

PTC COURSE ZIMBABWE

14 - 17 September 2015

PTC Primary Trauma Care
Foundation



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1) Executive Summary

The fifth locally organised and seventh PTC course held in Zimbabwe was held from the 14th to the 17th of September 2015. This report is a Post PTC Course narrative report.

The report aims to give feedback on all the events that transpired during this training session i.e. key staff involved in planning and coordinating the course, course instructors and course participants, content taught, multiple choice questions summary, equipment used and conclusion.

2) Purpose of the Training

The training sought to increase the confidence levels of both the instructors' and participants in managing trauma patients. We also sought to empower health professionals at various levels in their careers but in particular general practitioners with the knowledge and skills to save life and to preserve limbs.

3) Key Staff

The key staff involved in the planning and coordination of this PTC course from the Zimbabwean side are Dr Farai Madzimbamuto, Dr Max Gova, Dr Tasimbanashe Masamha, Dr Josphat Chiripanyanga, and Ms Shale J Kasambira who is one of the Secretaries for the Department of Health Profession Education, University of Zimbabwe College of Health Sciences where the course was hosted



Dr Farai Madzimbamuto

Consultant Anaesthetist

Lecturer University of Zimbabwe Department of Anaesthesia and Intensive Care

Dr Max Gova

Consultant Trauma and Orthopedics

Lecturer University of Zimbabwe Department of Orthopedics



Dr Josephat Chiripanyanga

Registrar Cardiothoracics



Dr Tasimbanashe Masamha

Hospital Medical Officer working in the Emergency department



The compilation of this report was done by Dr Tasimbanashe Masamha with the invaluable guidance provided by, Dr Josephat Chiripanyanga, Dr Farai Madzimbamuto and Dr Max Gova.

4) Course Instructors

There were ten course instructors who had been earmarked for this training and fortunately all them found time in their busy schedules to instruct the course.

The instructors were Dr Tasimbanashe Masamha (team leader), Dr Josephat Chiripanyanga, Dr Thandiwe Munaiwa, Dr Kudzai Kanyepi, Dr Chipso Gwanzura, Dr Edson Chidovi, Dr Tendaishe Terence Mutize, Dr Nyamukachi, EMT Sanjemuleke Masuku, Nurse Pauline Matongo. Most of the instructors are based at Parirenyatwa Hospital the largest health institution in the country handling the most trauma admissions.



Dr Tendaishe Terence Mutize
Senior house officer
Heamatolgy Parirenyatwa



Dr Kudzai Kanyepi
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Accident & emergency
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Dr Thandiwe Munaiwa
Senior House officer
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Dr Tasimbanashe Masamha
Senior House Officer
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Pauline Matongo
Theatre Nurse
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Dr Joe Chiripanyanga
Registrar Cardiothoracics
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Dr Chipo Gwanzura
Senior House Officer
Department of Medicine
Parirenyatwa



Sanjemwalika Masuku
Emergency Medical
Technician
Emergency Medical Rescue
Ambulance Services

5) Activities

Dr T Masamha organised and coordinated the facilitators from the pool of trained individuals. Ms Shale J Kasambira organised the course material and the catering. Mrs N Mukoko the administrator of the department of Health Profession Education, University of Zimbabwe College of Health Sciences hosted us and Mr L Mukavhi helped with setting up. The Zimbabwe Medical Association (ZiMA) organised the participants.

The Friday before the course a preparatory meeting was hosted by Dr Madzimbamuto and attended by Dr Chiripanyanga, Dr Edson Chidovi and Nurse Pauline Matongo. Unlike all the other previous trainings 2 trainings

were to be done each over two days with no training of trainers to be done. The goats for demonstration were prepared and the rest of the training equipment was made ready. The skills lab was set up.

The rest of the activities during the training followed the guidelines in the PTC instructor's manual which will be outlined on the specific days. Pauline Matongo did the data capturing.

Post course activities were mainly hovering around the final aggregation of the data collected during the training.

6) Day 1 & 2

Day 1 started with a welcome note and introductions by Dr T Masamha.

20 participants attended the PTC Course on the first two days. There were 9 instructors for the first 2 days.

After the introductions, the participants were given the pre-course test and questionnaire to fill in.

After the questionnaire and the MCQs a discussion of the local trauma perspective was held, and then the lectures were delivered in both sessions according to the timetable set out in the PTC manual.



