

# **Course Director's Report on the PTC Foundation Course with MSF, 3<sup>rd</sup>-7<sup>th</sup> July 2017**

## **Purpose of the visit and executive summary**

PTC was approached by the Geneva Operating Centre of MSF (OCG) with the aim of organising a first 2-1-2 course for them – the aim is that this will begin a spread of PTC throughout MSF as their standard trauma training. A 5-strong combined UK-Kenyan faculty team travelled to Nairobi to teach the course. Both the first (and instructor) and second courses were very successful with high calibre groups of participants. There are plans for expansion of PTC training throughout the MSF centres.

## **Background and Key staff involved in planning and co-ordinating**

MSF has five main Operating Centres which function largely autonomously, yet the need of a standardized trauma training course has been felt for a long time across the OCs. Partly as a result of the experience from a PTC course that we ran for OCB in Brussels in 2008 and from other contacts with PTC, Dr Stefano di Bartolomeo MSFCH Advisor for Emergency and Intensive Care at BeMU, has promoted the idea to partner with PTC rather than developing a new course of their own. After approval of the intersectional Critical Care Group and with the support of MSFCH he began developing this training and was my contact point in organisation of the course. There was also involvement from the training department at MSF Geneva Headquarters and in the Kenya MSF Mission.

## **Course participants**

These are listed below, and for the first course were a senior group of Surgeons, Anaesthesiologists, Emergency physicians, ER nurses and a Paediatrician. These were predominantly from OCG, but with representation from other OCs. MSF's aim is that these will facilitate spread of PTC through the other OCs.

## **Course instructors**

Dr James de Courcy, Consultant Anaesthetist, Cheltenham, UK (Course Director)  
Dr Jeanne Frossard, Consultant Anaesthetist, London, UK  
Dr Don McCreadie, Retired EM Consultant, UK  
Dr Mathenge Nduhiu, General Surgeon, Nyeri, Kenya  
Dr Ndanya Samuel, Orthopaedic Surgeon, Nanyuki, Kenya

All five of the faculty are experienced PTC instructors and have been faculty members on Foundation courses. The team worked very well together, and it was particularly valuable to have the presence of Drs Mathenge and Ndanya who could bring a strong local Kenyan perspective to the teaching and were excellent teachers.

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

The team arrived in Nairobi the day prior to the course, which allowed for recovery from the flight and orientation. Our accommodation was on the site of the teaching, and we were able to meet together, and set up and plan the teaching venue and to meet staff from the MSF Mission.

#### Location of course

The course was at the Lenana House Conference Centre in Nairobi, which is a self-contained conference centre with accommodation and catering on site.

#### Facilities

The Centre was a very good facility, with accommodation on the same site for faculty and participants and catering very close to the teaching location, which made it much easier to keep timings for the course under control. There was a good lecture room with digital projection, and we had the use of a printer to allow preparation of timetables, certificates etc. We also had use of an adjoining very large room, the four corners of which were used for skill stations and discussion groups.

On the day before the course and on the first morning of the course we were able to meet with staff of the Kenyan MSF mission and with the Head of Mission, who is shortly to return to the Geneva headquarters.

### Contents of the Primary Trauma Care course

Dr Stefano di Bartolomeo and his colleagues had, after Skype discussions with JdeC and multiple email contact, invited two groups of participants. The first were a group of senior staff and advisers/referents in their specialties for MSF, who were felt likely to be suitable for future participation as instructors in PTC. The participants in the second course were local staff in the MSF projects in Kenya together with some senior members of Kenyan National MSF medical staff.

### Course 1 Day 1 – Monday 3<sup>rd</sup> June 2013

#### Participants in the first course, 3-4<sup>th</sup> June 2013 (n=11)

Name	Section	Title/Position
Armando Garcia	OCG	Doctor/Emergency Medicine Implementer
Christian Heck	OCG	Doctor/ Surgery Advisor
Filippo Boroli	HUG (OCG)	Doctor/Official Collaborator. Anaesthetics/ITU
Stefano Di Bartolomeo	OCG	Doctor/ICU advisor
Jeremie Dogbo	OCG	Emergency Nurse
Daniel Martinez	OCG	Doctor/ Pediatrics Advisor
Jessa Pontevedra	MSF Australia (OCG)	Nurse/Frequent missionary
Rachel Tullet	MSF Australia (OCG)	Doctor/ Frequent missionary
Mohana Amirtharajah	OCA	Doctor/ Surgery Advisor. Orthopaedic Surgeon
Judith Kendell	OCB	Doctor/ Anesthesia Advisor
Lynette Dominguez	OCB	Doctor/ Surgery Advisor

As will be seen from the list above, we had 11 participants – two others had had to withdraw shortly before the course. Full details of MCQs, changes in confidence matrix etc are given in the accompanying spreadsheet.

