

## COURSE REPORT

MTWARA & LINDI HOSPITALS, TANZANIA

15<sup>th</sup> – 19<sup>th</sup> September 2014

Report Presented by: Dr. DEBBIE HARRIS

### **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



## Report on Primary Trauma Care Course run in Mtwara (Ligula) Hospital and Lindi (Sokoine) Hospitals from 15<sup>th</sup> -19<sup>th</sup> September 2014

This course was the fifth and final course run in Tanzania in the COOL project. Mtwara region is in the South East of Tanzania, near the Mozambique border and Lindi is situated about 100 miles further North, also on the coast.

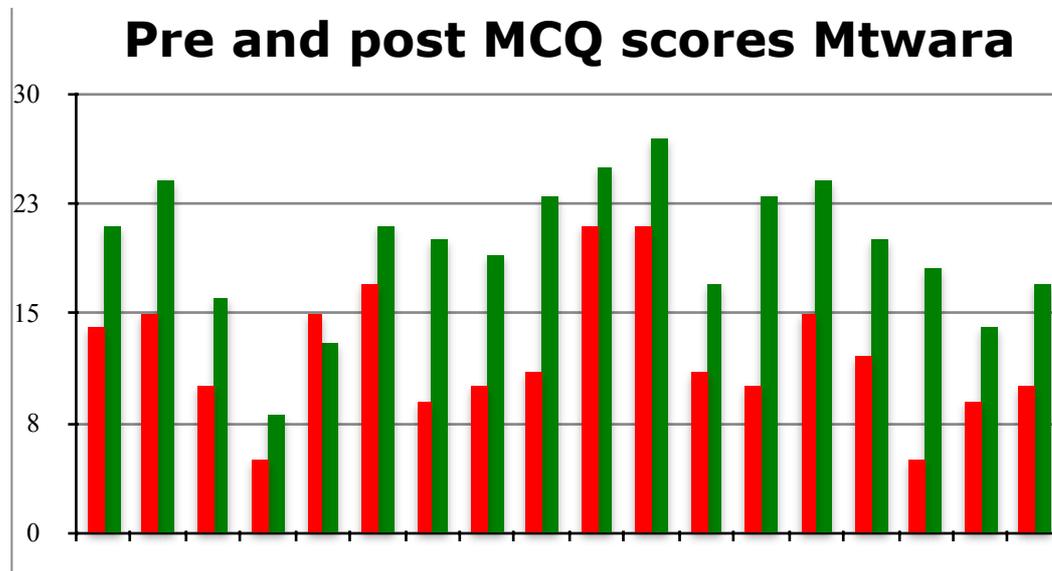
The course was organized from Dar es Salaam by the EMAT coordinators, Juma Mfinanga and Hendry Sawe and 4 experienced instructors, Said Kilindimo, Geminiano Festo Temba, Bernard Kepha and Patrick Shao, were provided from the Emergency Department at Muhimbili National Hospital. Also helping with the course were Dr Debbie Harris, UK PTC representative for Tanzania and Jack Scrutton, a volunteer from the UK. Because of the distances involved the instructors all flew down to Mtwara early on the Monday morning, were picked up from the airport by a hospital vehicle and taken directly to Ligula Hospital where we were met by Dr Kissambo, the Regional Medical Officer.

Day 1 we had 19 candidates, a mixture mainly of 3 doctors and 7 nurses but also including clinical officers, a lab technician and a radiographer. The course was located in a cool, airy good shaped room which was quiet and had a continual power supply.

As Ligula hospital has no intubation equipment and no-one who can intubate, basic airway techniques were emphasised in the workshops though the indications for intubation were discussed in the lectures. The chest drain workshop was delayed until day 2 for lack of a goat and a chicken was used for intraosseous techniques.

Day 2 went smoothly and all but one of the candidates improved their MCQ scores. Unfortunately due to unforeseen circumstances, two of the instructors then had to return to Dar es Salaam suddenly, so we were left with two Tanzanian and one UK instructor for the TOT and to supervise the second course. The majority of the course was run in Swahili as only the doctors attending had really had a prolonged exposure to English.

9 people were identified as potential instructor candidates and they were invited to attend the following day and it was explained to them that we would like to then take them on to Lindi for the following course.



