



21st Primary Trauma Care Course, Columbia Asia Hospital, Bengaluru, India



October 2 to 4th, 2009

Executive Summary

- A 8 member team of PTC instructors from New Delhi and 3 members from Bengaluru that included Dr Rebecca Jacob who is a founder member of PTC in India.
- 24 participants, consisting of senior and junior doctors from Delhi & Bangalore were selected for the course.
- A two and a half day PTC course was run.



Purpose of the Course

- To introduce and teach the concepts and principles of PTC
- To identify members who would be suitable to join the team of instructors.



Background

- Every effort was made to learn from the experience of the previous courses and to maintain the appropriateness of this trauma course in accordance to the needs of the district hospitals of India.
- It was kept in mind that the level of course should not be an exhaustive exploration of clinical traumatology but to remain focused on the ABCDE of resuscitation.
- The format and contents of the lectures, trauma scenarios, small group discussions and the skill stations were kept realistic with the appropriate models and equipments.

Support involved in the Course

Indian Head Injury Foundation provided the hardware and travel expenses for the Faculty members coming from Delhi.

Auditorium, IT support, Meals, Refreshments, Tea and digital imaging facilities were provided by the Columbia Asia Hospital, Bengaluru.

Ms Chitra provided secretarial assistance.



Manuals and other printed material including MCQs, Evaluation forms, Certificates, registration slips etc were arranged by her and Dr Nina Laxmikanth. Their role was most crucial and without their organizational skills, the program would not have materialized.

List of Faculty

<p>Dr. Rajendra Prasad Neurosurgery & Spine Surgery</p> <p>Dr. Arun Prasad General & Minimal Access Surgery</p> <p>Dr Kuldeep Singh Plastic Surgery</p> <p>Dr. Yatindra Kharbanda Orthopedics</p>	<p>Dr K Lalitha Anesthesiology</p> <p>Dr Vikram Mahajan Anesthesiology</p> <p>Dr Amitabh Dutta Gastroenterology</p> <p>Dr. Vandana Prasad Pediatrics</p>	<p>Dr Rebecca Jacob Anesthesiology</p> <p>Dr. V Suresh Emergency Medicine</p> <p>Dr Nina Laxmikanth Emergency Medicine</p>
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Course Program



33% time was spent on lectures (violet) and 67% on practical sessions (green) →

The subjects presented during the PTC course are outlined in the program. Course content was similar to what is advised in the PTC manual. The instructors used different styles of lecturing like PowerPoint, stage shows and group discussion. The format and contents of lectures, trauma scenarios, group discussions and skill stations were kept

Day 1		
TIME	TOPIC	FACULTY
8.30 am	Registration & Pre Course MCQ's	Mr Rahul / Ms Payal
9 am	PTC Introduction	Dr Rajendra Prasad
9.15 am	Course Overview	Dr Arun Prasad
9.40 a.m.	ABCDE + Primary & Sec Survey	Dr. Arun Prasad
10.00 a.m.	### Trauma Scenario I ###	All Faculty
10:40 a.m.	TEA BREAK	
SKILLS STATIONS – I		
11:00 to 12:30 p.m	Airway Management – (60 minutes)	Dr. Vikram Mahajan Dr. Vijay Kumar
	C-Spine control, transport and Log Roll (30 minutes)	Dr. Shyam Sunder Dr Priya
	Chest Drain (30 minutes)	Dr. Arun Prasad Dr. Viji Rajkumar
	Airway and Breathing	Dr. Vijay Kumar
12:45	Circulation & shock	Dr. Vikram Mahajan
LUNCH BREAK		
1 to 1:30 p.m.		
1.40 to 1:50 p.m.	Chest injuries	Dr. Arun Prasad
1.50 to 2:10 pm	Limb injuries	Dr. Y Kharbanda
2:10 to 3:40 p.m.	### Trauma Scenario II### 3 Tables - 20 mins each with 2 faculty at each table	Dr. Kuldeep Singh & team
3:40 pm.	Head and Spinal Injuries	Dr. Rajendra Prasad
4 pm.	What did we learn today ?	Dr. Kuldeep Singh
4.15 pm	TEA BREAK	

PTC course Bengaluru, October 2009

realistic with appropriate models and equipments. The 3 participants to 1 faculty member ratio ensured a high degree of personal attention and coaching.

