

PTC COURSE REPORT

JINJA, UGANDA

10th – 14th November 2014

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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



PTC Report – Jinja, Uganda: November 2014

1. Introduction

This report details a UK team visit to Jinja, Uganda to run a Primary Trauma Course Foundation Programme (PTCF) in November 2014. This was the final course of the two year project in Uganda, which was a part of the COOL project via Oxford and COSECSA.

Furthermore, the instructors were fully self-funded to run this course for the first time.

With the high incidence of trauma and its poor management well documented throughout Africa, the need for improved trauma management is of paramount importance in order to save life and promote both a rapid and quality recovery. The PTC aims to address this issue through a properly structured and consistent programme that takes into account the often poor resource environments the medical teams work in.

This report summarises each stage of the three courses together and concludes with discussion points and issues raised.

Maki Jitsumura
December 2014

2. Key staff involved in planning and co-ordination

Dr. Alex Bangirana (AB)	PTC coordinator Uganda COSECSA rep
Dr. Wynne Aveling (WA)	
Dr. Maki Jitsumura (MJ)	
Ms. Annette Clack (AC)	PTCF Administrator
Mr. Nigel Rossiter (NR)	UK Country Coordinator for Uganda

3. UK PTC instructors

Dr. Maki Jitsumura (MJ)	SHO ED, Queen Alexandra Hospital, Portsmouth
Dr. Wynne Aveling (WA)	Consultant Anaesthetist, UCLH NHS Trust UK
Dr. Gurinder Singh Malhi (GM)	Registrar Anaesthetist, UK

4. Purpose of visit

The purpose of this visit was to run a PTC Programme in the Jinja Regional Referral Hospital (JRRH), Uganda. Mainly intern doctors and nurses from JRRH were invited to the PTC course (day 1 and 2) and the PTC instructors' course (day 3). The rest of the intern doctors, nurses and clinical officers were invited to the second part of the PTC course (day 4 and 5), which was largely led by the newly qualified instructors from day 1-3.

The ultimate aim is to carry on the PTC course by those newly qualified local instructors regularly so that many become more familiar with the management of trauma and medical emergency situations.



Jinja Regional Referral Hospital, Jinja, Uganda

5. Executive summary

- A five day PTC programme was held in Jinja, November 10-14, 2014
- The Faculty was made up of two UK based doctors and one Ugandan.
- This was the first fully self-funded course. The instructors were required to pay the own travelling cost including the flight to Uganda, accommodation and meals.
- Due to some difficulties to communicate local organisers in the JRRH, we were uncertain about the logistics of the course including the venue and attendees.
- The venue was a meeting room of the Jinja Regional Referral Hospital, which was kindly provided by the medical director of the JRRH.
- Tea with some handmade food was provided twice daily throughout the course, which was kindly provided from the JRRH.
- A total of 16 candidates (13 doctors, 2 nurses and 1 clinical officer) attended the PTC course and 14 completed it.
- 10 of them attended the Instructors course and 3 of them subsequently went to teach on the next course.
- The new instructors as well as UK instructors ran the second PTC course, which was attended by 16 candidates. 15 candidates successfully completed.
- Feedback for the all parts of the week was very good. (Despite iteration that the course was self-funded, some wished to be paid for the course with more adequate meals.)
- MCQ scores showed dramatic improvement after each course especially the second course.
- The UK and local instructors worked well as a team to run the course.
- As previous instructors pointed out, this course would benefit the police, schools, sports clubs and other facilities.
- It is crucial for the newly qualified local expertise and enthusiasm to run courses in Jinja without outside help.

6. Professional aspects of visit

Faculty (day 1 – 3)

Alex Bangirana (AB) – local course coordinator & Head of A&E Mulago Hospital, Kampala

Wynne Aveling (WA) – Consultant Anaesthetist, UK

Maki Jitsumura (MJ) – SHO, UK

Gurinder Singh Malhi (GM) – Anaesthetist registrar, UK (day 1 and 2)

AB, WA, MJ and GM all taught on the Jinja course.