Participants listening to presentation



Participants listening to presentation

After the lunch break the group proceeded to do the skills stations; airway management, surgical airway, chest drain and c-spine & logroll stations.



Terrence showing participants how to insert chest drain



Sanjemuleke (far right) looks on as one of the participants (Dr Angela Chishanga) intubates



Participants demonstrating how to manage a patient who starts vomiting on a spinal board



Edson (far right) looks on as participant (Dr Douglas Gwatidzo) does cricothyroidotomy

After the skills station there was a break, one lecture, a demonstration of the scenarios and the participants practised some scenarios.

Day 2

Day 2 started with lectures and after a tea break the participants broke into smaller groups for workshops. After lunch break more scenarios were done and the repeat MCQ was written. After summary and feedback the day ended with certificates being handed out



Dr Chiripanyanga and Sr Matongo leading the feedback discussion



Group photo after the session

The Summary of the MCQs is shown in the table below.

	LOWEST MARK	HIGHEST MARK
PRE-COURSE	50%	90%
POST-COURSE	65%	100%

7) Instructors Course

There was no instructors course for this training because ZiMA (the organisation that organised the participants) had indicated that the participants would not be interested in being trained to become trainers. The plan is to however include in the next instructors course those participants who latter indicated during the course that they would be interested in become an instructor.

8) Day 3 & 4

The same team of trainers who had done training on day 1 and 2 proceeded to do training on the third and fourth day with 18 new participants.

Day 3 was pretty much similar to day 1. We started with a welcome note and introductions by Dr T Masamha. There were 8 instructors.

After the introductions, the participants were given the pre-course test and questionnaire to fill in.

After the questionnaire and the MCQs a discussion of the local trauma perspective was held, and then the lectures were delivered in both sessions according to the timetable set out in the PTC manual.



Participants writing MCQ.

Skills stations



Sanje teaching intubation at skills station



Terrence demonstrating how to put a chest drain



Tasi taking participant (Dr Jephta Mwoyofiri) through how to do C - spine control and logroll

Scenarios



Above Pauline runs a scenario with Sr Beulah Ananais as the team leader



Tasi (far left) running a scenario

Day 4 followed the same order as day 2 as per the PTC manual timetable.



Joe leading a workshop on pain management on day 4

It ended with a feedback from participants as usual and then certificates were handed out.

The Summary of the MCQs is shown in the table below.

	LOWEST MARK	HIGHEST MARK
PRE-COURSE	45%	100%
POST-COURSE	65%	100%

9) Equipment

In addition to equipment left by the UK instructors team which came in February 2014 led by Dr Grange 4 Manikins were donated by The Health Professions Education Department. The total equipment included 7 manikins, a digital projector and a kit box, 2 laryngoscopes.

EMT Sanjemuleke Masuku organised a spinal board spider harness and cervical collar for the course from the company Emergency Medical Road Ambulance Services (EMRAS). The rest of the smaller items e.g. cannulas, IV lines, oral airways were sourced from the hospital.

All the documents were printed locally.

Two goat carcasses was used for the chest drain and advanced airway practical sessions.

10) Conclusion

To conclude, this Fifth locally coordinated PTC course was a success. A total of 38 participants were trained, 13 females and 25 males .

Participants enjoyed and learnt a lot from the PTC course and some showed interest in become trainers and requested to be invited for the next instruct tors course. During the feedback session the most common positive was that the training had instilled confidence in the participants and equipped them to work in a team. On the negatives one of the common suggestions was that the addition of Cardiopulmonary Resuscitation in trauma patients be considered as one of the topics covered even if it's just in brief. This emanated from one of the scenarios were one of the patients stops breathing.

The main obstacle for the future of PTC in Zimbabwe is still funding and time for the trainers and trainees. For this training the fee paid by the participants covered all the costs and this method of funding the course might be the most sustainable at the moment. The cost for this course was USD75 but because in subsequent courses we expect to do our own catering locally the fee might become USD 50 per participant. We are still however exploring other avenues of funding locally.

Time for the trainers can be addressed by involving more trainers per each training session reducing the actual time each trainer has to contribute.

Overallly the PTC method of training is still the most practical way to train and disseminate information on lifesaving and limb saving principles and practices for trauma patients in the Zimbabwean setup.

The team in Zimbabwe looks forward to the continued partnership with the rest of the PTC family in trying to meet the objectives of the Primary Trauma care foundation

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Thank You

God Bless