

## PTC Courses in the interior of Senegal 20th February - 17th March 2020

Two 2/1/2 PTC Courses have already been held in Senegal, with the financial sponsorship and active assistance of Mercy Ships, who have been key in establishing PTC in Francophone Africa - DRC (Democratic Republic of Congo), Madagascar, Cameroun, Benin, Guinea and now Senegal. [Please see website for reports]

The courses that will be described here were purely provider courses that we conducted in Tambacounda and Ziguinchor, in conjunction with two Safe Anaesthesia from Education (SAFE) obstetric courses. The PTC courses took two days followed by three-day SAFE courses. This report will only cover the PTC course.

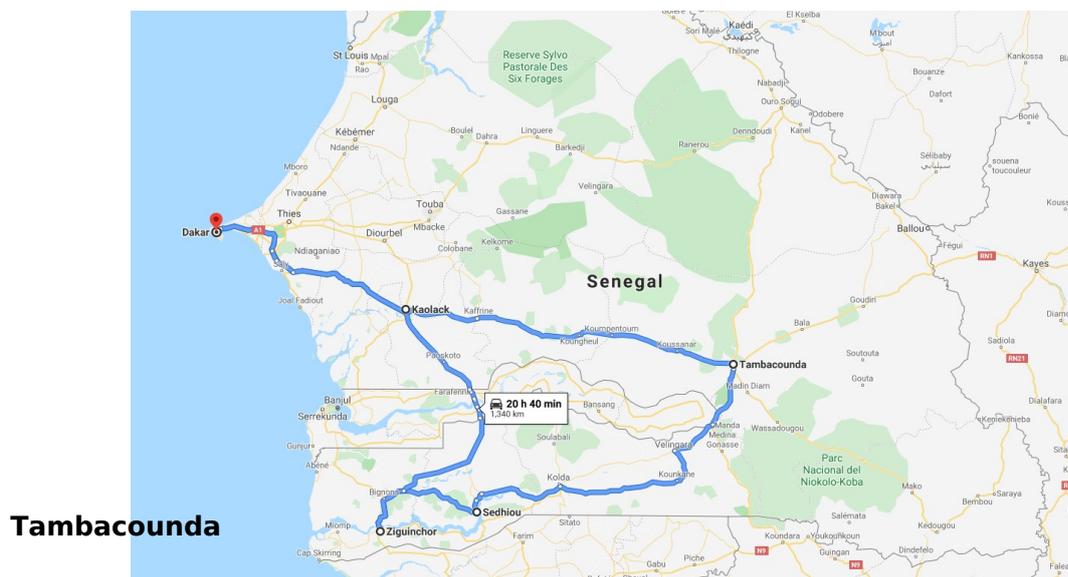
### Background

Mercy Ships supports MCB (Medical Capacity Building) in the countries that it visits. This is the second time that they have run provider course in the interior of the countries as the distances are too far for the transport of all the participants. The first country was Guinea where the provider courses proved to be very popular.

### Team and preparation

Dr. Jeanne Frossard	UK	PTC Director / Facilitator
Dr. Vanessa Andean	Australia	SAFE Obstetrics director / Facilitator
Dr. Nikki Cox	UK	Facilitator
Dr. Kirsty Bromage	UK	Facilitator
Dr. Serge Ngouatna	Cameroon	Facilitator
Jim Callahan	Australia	Logistics/Driver
ElHadji Sonko	Senegal	Driver/Translator
Marina Schmid	Switzerland	Project Manager

After everyone had arrived in Dakar on the 20<sup>th</sup> a couple of days were spent for briefing and preparation of paperwork and materials and then the team drove in two Toyota land cruisers to Tambacounda. Sadly, it had not been possible to recruit local teachers from the previous TOT courses as the time required to be away from Dakar was too long



The venue was in the hotel, Relais de Tamba and the teaching facility was spacious and excellent, as was the accommodation. All the equipment and paperwork were carried with us. It was impractical to have a goat thorax and so a bamboo improvised ribcage was used instead. The whole of the team were francophone and so there was no need for translators which greatly facilitated the teaching.

The standard provider course format was followed. The only modification to the programme was the local trauma perspective was done as a question and answer session so the facilitators could get an idea how trauma was managed in that particular district). Dr Serge gave an extremely good disaster management scenario of a train crash that they had had to manage in the Cameroun.

There was a good mixture of doctors and nurses with 19 completing the course. There was some crossover between the SAFE course and PTC but the SAFE course was exclusively for anaesthetists and midwives. The MCQ results showed a 26% improvement (mean 40%-66%) and confidence matrix 39% improvement (mean 50-89%) Then PTC was followed by 3-day SAFE obstetric course before we moved on to the next venue.

### **Ziguinchor**

As the distances were quite long to drive and the 5 days of teaching had been very intensive, the team stopped for a couple of days rest at Sedihou, which was a beautiful tranquil little hotel by the river. We then drove to Ziguinchor and had a couple of days to settle in and and prepare for the next 5 days teaching. Again, a beautiful venue in the hotel Kandioumagne on the river with an excellent teaching facility that was spacious and airy.

Again, we had a good mixture of doctors and nurses with 16 attendees. Exactly the same format was followed as for Tambacounda.

The MCQ results showed a 19% improvement (mean 41-60%) and the confidence matrix showed a 28% improvement (mean 60-88%)

We could identify some participants that showed instructor potential but although there were plans to run an instructor course in Dakar in the future it would prove very difficult for them to travel to get to the course.

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

The feedback was all very positive with the candidates being very grateful that the faculty spoke French. The majority of the positive feedback was for the ABCDE system as this was a new concept for many candidates. It was hoped that interested parties could do the TOT courses but there is the problem of extensive travel to Dakar. It is hoped that the PTC committee in Dakar will find a solution and a PTC whats app group has been set up.

### **Other activities**

We were lucky to be able to have some rest time as the teaching was intensive and are grateful to Mercy Ships for facilitating this. Between Tambacounda and Ziguinchor when we stayed at Sedihou we were able to visit the Safari National Park Niokolo-Koba. boat trip to visit an island in the middle of the river was also organised.

The way back proved interesting as the most convenient way to return was by crossing the Gambia which was only has a width of 30 km and we were travelling in Mercy Ships scrubs for identification. The borders were already carefully monitoring people's movements and temperature checking as Senegal had its first cases of Coronavirus.

Otherwise the trip back to Dakar was uneventful but long for the drivers and then decision had to be made about travel . We all changed our tickets so that we could travel a bit early which was fortunate as they airport was closed the following day. Mercy Ships had to make a decision to leave the dock earlier than expected and so organised the on-

board patients to return to local care and set sail for the yearly service in the Canaries. It will now have to see what progress is made for its planned trip to Liberia next year

The whole team are very grateful Mercy Ships for their support for the Medical Capacity Building programme and there are many people behind the scenes making it work.

Particular thanks to Marina Schmid, Joan Koetze, and ElHadji Sonko, the administrators that were masterminding this project which facilitated it going so smoothly.