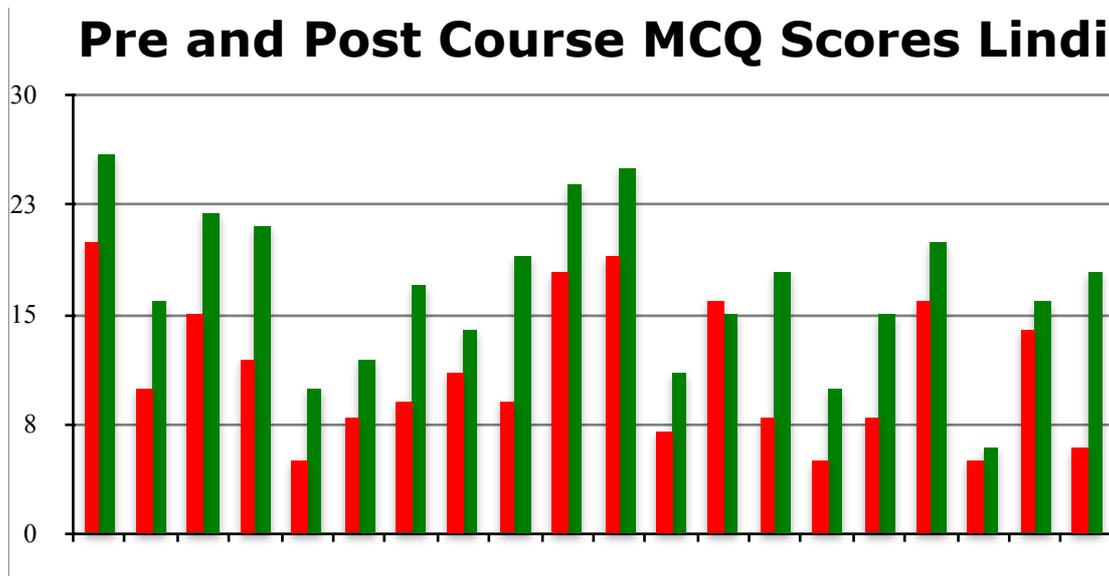
Day 3 was the TOT course. The instructor candidates seemed to enjoy it but it was hard work for the two Tanzanian instructors remaining and it was decided that as we needed them both, the instructor certificates would have to be handed out on Friday. Unfortunately, only four of the instructor candidates were free to travel with us that night to Lindi to run the second course.

Day 4 started a little late following introductions to the hospital administrators who were very enthusiastic about the idea of Primary Trauma Care and keen for some of the Lindi doctors to become instructors.

We had 20 candidates including 3 doctors and 9 nurses, with the rest being clinical officers or medical attendants. It was obvious from the start that there were serious language issues, especially when trying to answer the MCQ and confidence matrices in English. Again we decided not to teach intubation skills and the chest drain session was delayed until the second day.

Day 5 we encouraged the new instructors to sit with those who didn't understand much English and translate the questions. All except one

person improved their score – and some of the medical attendants, in particular, were delighted!



In logistical terms, we had no major problems – the baby Annie got through airport security this time without being decapitated. We stayed in modest, clean, secure hotels in Mtwara and Lindi, though hotel managers are reluctant to allow two people of the same sex to share a room, adding to the cost. Transport between the two centres, though relatively expensive was efficient and safe and around town was mainly by bajaji, or tuk-tuk. This only presented a problem when we had to move the black box.

Overall we trained 39 new providers and 9 new instructors. This makes a total of 196 providers and 52 instructors over the five courses of this project in Tanzania alone. This is thanks to the efforts of EMAT and the organisers of the courses in Dar es Salaam. It is a tribute to the conscientious, professional and dedicated team of instructors located in the Emergency Department of Muhimbili Hospital that these courses have taken place. A meeting was held prior to the first course and a commitment made to a continuing presence, wherever possible, in future courses in Tanzania, thus ensuring quality control.

My thanks again to Said Kilindimo, Geminiano Festo Temba, Bernard Kepha and Patrick Shao, for giving up their time to run this course.

As always, these courses would not be possible without the help of Annette Clack, back in Oxfordshire who arranges the flights and money and solves all our problems.