

Primary Trauma Care Course Report

Hôpital De La Convention Baptiste D'Haiti and Hope Health Action
Carrefour La Mort, Nord, Haiti

9th – 10th May 2019



Author: Rob Dalton

Co-authors: Lydia Longstaff, Annie Peskett, Michelle Joseph

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Executive Summary

This Primary Trauma Care course was hosted by both Hôpital de la Convention Baptiste d'Haïti (HCBH) and the UK charity Hope Health Action (HHA). This was the second PTC course run in the north of Haiti, with the same international faculty returning who pioneered the January Course.

The course was well attended for a single 2day course with 18 participants. It was deeply encouraging for the international faculty to be joined by 4 of the new local instructors, trained in January, to deliver the course. The international faculty hope to return in the Autumn to partner with the local team in running a full 2:1:2 course again.

Key Staff Involved in Planning and Co-ordinating

The course was organised and planned by Hope Health Action in collaboration with HCBH hospital. The international faculty training team were responsible for the majority of the organisation. The Team Lead acted as Course Co-ordinator and Director. Local instructors were invited for a 'faculty planning day' before the 2 day course and then went on to deliver the majority of the course content. We hope in the future local staff will take on more significant roles in planning and co-ordination.

Course Participants

The course participants were from HCBH, Hôpital Universitaire Justinien (HUU, local main government hospital) as well as 3 more remote hospitals/ clinics. HCBH and HUU represent the vast majority of healthcare provision in the city of Cap Haïtien. Participants were from a variety of clinical backgrounds, the majority being medical doctors or surgeons as well as nurses.

Course Instructors/Faculty Training Team

The Course Instructors/Faculty Training Team consisted of a multidisciplinary team with a broad skill mix and a collective vast experience in the delivery of clinical teaching:

International Faculty

Course Director, Rob Dalton - Emergency Nurse/ Resus Officer, Surrey, UK

Dr Michelle Joseph – Trauma and Orthopaedic Surgeon, UHCW NHS Trust, UK

Dr Lydia Longstaff - General Surgeon, Basingstoke & North Hampshire Hospital, UK

Annie Peskett – Paramedic, Surrey, UK

Local Faculty

Miss Charles Yolene – Head Nurse, Surgical Wards, HCBH, Haiti.

Miss Augustine Merline- Head Nurse, Emergency Department, HCBH, Haiti.

Dr Cherenfant Samuel Romuald Jr, General Surgeon, HUU, Haiti.

Dr Ifrene Arsene Junior, Orthopaedic Surgeon, HUU, Haiti.



National and International faculty (+a candidate and - Michelle)

Advertisement and Media Coverage

Posters were displayed in advance at the hosting hospital, advertising the upcoming courses. The course was publicised on local radio and will be followed up with further coverage.

Course Photos



Advanced Airway Skill Station



Chest Drain Insertion-homemade trainers



Lecture Delivery



Surgical Airway Practice



Circulation Skill Station- IO Access



Secondary Survey Demo



Teaching Scenarios



Certificate Presentation

Successful
 candidate names
 →

<u>Name</u>	<u>Job Role</u>	<u>Location</u>
Dr St Martin Petit-Frere	ED Doctor	JUH
Fabien Théressa	ED Nurse	Port-Margot
Dr Pierre-Noel Jean Marie	Medical Director	CDS Bahon
Dr Jean-Leres Morel	Surgeon	HUJ
Dr Reginal Pierre	Surgeon	HUJ
Dr Jerry Dely	Surgeon	HUJ
Dr Rodne Desauguste	Doctor	Grande Rivière du Nord
Charles Kenaz	Nurse	Port au Prince
Miss Clervil Martine	Nurse	HCBH
Miss Thomas Henriette Galie	Nurse	HCBH
Dr Alfred Sandy	Doctor	HCBH
Dr Richardson Sainté	Doctor	HCBH
Dr joskame clergé	Doctor	HCBH
Dr Cherelus Myrlande	Doctor	HCBH
Dr Dallegrand Patrice Clifford	Doctor	HCBH
André Fabiola	Student Nurse (4th yr)	University
Durosier Lunise	Student Nurse (4th yr)	University

Summary of MCQs & Confidence Matrix Scores Pre and Post Course

We collected data throughout our PTC courses to assess the impact of the training on participants' knowledge and confidence in managing trauma patients.

MCQ's:

- 94% of candidates either improved or remained at the same level pre- to post-course.
- 82.35% of candidates improved pre- to post-course.
- Of those that improved, the average increase in score was 32.8%.

Confidence Matrices:

- 94% of candidates reported increased overall confidence pre- to post-course.
- Of those that reported increased confidence, the average overall increased was 44.6%.
- Over a third of candidates (37.5%) reported an increase in their confidence of >50%.

Ratings:

- The average overall rating for sessions on Day1 of the course was 87.9%.
- The average overall rating for sessions on Day2 of the course was 84.7%.
- The average overall rating for sessions on both days combined was 86.3%.
- The 3 highest rated individual sessions across the course were '*ABCDE + primary survey*', '*Limb Trauma*', and '*Airway + Breathing*'. Two of these three sessions were led by Haitian instructors.

