

## Summary.

October 2019, 14<sup>th</sup> -18<sup>th</sup>. The first PTC course was run in Lira for 5 years. Following the COOL project, further courses have been limited in Uganda, mainly occurring in Gulu, some 100 miles north of Lira. Poole Africa Link, (PAL) is a charity who have been supporting the new Lira University for 5 years. On each visit, the team members spend time teaching at the University to BSc Midwifery students, at the University hospital which is starting to take patients, and the Lira Regional Referral Hospital. Teaching is either clinical support or lecture/scenario based teaching. We have always found the best feedback is around Scenario based teaching.

As the University Hospital developed it was felt that the next step was to introduce formal courses based at the University Hospital but involving health care providers around Lira. The PTC course was the obvious choice.

External funding was not possible, it was decided to run the course on a tight budget funded by a donation through Poole Africa Link.

## Key Staff Involved in Planning

Dr Frankie Dormon, Medical Lead for Poole Africa Link took on the role of Course Organiser. I had not actually taught PTC, although I have experience in teaching several other courses in both UK and Africa. I contacted the Ugandan lead in UK and the established PTC network in Uganda, but without a reasonable budget it was a challenge to attract Uganda faculty well in advance, so we were limited to a couple of local faculty who became engaged in the project a few weeks prior to the course.

I had approached a few potential instructors and finally was thrilled that Andy Kent, a highly experienced PTC instructor was able to come to Lira for the full week.

Dr Okello Tom, Head of surgery, was our local course director, Dr Awio Peter, also a Surgeon, a local PTC instructor and member of Staff, taught on the course. We were privileged to welcome Professor Moro, PTC Representative for COSECSA, from Gulu University who attended on the second day .

## Logistics

Due to the financial restraints, the paperwork and course manuals were printed in UK and brought out by the PAL team, so the participants were unable to receive manuals prior to the day. In addition participants were not informed until the monthly rota had been created so lead time was limited. I had identified a couple of midwifery tutors and a public health lecturer who is responsible for disaster management. They were considered to be key to future courses and luckily they were able to attend. I had hoped that we would also be able to invite participants from the Referral Hospital, local private medical centres and local level 4 Units, but this was a challenge.

The catering was organised from local outlets, or in house where possible. This involved additional organisation and the PAL team rallied around to ensure breaks were delivered on time and to keep the area tidy.

The University have a well equipped skills lab, but this was considered too small for running the course. The University Hospital is still building up numbers, so the paediatric ward offered a perfect opportunity for the skill stations, (4 empty rooms) and we used the hospital board room for lectures and refreshment breaks. There was some furniture rearrangement required and the mannikins and equipment were brought over from the skills lab. Again thanks to the PAL team and local tutors.

First course personnel.

The first course had 20 participants, and 5 faculty. In addition a PAL team member helped with paperwork and other logistics.

### Local Faculty

Dr Okello Tom Richard

Awio JP

### UK Faculty

Dr Frankie Dormon

Mr Andy Kent

### PTC course timetable.

Day 1			
8.00	30'	Registration	
8.30	30'	Welcome and Introduction and MCQ	FD
9.00	15'	Local Trauma Perspective	OT/AK
9.15	15'	PTC Overview	AK
9.30	30'	ABCDE of Trauma and Primary Survey	FD
10.00	15'	BREAK	
10.15	35'	Airway and Breathing	FD
10.50	35'	Circulation and Shock	OT
11.25	35'	Chest Injuries	AP
12.00	45'	LUNCH BREAK	
<b>12.45</b>	<b>80'</b>	<b>Skill Stations</b>	
	40'	<i>Basic/Advanced/ Surgical Airway</i>	FD/OT
	20'	<i>Cervical Spine/Logroll</i>	JM
	20'	<i>Chest Drains</i>	AK/AP
14.05	15'	BREAK	
14.20	45'	Abdominal, pelvic and Limb Injuries	JM
15.05	15'	Demonstration Scenario Create scenario with participants.	All
15.20	60'	Scenario Practice in Groups.	All
16.20	10'	Overview and summary	
		Faculty Debrief Highlight Instructor Candidates	All