Following discussion prior to the team's departure for Kenya, the course manuals were printed locally and were distributed to the participants, who had also been provided with pdfs of the materials and the slide sets by email.

A goat carcass had been arranged for the skill stations but had been frozen following slaughtering and unfortunately arrived for the first day frozen solid – thawing was unsuccessful and so we improvised using a drainage grating whose rails were approximately the same spacing as ribs: with paper wrapping covered with sheet plastic this proved a relatively good substitute: similarly, the trachea and larynx on the carcass were frozen and inaccessible and so cricothyroidotomy was taught using corrugated tubing covered with plastic sheeting, aided by demonstration of the anatomy on a Laerdal laryngeal model and the participants' necks. This again worked satisfactorily. The carcass was refrozen with the aim of early defrosting for the second course (for which its thorax and larynx/trachea then worked very well).

### Day 1 timetable

<b>Day 1 - Monday 3<sup>rd</sup> July 2017</b>			
8.30	30'	Welcome and Introductions and MCQ	James
9.00	15'	Local Trauma Perspective	Stefano/MSF
9.15	15'	PTC Overview	James
9.30	30'	ABCDE of Trauma and Primary survey	Jeanne
10.00	10'	BREAK	
10.10	40'	Airway and Breathing	James
10.50	35'	Circulation and Shock	Don
11.25	35'	Chest Injuries	Mathenge
12.00	45'	LUNCH BREAK	
12.45	80'	<i>Skill stations</i>	
	(40')	<i>Basic / Advanced Airway</i>	James/Jeanne
	(20')	<i>Cervical spine / Logroll</i>	Ndanya
	(20')	<i>Chest drains</i>	Don/Mathenge
14.05	10'	Break	
14.15	50'	Abdominal, pelvic and Limb injuries	Ndanya
15.05	15'	Demonstration Scenario	all
15.20	70'	Scenario Practice (in groups)	all
16.30	5'	Overview and summary	James/all

The course timings generally worked well. We used the timetable from the published course materials, with slight extension of the scenario session. The course kept well to time. In discussion with the participants we agreed that the skill sessions were a little pressurised and that more time for this would be beneficial and would be possible in the circumstances for the second MSF course and that we would therefore modify the timetable for the second course to add time for these with a slightly later finish for the day.

## Course 1 Day 2 – Tuesday 4<sup>th</sup> June 2013

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<b>Day 2 - Tuesday 4<sup>th</sup> July 2017</b>			
8.30	45'	Head and Spinal injuries	Don
9.15	30'	Trauma in Children and Pregnancy	Jeanne
9.45	30'	Burns	James
10.15	15'	BREAK	
10.30	80'	Workshops <i>Analgesia</i> <i>Transportation</i> <i>Paediatric trauma</i> <i>Neurological assessment</i>	James Ndanya Jeanne Mathenge/D on
12.00	30'	Secondary survey	Demo - all
12.30	40'	LUNCH BREAK	
13.10	50'	Disaster management	Mathenge
14.00	80'	Scenarios (in groups)	all
15.20	10'	Break	
15.30	15'	Repeat MCQ's	all
15.45	20'	Summary. Feedback and Evaluation	James/all
16.05	15'	Close and discussion/planning of instructor day	all
16.20		Certificates	

The day started at 0830, and the rest of the day ran well to time. The Secondary Survey was done as a demonstration with Don McCreadie volunteering to do a blinded survey for injuries suggested by the participants, this being a method that has worked well on other courses. It gave evident enjoyment and engagement on the part of the participants.

The disaster management session was run as a plenary discussion group by Dr Mathenge

Selections of scenarios from the instructor manual were used in the scenarios session, which was slightly extended.