AB was trained in Uganda. He also acted as a course organiser. WA and GM were already in Uganda on other business. WA had previously worked in Mbarara. He provided previous PTC course in Mbarara in 2013. MJ travelled at her own expense from UK, was trained in UK. All of the above shared a private taxi to travel from Kampala to Jinja at our own expenses. All UK instructors stayed at a hotel near the hospital also with our expense. The medical director of the Jinja Regional Referral Hospital (JRRH) kindly provided a transport from the hotel to the hospital daily.

NR provided the overseas faculty with extensive information, including instructor's manual, all slides and much else, by email in good time before the course.

Despite the AB's effort to coordinate the course with a local doctor of JRRH, he lost contact with this doctor. Although we were uncertain about logistics of the course, we travelled to Jinja in the hope that we had enough interest in the course.

On the first day of the course, we met the medical director of JRRH for the first time, who knew nothing about the forthcoming course. Despite this sudden visit and short notice of the course, he was very helpful and supportive for our mission. He called for as many as 16 intern doctors and nurses on the same day and provided us a room for the course within the hospital. Furthermore, he provided two tea and snacks for candidates and instructors throughout the course. Without his generosity, this course could not have been happened.

Although the participants were invited to the course by the medical director, they were having a meeting to discuss more pressing matters to them. These intern doctors and nurses had not been paid for the last three months - so they were discussing how to tackle this problem prior to the course. They attended the course after lunch time.

We also had our own equipment issue. Although we brought our projector and laptop for the PowerPoint presentation, we could make it work. After hours of perseverance, we realised the laptop did not recognise the projector. In the end, we borrowed a laptop from the hospital and finally we were able to present the PowerPoint through a big screen!

7. Day 1 and 2

Course participants

13 doctors, 2 nurses and 1 clinical officer (see appendix)

Lectures, clinical skill stations, discussions and scenarios were delivered by the faculty with good input from the Ugandan members. Scenarios were particularly popular amongst the participants.

Although the group was quiet, they had a good knowledge, which was reflected on the MCQ scores.

MCQ mean (range)

Before : 18.4 (25/7)

After : 25.7 (29/21)

Feedback was generally very positive. Many found the clinical skill stations and scenarios very helpful and informative to consolidate what they learnt from the lectures. Some pointed out it would be better to extend the course to 3 days to allow more

practical scenarios such as paediatric and pregnancy trauma cases. Many also mentioned about wanting to be provided lunch also though they enjoyed tea breaks.

8. Instructors course - day 3

Ten of the participants who completed the PTC on day 1 and 2 came back for the day on how to teach. Everyone appeared to enjoy himself or herself, to provide own presentations during the workshop. Some are very natural public speakers and demonstrated that they would be valuable local instructors for the successful future PTC courses.

9. PTC course - day 4 and 5

Sixteen doctors, nurses and clinical officers attended for the second course of which fifteen completed the course.

The course was delivered by three new trained instructors as well as the members of the visiting faculty. Unfortunately, many of the attendees of the Instructors course were unable to attend the day 4 and 5 since they had a graduation ceremony in Kampala. Yet, those who attended proved very enthusiastic and powerful instructors to local healthcare professionals.



(3 new instructors: Dr. Wambi (left), Dr. Ayot (middle), Mr. Kwesigye (right))

There was a marked improvement in MCQ scores after the course.

MCQ mean (range)

Before : 15 (24/8)

After : 24.7 (29/14)

10. Post course evaluations

Course Feedback Questionnaire
(Very poor 1 up to very good = 5)

Range 3-5

Scores by sections

The majority scored 5.

The most popular lectures: Scenarios and clinical skill stations
What would you change?
“provide lunch”, “Include more paediatric and pregnancy cases”, “More time for challenging scenarios”

11. Discussion

All sections of the course were very successful despite the communication difficulty with the local co-responder in Jinja. We attribute this success to our passion to the PTC, perseverance by Dr. Bangirana from Kampala, excellent expertise by Dr. Aveling and generosity of the Medical Director of JRRH.



