

Primary Trauma Care Foundation: Course Report

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Your Details

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People

Course Director	Mulinda Nyirenda
Course Staff/Faculty	Nil
Course Instructors	John Gawanika (Anaesthetic Clinical Officer), Modai Mnenula(Family Medicine Registrar), Chifundo Kajombo (General Surgeon), Carlos Varela (General Surgeon), Gift Mulima (General Surgeon) and Mulinda Nyirenda (Emergency Medicine)
Course Participants	20 Mangochi District Hospital staff (3 Family Medicine Specialists, 3 Family Medicine Registrars, 5 Clinical Officer, 2 Orthopaedic Clinical Officers, 2 medical assistants, and 5 nurses)

Course Details

Executive Summary (*achievements/problems/any additional background information*)

Mangochi District Hospital is a training site for family medicine specialty (undergraduate and postgraduate) training under College of Medicine, University of Malawi. The family medicine faculty decided to provide the Primary Trauma Care course to their faculty members and hospital staff as part of their contribution to strengthening the hospital's trauma care capacity. The course was also a means for team building activity for the family medicine faculty and hospital staff to network better outside the usual clinical care setting. The course was organised under sponsorship by the Family Medicine department. This was the first time we were offering the course to medical assistant and nurses in Malawi. We anticipated that this would be a good learning curve for the faculty to deliver the course to a diverse participant profile that is more reflective of the real life setting for trauma care delivery in Malawi

How did you prepare for the course(s) (*e.g. printing, venue, invitations*)

The training dates were organised with the family medicine faculty and PTC facilitators. All course materials were organised peripherally by PTC Malawi coordinator. Institutional leadership informed participants about the course. The course venue was Fort Johnstone Hotel close to Mangochi district hospital.

The faculty consisted of

- 1 family medicine registrar who was a PTC facilitator before he joined Family Medicine.
- 3 PTC senior faculty members from Kamuzu Central Hospital
- 2 PTC senior faculty members from Blantyre.

The faculty had a 5-hour session to review instructor role and responsibility revision, revised the communication skills, different teaching styles and plan for the 2 day course materials. The 2015 PTC course materials were utilised. Peer mentors were assigned for each instructor.

Details of Activities (any special arrangements or timing?)

The PTC course was delivered with a few adjustments to the course timetable template. On Day 1 when we opted to complete all lectures before proceeding into skills stations after tea break. The demonstration scenario on day 1 focused on primary and secondary survey conduct. We realised that participants were confusing primary survey concepts with secondary survey concepts during the scenarios. We decided to repeat the demonstration scenario on day 2, reemphasising the primary and secondary survey concepts. This helped participants focus and perform better in the scenarios practice. We noted significant improvements in performance of scenarios and helped cement the learning for participants.

Outcomes (for each course please include number of people trained, their roles and the change in average MCQ/Confidence Matrix scores. For instructor courses, please also let us know which course materials you used).

20 participants (3 Family Medicine Specialists, 3 Family Medicine Registrars, 5 Clinical Officer, 2 Orthopaedic Clinical Officers, 2 medical assistants, and 5 nurses attended the course to completion.

Average Pre-test score was 59%, Average Post-test score 80.2% and Average mark improvement 21%.

The confidence matrix showed an improvement in confidence to handle the trauma case scenarios evaluated as standards on the course. Handling a paediatric patient, a pregnant woman with trauma and head injury had the least confidence scores in the pre course evaluation and improved considerably

Evaluation Summary (what is your overall view of the success and relevance of this course?)

The course was a great success. It achieved its objectives by equipping the clinicians and nurses with the relevant skills to deliver trauma care effectively with minimum resources. Participants indicated that this was the first interactive trauma course they had engaged in and felt empowered to deliver the course.

The faculty performed well as a team and adjusted appropriately to a more diverse participant crowd. They were able to slow down and explain clinical concepts better to medical assistants and nursing participants. We were very appreciative of the family medicine faculty participants who were patient to adjust to the pace of the overall participant group.

The course provided a good vehicle for team and network building for all participants on the course.

Evaluation Report (list the team's answers from the post-course evaluation)

The course elements was graded as very well delivered by more than 75% of the participants and the rest indicated the course content was delivered well. The participants were appreciative of the hands-on experienced offered on the course – highlighting scenarios and workshops. Participants also appreciated learning about a systematic primary survey evaluation. On query regarding what to improve on the course, the common request was to extend the time in which the course is delivered to allow more scenarios practice sessions.

Please supply details of any coverage by press, radio or TV

Nil

Acknowledgements (please give the names of people, institutions or donors that deserve special mention)

Family Medicine Faculty at College of Medicine, University of Malawi met the costs of this PTC course.

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