At the end of the day there was a briefing on the next day, and the participants were invited to select in advance (to allow targeting and practice during the instructor day) the teaching assignments they would like to do on the second course.

## Instructor Day – Wednesday 5<sup>th</sup> June 2013

### Participants in the Instructor course

All eleven of the participants from the first two days proceeded to the instructor day as planned.

### Instructor day timetable

<b>8.00</b>	15	Registration, and Trainee Instructors fill in forms	
<b>8.15</b>	15	Welcome; Introduction to the day; Our educational philosophy	Jeanne
<b>8.30</b>	55	<b>SESSION 1: Communication skills</b>	Jeanne

	15	Training input	
	5	Explain Feedback	
	30	Practical Workshop	
	5	Reflection and Summary	
<b>9.25</b>	<b>80</b>	<b>SESSION 2: Interactive teaching</b>	Ndanya
	20	Training Input 1: Questions in lectures	
	15	Practical Workshop	
	5	Reflection	
	15	Training Input 2: PTC Workshops	
	20	Practical workshop	
	5	Reflection and summary	
<b>10.45</b>	<b>20</b>	<i>Refreshment break</i>	
<b>11.05</b>	<b>80</b>	<b>SESSION 3: Scenarios</b>	Mathenge
	20	Training Input The demonstration scenario	
	15	Participant scenarios	
	40	Practical Workshop	
	5	Reflection and summary	

<b>12.25</b>	<b>45</b>	<i>Lunch Break</i>	
<b>13.10</b>	<b>80</b>	<b>SESSION 4: Skill Stations</b>	James
	15	Training Input 1: Teaching the skill (with demo)	
	15	Training Input 2: Running the skill station (with demo)	
	5	Organisation of the skill stations	
	40	Practical workshop: Set up and practice the station Role play log roll	
	5	Reflection and Summary	
<b>14.30</b>	<b>35</b>	<b>SESSION 5: How to run a PTC Course</b>	James
	15	In a new venue	
	15	Who does what the next day	
	5	Taking charge of the room and safety	
<b>15.05</b>	<b>15</b>	<i>Refreshment break</i>	
<b>15.20</b>	<b>90</b>	<b>SESSION 6: Slides and Lectures</b>	Jeanne
	10	Training input 1: Using slides effectively	
	20	Practical Workshop: Speaking with slides on a laptop	
	15	Training input 2: Preparing the PTC lectures	
	40	Final Presentations	
	5	Final feedback and reflection	
<b>16.50</b>	<b>10</b>	Confidence matrix; Evaluations; Summary of the day; Certificates	
<b>17.00</b>		<b>FINISH</b>	

Jeanne Frossard led the day, which began with an introduction, and discussion of what the participants would be doing later in the day.

The day went very well, with enthusiastic participation from the instructor trainees. At the end of the day the teaching assignments for the following two days for which the participants had been nominating themselves were confirmed, and they held a faculty meeting and discussed the planned teaching for the second day. Stefano di Bartolomeo was volunteered as course director and Jessa Pontevedra to be course coordinator, as well as doing some teaching. The faculty encouraged them to share skill stations and discussion groups, as they would be a big faculty, and to feedback to each other as on the instructor day.

### Course 2 day 1 – Thursday 6<sup>th</sup> June 2013

## Participants (n=19)

Name	Hospital	Role
John Gituma	Mrima H Centre	Nurse
Mohamed Issack Ali	Dagahey	Nurse
Lili Marie Wangari	OCB	Medical Activity Manager
Halima Wato Duba	OCG Dagahaley	Nurse
Abdiaziz Adan	Mrima HC Mombasa	Triage Nurse
Suleiman Mkota	Mombasa	Doctor - Deputy FieldCO
Aden Abdullahi	Dagahaley	clinical officer
Abuu Mohamed	Humanitarian Affairs Officer	doctor
Noor Hussein Dubow	Garissa	Nurse
Hati M. Dossaji	Mrima Health Centre OCG	Doctor - GP
Abdulmalik Wanyama	Dagahaley	Hospital Director, Doctor
Rashid Karu Mohamed	Mandera County	Medical Officer
Abdi Hilowle Osman	Dagahaley	Doctor - general practitioner
Noordin Somow	Dagahaley	Doctor - GP
Abdiweli Bashir	DMEDCO	Doctor
Joseph Chiriba	Lamu County Hospital	Nurse
Khadija Said	Likoni Subcounty Hospital	Medical Officer
Abdi Ismail	Mombasa	Clinical Officer
Isaack Dahiye	OCG	Clinical Officer
Eamonn Faller	Homa Bay Dist Hospital	Doctor - HIV