The whole purpose of the PTC is to learn the principal of the trauma management and to localise this principal to the local needs. Some of the equipment we used for the course may not be readily available to JRRH or surrounding area. This should not hinder the principal of trauma management, and they should be able to manage it with their best possible available equipment and with the knowledge they acquired.

It is crucial for the new instructors to continue providing the PTC courses to healthcare professionals. There is enough expertise and enthusiasm now in Jinja to run courses locally without the need from outside help. We felt that not only healthcare professionals, but also the police, village health workers, schools and community workers would greatly benefit from the PTC.

This course was the first fully self-funded one in Uganda. Keen dedicated faculty members were determined to facilitate the course successfully at our own costs. However, funding for local instructors would be more vital. Doctors are poorly paid in Uganda and they had not been paid for the last three months when we visited Jinja. They are very keen and passionate about the people's health. The cost for travelling or basic payment for those successors is vital for the success of the PTC for future.

12. Issues raised

IT issues – we had a problem with a laptop and projector. Since we had enough time to solve the problem, we did not need to provide the lecture over one small laptop screen. It would have been better if we tested the laptop and projector before travelling to Jinja.

13. Acknowledgements

Thanks to Dr. Bangirana who facilitated and coordinated the course in Uganda. Dr. Malhi, who was happened to be in Kampala at the time, kindly joined the faculty team and travelled with us to Jinja. He also provided excellent lectures and clinical skill stations for the first two days.

Dr. Aveling also offered his tremendous experience and expertise to the PTC course yet again.

Having the PTC course within the hospital setting gave us a slightly different experience from the previous courses which were held in a hotel conference room. Thanks to many doctors and nurses who invited me to their wards and clinics between the lectures. This valuable opportunity gave me insight into the reality of Ugandan health issues. This observation made me realise the importance of localisation of the PTC course to their needs and continuation of the PTC courses without outside help.

Finally, thanks to those who came to the course, be a part of the amazing week and who instructors to run the second course became.

Appendix

Day 1 and 2 participants

Mwanja S Wilson	Intern doctor
Nyerengeta Simon	Intern doctor
Kule Edward	Intern doctor
Wambi Peter	Intern doctor
Waiswa Ali	Intern doctor
Byakika Grace Jackson	Intern doctor
Kirabira Joseph	Intern doctor
Kibirige Daniel	Intern doctor
Bagonza Simon (1 day)	Intern doctor
Zake Derick	Intern doctor
Tumusiime Lawrence	Intern doctor
Ayot Julianah	Intern doctor
Jostus Niwebine Kwesigye	Nurse
Muhindo Josephat (1 day)	Nurse
Nakasala Harriet Sarah	Intern doctor
Miridice Namuyuga	Clinical officer

Day 3

Mwanja S Wilson	Intern doctor
Nyerengeta Simon	Intern doctor
Kule Edward	Intern doctor
Wambi Peter	Intern doctor
Waiswa Ali	Intern doctor
Byakika Grace Jackson	Intern doctor
Kirabira Joseph	Intern doctor
Kibirige Daniel	Intern doctor
Ayot Julianah	Intern doctor
Jostus Niwebine Kwesigye	Nurse
Mwanja S Wilson	Intern doctor
Catherine Laloyo	Doctor
Esther Nambi	Nurse
Ben David Mondo	Doctor
Beatrice Wandera Kwoba	Nurse
Miriam Namuchoa	Doctor
Elizabeth Kakaire	Nurse
Prima Twesigye	Nurse
Emilienne Nyiraburanga	Nurse
Rosemary Massali	Nurse
Joyce Agwang	Nurse
Martha Joanita Auma	Nurse
Agnes Nalwegayo	Nurse
Noeline Nassaazi	Nurse
Ambrose Aguga	Clinical Officer
Jesca Namugoya	Nurse
Dorcas Apio	Nurse

Day 4 and 5