Venue and Contents of the Primary Trauma Care Course

The venue in Columbia Asia Hospital was a comfortable, air-conditioned lecture hall, with excellent audiovisual aids like a digital projector, cordless microphone etc. The hall was large enough to accommodate all the participants.

The chairs were centrally placed facing the screen. There were 5 tables with chairs around them placed in the auditorium. One was used for secretarial work while other 4 were used as skill stations and scenario practice tables.



The evening program on 2nd October was started with an Introduction to Trauma Care, its status in local conditions, and explanation of the format and allocation of roll numbers. Dr Suresh gave a passionate presentation outlining the local and national problems. This was followed by a course dinner where all got to know each other.

Demo Scenario of Primary survey with active participant interaction marked the start of the formal course next morning. Here, a casual ABCDE of trauma management was demonstrated and comments taken from all. A lecture on Primary and Secondary survey followed by a proper demonstration in real time and slow motion was done. The discussion following this session set the ball rolling for a very interactive 2 day program.



Lectures were on basic first aid, primary and secondary survey with practical demonstration on volunteers. General principles like airways, breathing, and circulation were discussed. Specific areas like head, spine, limb, chest and abdominal injuries etc. & special areas like burns, children and pregnancy were also covered. There was an interactive sessions on Triage management during disasters which was new at this course.

Work and skill stations involved hands on use of life saving equipment like intubation sets on mannequins, chest tube insertion in animal model, use of collars etc.

Small groups of 6 delegates were shown skills, asked to perform and practice them. Adequate time was given for discussion during the sessions.



Eight basic scenarios, burns, paediatric, trauma during pregnancy scenarios were done with participants role playing. Mock semi life practice scenario with all hardware was done on stage with audience participation.

Multiple Choice Questions



New MCQs have been made in the true false variety with negative marking. Pre course and post course MCQ were matching to reduce any difficulty skew. All questions were dealt with in the course.

Hospitality

Food was served outside in a beautiful terrace on the 4th floor of the hospital. Meals, snacks, tea and coffee provided were of equally high standards and we are grateful to the hosts and local organizers.



Teaching materials provided

Trainers' session included introduction to various aspects and also practice of organizing scenarios, teaching skills and giving feedback.

Each member of the Foundation Course was presented with a copy of PTC Provider manual. Future faculty members were given a copy of the Trainers manual

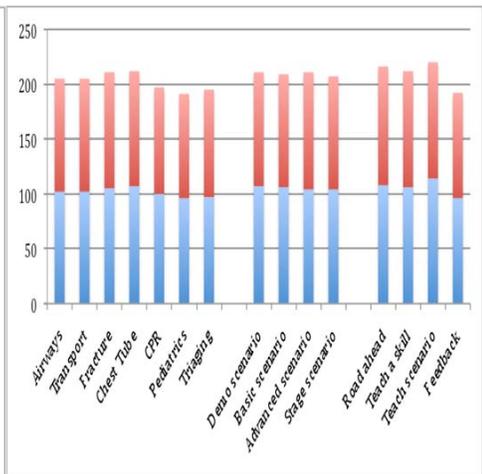
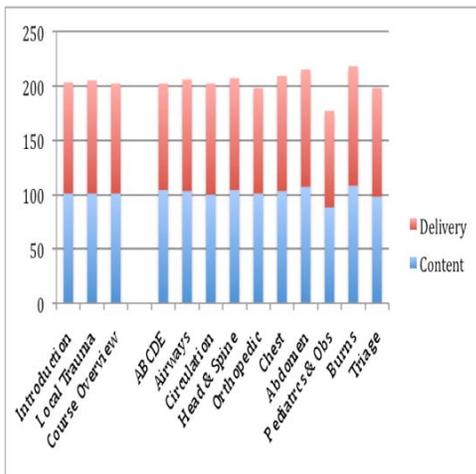
Evaluation of the success and relevance of the course

Remarks made by the participants on the evaluation forms and during the evaluation session can be found below. In general the course was much appreciated, however, as with most PTC courses, the participants would value more time for skills stations and practicing scenarios.