## PTC Course timetable – MSF modified timings

### MSF Nairobi, 6-7<sup>th</sup> July 2017

Day 1 - Thursday 6 <sup>th</sup> July 2017			
8.30	30'	Welcome and Introductions and MCQ	Stefano
9.00	15'	Local Trauma Perspective	Bashir
9.15	15'	PTC Overview	James
9.30	30'	ABCDE of Trauma and Primary survey	Filippo
10.00	10'	BREAK	
10.10	40'	Airway and Breathing	Rachel
10.50	35'	Circulation and Shock	Daniel
11.25	35'	Chest Injuries	Lynette
12.00	45'	LUNCH BREAK	
12.30	120'	<i>Skill stations</i>	
	(60')	<i>Basic / Advanced Airway</i>	Filippo / Jeremy Judith / Rachel
	(30')	<i>Cervical spine / Logroll</i>	Christian/Armando
	(30')	<i>Chest drains</i>	Lynette/Stefano
14.45	30'	Abdominal and pelvic injuries	Christian
15.15	10'	Break	
15.25	30'	Limb Injuries	Mohana
15.55	15'	Demonstration Scenario	
16.10	80'	Scenario Practice (in groups)	
17.30	5'	Overview and summary	Stefano

Day 2 - Friday 7 <sup>th</sup> July 2017			
8.30	30'	Head injuries	Christian
	15'	Spinal injuries	Mohana
9.15	20'	Trauma in Children	Daniel
	10'	Trauma in Pregnancy	Jessa
9.45	30'	Burns	Judith
10.15	15'	BREAK	
10.30	80'	Workshops <i>Analgesia</i> <i>Transportation</i> <i>Paediatric trauma</i> <i>Neurological assessment</i>	Stefano/Judith Christian/Filippo Rachel/Daniel Armando/Mohana
11.50	20'	Secondary survey presentation	Stefano
	20'	Secondary Survey demonstration	
12.30	40'	LUNCH BREAK	
13.30	100'	Scenarios (in groups)	
15.00	10'	Break	
15.10	15'	Repeat MCQ's	
15.25	20'	Summary. Feedback and Evaluation	
15.45	15'	Close and discussion	
16.00		Certificates	

The timetable followed for the second course was otherwise the same as for the first, with prolongation of the skills session, and since this course was to be followed the next day by a day on major disaster planning, attended by all those from this course, the team made the decision to omit the disaster/multiple casualty session to allow more slack for the rest of the second day's content. The day made a prompt start with registration and the candidates did the MCQ prior to the introductory session. Dr Bashir gave a summary presentation on the MSF missions in Kenya and the types of trauma seen there, and there was also a brief presentation and welcome from the representative of the Head of Mission of MSF. JdeC then, at the request of the team, gave a brief PTC overview and welcomed the participants on behalf of PTCF.

The day went very well, with superb organisation and coordination by Jessa Pontevedra and the new faculty team. The faculty trainers were present throughout the day, although the quality of the teaching and organisation was such that we felt largely superfluous.

### Course 2 Day 2 – Friday 7<sup>th</sup> June 2013

The morning started very slightly late due to late arrival of participants but rapidly returned to time and thereafter ran smoothly, again with a high quality of teaching and organisation.

### Summary of multiple choice questionnaire scores and confidence scores before and after the course

See appended spreadsheet for detailed information: mean overall changes were:

Course 1	pre	post
MCQ mean score	90%	96%
Confidence mean score	72%	86%
Course 2		
MCQ mean score	69%	81%
Confidence mean score	62%	87%

The free text and other parts of the pre and post course participant forms, including the consent forms, have been photographed and copies supplied to PTCF HQ.

### Feedback

After each of the two courses a session of brainstorming feedback was held, with very positive comments.