Day 2			
08.00	30'	Registration	
08.30	45'	Head and Spinal Injuries	OT
09.15	30'	Trauma in Children and Pregnancy	AP
09.45	30'	Burns	AK
10.15	15'	BREAK	

10.30	80'	<b>Workshops</b>	
		<i>Analgesia</i>	FD
		<i>Transportation</i>	AP
		<i>Paediatric Trauma</i>	AK/OT
		<i>Neurological</i>	JM
11.50	30'	Secondary Survey Interactive. Candidates decide	FD
12.20	45'	LUNCH BREAK	
13.00	50'	Disaster Management	SP
13.50	80'	<b>Scenarios. 4 groups</b>	
		<i>Scenario 7,12 (Paed)</i>	FD
		<i>Scenario 3/19 (obs)</i>	JM/AP
		<i>Scenario 6/15</i>	OT
		<i>Scenario 8/14</i>	AK
15.10	15'	BREAK	
15.30	15'	Repeat MCQ	
15.45	20'	Summary Feedback and Evaluation	AK/OT
16.05	15'	Close and discussion/plan instructor day	
16.20		Certificates	Prof Moro

OT - Okello Tom, AP - Apio Peter, JM- Judy Mella, FD - Frankie Dormon, AK-Andy Kent, SP- Sean Puleh.

The course programme was loosely adhered to, in that catering delays meant a few changes and participants struggled to arrive on time. There were particular issues with heavy rain, which delayed the start both due to flooding and travel difficulties. However, all aspects of the course were delivered and a faculty meeting at the end of the day identified 5 potential instructors for the training the trainers day.

We were thrilled to welcome Professor Jasper, Vice Chancellor of the University, to an evening course dinner. Nearly all faculty members, PAL team members and potential instructors attended and the evening was a perfect opportunity for networking and to ensure that PTC was recognised by the Vice Chancellor of the University as an important step forward in training in Lira.

The Candidates were a mixture of Surgeons, Nurses, Anaesthetists, Midwifery Tutors, Midwives and Student Midwives . The confidence scores for the group improved from 22.8 to 35.1.

The mean scores for the multiple choice were 10.3 rising to 14.4 after the course.

## **Training the Trainers**

We identified 5 doctors and tutors who were both able to attend and teach for the second course. As we had a small group the course was delivered in a more informal manner, with only one group for each activity, although all aspects of the training were delivered. The paperwork was delivered on the day and the second course was planned and roles allocated. Ms Judy Mella had never attended the Train the Trainers course, so we have completed her paperwork. I also have not formally been registered as a PTC instructor (I have taught on several other train the trainers courses) and therefore have also completed the

paperwork. Andy Kent and myself delivered the training. Awio Peter, Okello Tom and Judy Mella contributed to the discussions.

### Candidates for Train the Trainers, and Instructors for Second course

Sean Steven Puleh

William ocen

Auma anna grace

Enyang jolly joe B

Acen Kellis Prisca

Second course -

#### PTC course timetable. 17<sup>th</sup>/18<sup>th</sup> October 2019

Day 1			
8.00	30'	Registration MCQ	Sean
8.30	30'	Welcome and Introduction	AG
9.00	15'	Local Trauma Perspective	William
9.15	15'	PTC Overview	Sean
9.30	30'	ABCDE of Trauma and Primary Survey	JJ
10.00	15'	BREAK	
10.15	35'	Airway and Breathing	Kellis
10.50	35'	Circulation and Shock	JJ
11.25	35'	Chest Injuries	AG
12.00	45'	LUNCH BREAK	
<b>12.45</b>	<b>80'</b>	<b>Skill Stations</b>	
	40'	<i>Basic/Advanced/ Surgical Airway</i>	AG/Kellis/FD
	20'	<i>Cervical Spine/Logroll</i>	JJ/AK
	20'	<i>Chest Drains</i>	William/Sean/JM
14.05	15'	BREAK	
14.20	45'	Abdominal, pelvic and Limb Injuries	William
15.05	15'	Demonstration Scenario Create scenario with participants.	AG/William plus the rest
15.20	60'	Scenario Practice in Groups.	2 groups, OT/JP
16.20	10'	Overview and summary	JP
		Faculty Debrief	All