Every one (all 24 !!) said scenarios were the best part of the course and wanted more and more of it to the extent that one person suggested to have this done at the Casualty in real life situation. Skill stations were interesting areas that stimulated participation and interaction. Due to the relative popularity of skill stations and scenarios, it is understandable that the lectures are not the most exciting part of the course. At no stage should the lecture appear that it is a ‘read out presentation’. They should be ‘interactive and teaching’. Trainers’ session outlined the road ahead and a small practice of being a trainer.

CANDIDATES FEEDBACK OF PTC COURSE



The delegates were very liberal with their scoring and of a maximum possible 240 score, nowhere did we get a score less than 180 (75%). As the course director I felt that despite the good feedback and applause there was still scope for improvement.

Results of MCQ tests

SCORE ON DAY ONE (PRE COURSE) -- 17 / 35

SCORE ON DAY TWO (POST COURSE) – 28 / 35 (64% increase !!) **well done PTC faculty**

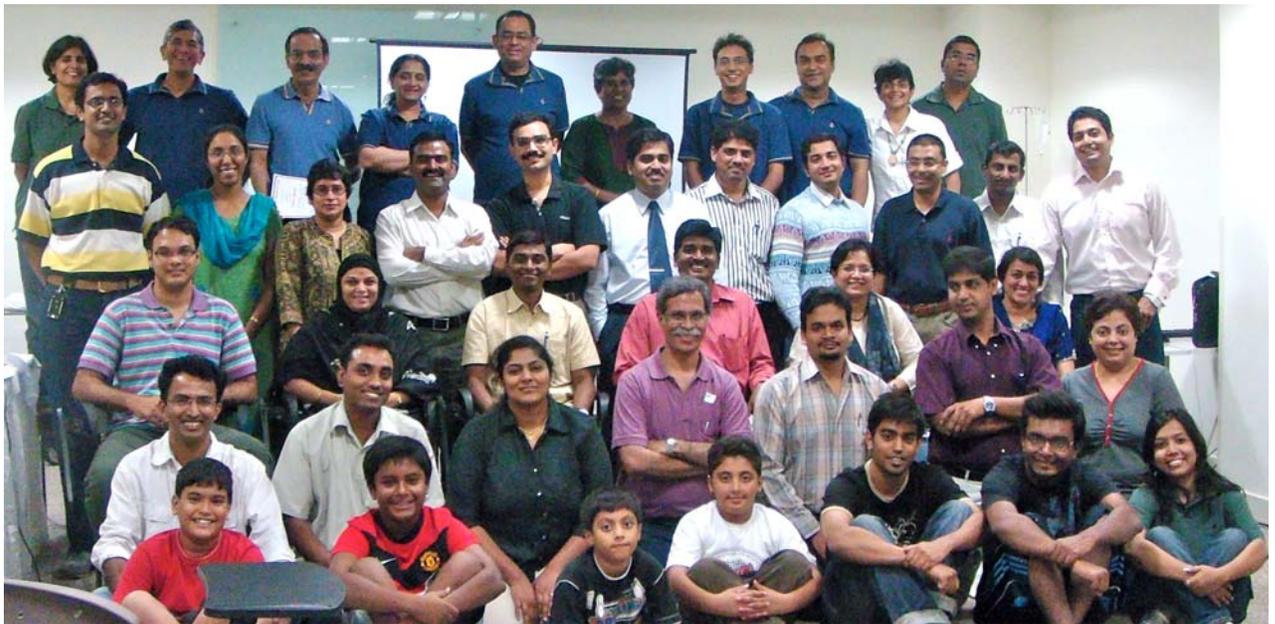
The PTC family and ‘family in PTC’

The PTC-Delhi family has now crossed 400.

We have been actively encouraging spouses of our faculty to do the course and join as faculty / administration/ volunteers. 3 of the participants were spouses of existing faculty members. Children accompanying helped in the ‘in hall’ organizing, and also did a great job acting as trauma victims during the scenarios.

Also it reduces time away from family during outstation courses, makes evening get together more social and most importantly reduces the cost of accommodation !!

Course Delegates



Acknowledgements

I would like to thank the faculty members from New Delhi and Bengaluru for taking time out of their busy schedule for the mission.



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