#### *First Course Feedback*

Good	Could be better
Scenarios (multiple comments)	Scenario sessions could be longer
Belief in the system	Could stress “aim of skill” in introduction
Confidence in airway obstruction	Balance of inflexibility of MSF working with flexibility of PTC
Don’s neurological assessment dance	Triage talk in disaster management
The system and its integration	More pictures in lecture slides
Ability of the faculty to improvise	Use “AMPLE” mnemonic
Involvement of “local” faculty	Include teamwork and leadership
Use of experience examples for illustrations	When/who to use PTC on
Adaptability and flexibility	Mixing GPs
Small groups	Do scenarios with no-one knowing the injuries except instructor and patient
Cost	
Suitability to candidates and resource poor areas	
Balance of methods of teaching	
Mutual respect	
Discussion opportunities	
Length of sessions and timing	



Faculty teaching	
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### *Second Course Feedback*

Good	Could be better
Chest drain insertion training very useful	More practical experience of i/o, splinting (x3)
Spinal injury prompts	More time for practicals and workshops (x3)
Systematic format (x7 comments)	Open training to more staff. ?mandatory for all (x2)
Practical sessions (x4)	Course too short – 5 days suggested
Entertaining and informative	Information overload, facilitator fatigue
Theory relevant to practice (x7)	Integrate prehospital care
Team approach and team spirit	More scenarios please
Action management skills (x2)	
Encouraging	
Rational	
Simplified	
Experience and expertise in topic of teachers	
Ease in information transfer	

### **Media coverage**

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

### **Subsidiary Activity**

The day following the second course the MSF faculty ran a Mass Casualty Plan training day for the participants from the second course and other MSF staff. This course has been developed by Armando Garcia and his colleagues and is established within MSF. JdeC attended this as an observer at the invitation of the faculty prior to his journey to the UK. This well-designed course complements the PTC course well (and if, as is planned, normally follows an MSF PTC course, supplants the disaster management session of the PTC Course. It contained a mixture of lectures, discussion and scenario training.

### **Evaluation of the success and relevance of the visit**

We were delighted with the way that the second course was organised and taught, and are very hopeful that the calibre of the new instructors and the planned progression within MSF will lead to successful spread of PTC within the sections of MSF.

### **Future plans for PTC dissemination**

A meeting of the faculty was held at the end of the second course, and from this together with discussions with Dr di Bartolomeo, the plans are that the new faculty will disseminate PTC further through MSF, aiming for intersectional spread to build on the start with our intersectional representation in the first course. In the first instance the plan is to hold a programme in Ukraine with concurrent development of a programme in Haiti. The latter is going to be held in French and both will hopefully

combine be 2-1-2, the Ukraine one probably associated with a mass casualty planning course as was the case for our Kenyan course. It is likely that there will be a desire for PTC mentoring, possibly by Jeanne Frossard for Haiti and JdeC (work commitments permitting) for Ukraine, to support the instructor course.

In Kenya there was a strong desire from the course 2 participants for further training and this will be followed up, particularly for Dagahaley. Several participants in the second course have been identified for potential instructor training. The MSFCH Medical Coordinator (Dzhamila) has been put officially in contact with Mathenge and Ndanya to follow up with this in due time.

### **Observations and recommendations for future visits and suggestions as to how such visits could be modified to contribute further to the projects objectives**

We have had discussions with Stefano di Bartolomeo about the potential for further mentoring visits and possible assistance with instructor training for further MSF instructors, as above.

### **Details of any teaching or other material provided**

For both the 2 day courses local printing and distribution of paper copies of the PTC manual was arranged, and the pre and post course paperwork was completed. The instructor participants had been provided with the course materials and manuals before the course.

### **Acknowledgments**

I would like to take this opportunity to thank Stefano di Bartolomeo and Stephanie Ollinet, Learning and Development Administrator at MSF Suisse in Geneva, and her team; together with our local Kenya MSF Suisse contacts headed by Dzhamila Rakhmatbekova and her team, notably Rachel Kamau, Allison Wainaina and their colleagues, who made everything run very smoothly.

Our faculty team proved excellent and worked well together, and I would like to state my great appreciation to them.

*Dr James de Courcy  
PTC Course Director  
8<sup>th</sup> July 2017*