Participant Comments

As part of the post-course feedback, candidates were asked to comment on what aspect they had found the most useful. The most common answer was the ABCDE/systematic approach to trauma patients, followed by chest drain insertion, and leadership. Leadership was prominent in the feedback of this course, an improvement

from the previous course in January. It could be that the addition of local staff providing training inherently communicated more about leadership than the international faculty.

Evaluation: SWOT Analysis – Strengths, Weaknesses, Opportunities and Threats

Strengths

- **Synergy of a diverse faculty.** Co-operative working was high, with course content delivered by both the international and local faculty teams. Both the local and international faculty teams were represented by different healthcare disciplines, representing real life trauma teams.
- **Less translation needed.** Due to local faculty providing the majority of the lecturers in French/Creole, more time was spent productively, rather than pausing for translation.
- **Improved timekeeping.** This was noted as an improvement over the January course.
- **Printer.** Lack of printing facilities and high printing costs were a challenge on the last course. This time the team brought out a printer to save on hassle.
- **Strong and diverse candidates.** Candidates were well prepared with the material beforehand. They came on time and ready to learn. Many were of notable seniority in their practice areas.
- **Instructor refresh and planning day.** Local faculty were invited to attend the day before the course for a refresher- and be involved in planning and allocations.

- **Venue.** As on the previous course, we were allowed to use the hospital chapel- an award-winning building providing a cool, bright and quiet open space for training.

- **Tailored scenarios.** PTC scenarios were printed and laminated, with English on one side and French on the other. Scenarios were chosen based on material covered that day to re-enforce teaching. One second day scenario occurred outside as a pre-hospital scenario, using the real hospital ambulance and on-board equipment.

- **Improved ratio of faculty to candidates.** A larger teaching team meant more time for quality instruction.

- **Improved data.** A designated 'test' area was used before and after the test to improve quality of data.

- **Improved administration.** Each candidate had their own printed name badge and names course pack.

- **Growing reputation of PTC.** Candidates booked on early and were keen to attend, having been recommended the course by their colleagues.

- **Prayer.** As a Christian mission hospital, the ethos of prayer was an overarching strength to these courses. The faculty training team met for morning prayer and shared news with prayer supporters around the globe.

Weaknesses

- **Lack of grant funding.** Various grant applications for course funding were unsuccessful. The costs to cover the course came from within the faculty training team and the hosting charity Hope Health Action.

- **Only 3 local instructors available for the course.** Other new instructors from the previous course did make their apologies. One extra did attend the instructor refresh day before this course but had to pull out due to family circumstances. Another instructor had moved many hours journal away.
- **Language challenge in checking accuracy of delivery.** However good it was having local instructors deliver material, it was more challenging for the international faculty to follow what was being said, etc: questions answered or skills explained. Critical points were clarified; however, this was harder with the language barrier.
- **Power issues.** The projector frequently turned on and off as the hospital struggled to regulate power in general.
- **Need to identify weaker candidates from pre-course MCQ for focused tuition.** Some scored particularly badly, and it would have been good to identify them early on for more focused tuition.
- **Improved data... however 2 candidates missed.** Somehow 2 candidates' data was found to be missing.
- **Due to use of local resources, some were not available as in use on patients.** The pelvic binder was in use, so unavailable for teaching. A bedsheet was used instead.
- **Errors in French PTC material.** Pre-course MCQ has 'circulation and choc' twice, omitting 'skill stations'. This caused some confusion.
- **Lack of visual learning in the PowerPoint slides.** The stock PTC slides may be improved with more pictures.

- **Lack of digital access among some candidates.** Some do not have access to a computer at home. However, others did ask a friend/colleague and some managed to get materials printed before the course.

Opportunities

- **Potential future course director identified.** One local instructor stood out as embodying the ethos of PTC and demonstrated the attributes needed to become a course director.
- **Networking.** Three candidates came from more remote settings, one being a medical director of a remote facility. This provided opportunities for collaboration.
- **Linking in with research.** One international faculty member conducted qualitative interviews of new instructors to see how the previous PTC course affected their clinical practice.

Threats

- **Foreign office UK and the US travel advice.** FO labels Haiti as a 'do not travel'. This meant the international teaching team had to take out special insurance for the trip, and accept a higher level of potential personal risk to deliver the course.
- **Inherent potential risks of Haiti.** As well as dangerous road travel, risk of natural disaster or violence is an ever-present threat inherent to this area of Haiti. Hope Health Action put in place risk assessments to keep the team safe during this time, but it was still a potential threat to course delivery.

Observations and Recommendations

Following on from the SWOT analysis above, as a faculty team we strongly suggest a repeat full 2:1:2 course in the Autumn, working alongside the Haitian instructors. Plans are already coming together for this to become a reality. We recommend continuing the strengths, while working to address the weaknesses and manageable threats.

Follow-up Plan

Candidates and instructors continue to be in a WhatsApp group together, allowing for follow-up support and dialogue. Once a date is set for the follow up course the new instructors will be invited to take on more responsibility and roles of leadership for this course.

Acknowledgments and Thanks

A massive thankyou to Hope Heath Action (www.hopehealthaction.org) and HCBH hospital for hosting and facilitating the team in the logistics of the course.

Thank you also to the PTC Foundation, notably Annette Clack, Tarek Boutefnouchet, Nigel Rossiter and Charles Clayton who all inputted support to make this course a reality.