vacant) and GoStar trauma surgeon in this we can support another course, with our new instructors taking on more leadership roles in the organisation and running of this course. Dr Yonas is now the lead trauma surgeon for Jimma through the GoStar charity and could be a good coordinator. In addition, Million, Debassa, Hakim and Tigist expressed interest in helping run further courses. Due to clinical commitments it is hard for the seniors to take the lead on a course and so a team of residents, interns and anaesthetists may be more appropriate.

## Observations and recommendations for future courses

This second PTC course in Jimma was just as successful as the first and was organised mostly by a local team of physicians and anaesthetists. The enthusiasm and commitment was fantastic and made a fun week even more worthwhile. It is important that this enthusiasm continues and so it is suggested that another course is run in the next 3-4 months, not only because it has been requested, but as many of the instructors will be on rotation to other hospitals and so may not be able to teach in Jimma if left any longer. A committee of PTC instructors will be formed, with a mix of seniors, residents and interns from surgery and anaesthesiology along with anaesthetists to ensure that future courses will run successfully.

## Details of any teaching or other material provided

All the paperwork except the manuals was printed in the UK prior to Allie flying to Jimma. This was because printing facilities are unreliable and it was easier to have one less thing to organise whilst in Ethiopia. The certificates were printed blank and the names were added accordingly with the pre and post test scores written on the back of the certificate. In addition, CDs were produced with all the official PTC course slides, the course and instructor manuals, COOL paperwork and the WHO Surgery in the District Hospital in pdf format. Also a selection of photos of local trauma cases and Xrays were added in addition to Dr James de Courcys photo collection used on previous courses in powerpoint format. Unfortunately the manuals could not be printed locally but candidates made notes in their own notebooks and were happy with a 'soft copy' of the manual on CD.

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## Acknowledgements

I would like to thank Dr Daniel and Dr Yonas for allowing the residents and interns to come to the course and their support for the future of the PTC in Jimma. Also Dr Yemane and Dr Girma for the use of the airway equipment from the anaesthetic department and the projector.

I would like to take this opportunity to thank the faculty for all of their hard work on the course. Amir, thank you for re-arranging your work schedule so that you could join us and share your knowledge of trauma in Jimma. You're great role model for the residents and interns and your continuing presence in the trauma meetings ensures that the PTC training will continue everyday!

Gaby and Charles, thanks for giving up your time to help with course one as wonderful actors!

Finally thank you to Dr James de Courcy and Annette Clack for all their support before and during the course.

*Dr Allie Green  
Course Director  
28<sup>th</sup> August 2014*



*Some of our new PTC instructors, from left to right: Tsigereda Damene, Allie Green, Tigist Tesfaye, Anberbir Girma, Hayder Abdella, Fikir Tesfaw*