Day 2			
08.00	30'	Registration	
08.30	45'	Head and Spinal Injuries	William
09.15	30'	Trauma in Children and Pregnancy	Kellis
09.45	30'	Burns	JJ
10.15	15'	BREAK	
10.30	80'	<b>Workshops</b>	
		<i>Analgesia</i>	Kellis
		<i>Transportation</i>	JJ
		<i>Paediatric Trauma</i>	AG/Sean
		<i>Neurological</i>	William
11.50	30'	Secondary Survey	Kellis
12.20	45'	LUNCH BREAK	
13.00	50'	Disaster Management	Sean

13.50	80'	<b>Scenarios. 4 groups</b>	
		<i>Scenario 7,12 (Paed)</i>	JJ
		<i>Scenario 3/19 (obs)</i>	AG
		<i>Scenario 6/15</i>	William
		<i>Scenario 8/14</i>	Kellis/ Sean
15.10	15'	BREAK	
15.30	15'	Repeat MCQ	
15.45	20'	Summary Feedback and Evaluation	Sean
16.05	15'	Close and discussion	
16.20		Certificates	FD/AK/

JJ Jolly Jo, Sean Sean Puleh, AG Anna Grace, William Okeng William, OT Dr Tom, JP Awio JP.

## **Second Course.**

The new faculty delivered the training for the second course. Awio Peter ensured that the course ran to time and the rest of the original faculty were available to support where necessary. We were hugely impressed with our new team. They had had limited experience of running scenarios and skill stations in the past, but rose to the challenge and we all felt that the course was delivered to a high standard.

The catering was run on the same basis as the first course. Providing finger food for lunch ensures that less time is necessary for the break, it gave us an opportunity to catch up on the timings and the course was able to be completed on time.

There were challenges with the facility, as there was a total failure of the water supply in the hospital but the new faculty coped with these additional challenges.

It should be highlighted that the average post course score on the second course was higher than our first course! At 14.9. The participants for the second course were mainly student midwives but there were some interns from Lira Regional Referral Hospital. There was an anaesthetic nurse from one of the Level 4 units locally.

## **Evaluation of the Success and relevance of the Visit**

This course has been the start of a new era for the University Hospital. It is hoped that Lira University Hospital will become a Centre of Excellence for the Northern Uganda Hospitals. It should be able to attract high quality doctors and nursing staff and provide training to the area to a high standard. We proved that the course could be run with the available equipment from the skills lab and it was run to a very tight budget. There were no payments to instructors or participants and the total cost for the week, including refreshments and printing was around £500.

The Hospital is a 100 bed planned facility but to date equipment has been slow to arrive, in that there are still only 15 beds!! The 2 theatres have no

equipment, the only surgical facility being the small separate maternity unit that opened about a year ago. However, there is a huge level of enthusiasm amongst the midwifery tutors and students, who do a 4 year BSc course which equips them to work as nurse/midwives able to run Level 4 units in the future. There are plans to open a medical school in the next year when the hospital becomes busier. It is hoped that Anaesthesia BSc students will be able to receive practical training at the facility and other developments are anticipated.

I was particularly proud of the new faculty. The staff that were identified for the Train the Trainers, consisted of William Ocen, Senior Surgeon and previous Hospital Director at Lira Regional Referral Hospital, Anna Grace, a Senior Tutor for the school of midwifery. Sean Puleh, a Senior Lecturer in Public Health, who is also in charge of disaster planning, Enyang Jolly Jo, a tutor and Senior Nurse in the Emergency Department, and Acen Kellis Prisca a recently qualified BSc Midwife who has started working as a tutor and also works clinically in the ED. I am confident that they will be able to continue with more courses, and plan to encourage them to run one on my next visit. I will be able to provide the paperwork at a fraction of the cost. We spent time discussing who should be trained. The view was overwhelming, that we should encourage nurses and doctors from outlying level 4 units to learn the skills required to give victims of trauma a chance of arriving at the main hospital alive.

PAL see their role as facilitator for many of these developments, encouraging other teams to visit, and additional training courses to be run.

I have set up a whatsapp group on my Uganda phone, for some of the participants and am hoping that they will let me know about future trauma cases that they encounter.

I will have the opportunity for further follow up in February when I plan my next visit.

Dr Frankie Dormon  
Consultant Anaesthetist/Intensivist  
Course Organiser

Appendix

Details of Instructors

**Judy Mella Associate Specialist in General, Breast and Emergency Surgery.**

Speaks English and French fluently. Experience of teaching in UK, South Sudan and Uganda. Also has done Operation Hernia in West Africa a few times.

ATLS and PTC Experience. Attended the train the trainers course during this trip.

Confidence scores increased from 15 to 19 following the TTT

**Frankie Dormon Consultant Anaesthetist and intensivist. Medical Lead for PAL**

Speaks English and some French. Experience of working in South Sudan, Uganda and West Africa several times with Mercy Ships on the SAFE paed courses and a Neonatal Resuscitation Course that she has developed.

**William Ocen. Senior Surgeon, Senior Lecturer Lira University.**

Speaks English and Luo. Did ATLS in 2002 in Mulago!

Confidence scores 20 and 20 pre and post course.

Confident to train and able to offer services across East Africa with suitable warning.

**Anna Grace Auma Lecturer on BSc Midwifery Course in Lira University**

Speaks English. Attended the PTC, TTT and then Taught on the course. Also teaches Helping Babies Breathe plus

Feels confident with teaching, score actually fell from 20 to 19. Realised not so confident on running a discussion group. Able to help with courses in Lira in future.

**Jolly Joe Enyang Teaching Assistant in Lira University. Clinical work in ED.**

Languages English

Confidence score rose from 12 to 18 following the TTT

Wants to continue training PTC in Lira.

**Acen Kellis Prisca Teaching Assistant in Lira University BSc In Midwifery, Clinical work in ED**

Languages English

Confidence score fell from 18 to 16 following the TTT!

Wants to continue with training PTC in Lira. Suggests 3 times a year.

**Puleh Steven Sean Public Health Lecturer. Disaster Management**

Speaks English Luo and some Luganda

Confidence score rose from 14 to 18 following the course. Taught effectively on the scenarios and lectures, although not medically trained.

Wants to continue with training PTC, with his Disaster Management credentials, believes it is important to train Level 4 staff who are usually first on the scene.

The questionnaires demonstrated that by the end of the course the group had greater knowledge and more confidence in providing basic trauma care. Specifically, virtually all participants demonstrated an understanding of the importance of the ABCDE - primary and secondary surveys as vital elements in trauma assessment and management.

Before the course, participants were asked about **the last trauma case they saw that worried them**

and how they managed it. The main trauma was head injury and long bone trauma from a recent coach crash in which all but 2 people died. They all reiterated how the ABCDE assessment would have made their management far more effective.

After the course, they were asked **what they would change in their management of those cases** that worried them. Virtually all again said how they would apply the systematic approach to assessing and treating the patient.

Knowledge

After the course, participants were asked what **the most useful thing was that they learnt and what**

changes they planned to implement in their approach to trauma management as a result.

All the participants referred to the systematic assessment **using ABCDE approach** / the primary and

secondary surveys as the most useful part of the course.

Other participants mentioned the management of the airway, chest injuries and fluid management in trauma and shock.

### **Course Feedback**

Participants were asked to provide feedback on each topic covered during the course. Overall, all

topics received overwhelmingly positive feedback with most topics receiving ratings of

'Very Good'. About 20% rated topics as good and there were a few Average responses. Nothing was rated 1 or 2.

Overwhelmingly the ABCDE structured approach was the best part of the course, and respondents were also pleased to have learned more about the management of chest injuries.

There is no doubt that they all enjoyed the scenario based training, which is very different to much of their previous experience.

Professor Moro, PTC Representative for COSECSA, with Andy Kent, after a talk



on Trauma

A New mother takes her baby home, perched on a boda boda. This is why we need PTC courses.



Airway Management Basic and Advanced. November 2019



The New PTC trainees with their certificates, outside the new University Hospital

