

# **Report on PTC Course at MSF Headquarters,** **Rue Dupré, 94 1090 Bruxelles** **1<sup>st</sup> – 3<sup>rd</sup> October 2008**

## **Introduction**

This is a brief report on the recent PTC course at MSF-OCB Headquarters in Brussels, from 1<sup>st</sup> to 3<sup>rd</sup> October 2008.

MSF Belgium, through Dr Nathalie Civet, had made contact with PTC HQ to request a course, which she had discussed with Douglas Wilkinson. The aim was to provide a PTC course and subsequent instructor training to group of MSF expatriate medics and nurses who can then teach the course in their locations, especially Haiti, Brazil and Pakistan. Dr Civet, on her departure from MSF, handed over responsibility to Miguel Trelles who, in turn, handed over to Gianfranco De Maio since he had to depart at short notice just before the course to an emergency in the Congo.

The faculty team arrived a day early to allow them to meet together and with the local co-ordinators Gianfranco De Maio and Nathalie Van Meerkeerk (both of whom also participated in the course) and to see the location where the course would be taught and to set up and prepare for it. Nathalie had sourced a good range of equipment for the course, with the exception of an intubation mannequin, and so the course was rescheduled and redesigned to take this into account. Accommodation was provided in a Hotel (where most of the participants also stayed) very close to MSF HQ.

## **PTC Instructors**

- Dr James de Courcy, Consultant Anaesthetist, Cheltenham, UK (Course co-ordinator)
- Dr Jeanne Frossard, Consultant Anaesthetist, UCLH, London
- Paul Borgdorff, Consultant Anaesthetist, Utrecht, Netherlands
- Jean O'Sullivan, Consultant in Emergency Medicine, Dublin, Eire.

## **Participant group**

Natalie van Meerbeeck	natalie.vanmeerbeeck@brussels.msf.org	Nurse Midwife, MSF Staff
Anne Koudiacoff	Hathy25@yahoo.com	Emergency Dept Nurse
Gabriele Rossi	Gab.rossi@tiscali.it	Paediatrician: going to MSF Haiti
Pierre Gielis	pierre.gielis@skynet.be	Senior MSF Surgeon
Jadoon Abid Niaz	jadoonabidniaz@hotmail.com	Nurse practitioner, MSF National Staff, Islamabad, Pakistan

Joseph Wesly	Jowes333@yahoo.fr	Surgeon, MSF National staff, Haiti
Virginie Cauderlier	virgincaud@hotmail.com	ITU/Emergency dept nurse
Gianfranco de Maio	gianfranco.demaio@rome.msf.org	Neurologist, MSF Rome staff
Marco Sarboraria	sarbo@lycos.it	Emergency physician and anaesthesiologist.
Joseph Aseem	J_azeem@hotmail.com	Nurse practitioner, MSF National Staff, Islamabad, Pakistan
Daniel Fiandeiro	danielharemail@gmail.com	Physician, MSF Brazil
Patrick Derilus	drpatriouko@yahoo.com	Physician, MSF National staff, Haiti

## Course Programme and Notes

### Day 1 – 1<sup>st</sup> October 2008

TIME	TOPIC	Instructor
0830-0845	Welcome and Introduction	all
0845-0905	Introduction and PTC overview	James
0905-0935	MCQ and Local trauma perspective	MSF / all
0935-1005	ABCDE of Trauma and Primary Survey	James
1050-1110	<b>TEA BREAK</b>	
1005-1050	Airway and Breathing	Paul
1110-1155	Circulation & shock	Jeanne
1155-1225	Chest Injuries	Jean
1225-1330	<b>SKILL STATIONS (rotation)</b>	
	Airway (basic and advanced)	Paul/Jeanne
	Chest drains/needle thoracocentesis	Jean/James
1330-1410	<b>LUNCH BREAK</b>	
1415-1430	Demo. Scenario	all
1430-1545	Scenarios (in groups)	all
1545-1610	Secondary Survey and demo	Paul
1610-1640	Head and Spinal Injuries	Paul
1640	Overview and Summary	James

The day started rather later than planned due to late arrival of course participants at MSF HQ, but it proved possible to catch up by the end of the morning.

A good range of equipment of the same type that would be used in the field by MSF was available and was used in the practical skill stations and scenarios: in addition we had access to two sections of sheep ribcage which were very useful in the chest trauma skills teaching. It not been possible to obtain the use of an intubation mannequin, so the timetable was adjusted to give equal time for the two stations: the Cervical Spine and Logroll station was subsumed into a demonstration during the secondary survey demo, and the other two skill stations run with two instructors each.

In retrospect we felt that the demonstration scenario should have been earlier in the day – this positioning had arisen during the rearrangement of the programme during planning.

We had an enforced late start after lunch since participants had mostly disappeared elsewhere in the building.

The Secondary Survey session was done as a demonstration – arguably this made the slides which were then used redundant.

### **Day 2 – 2<sup>nd</sup> October 2008**

<b>TIME</b>	<b>TOPIC</b>	<b>Instructor</b>
0900-0920	Abdominal injuries	Jean
0920-0940	Limb injuries	Jeanne
0940-1010	Burns	James
1010-1025	<b>TEA BREAK</b>	
1025-1055	Paediatrics and Obstetrics	James
1055-1235	<b>Workshops (rotation)</b>	
	Analgesia	Paul
	Transportation	Jeanne
	Neurological Assessment	Jean
1235-1335	<b>LUNCH BREAK</b>	
1335-1405	Disaster management	Paul/MSF/ all
1405-1535	Scenarios (in groups)	all
1535-1550	<b>TEA BREAK</b>	
1550-1620	MCQ's, Summary and evaluation	all
1620-1630	Discussion of instructor day	James
	close	all

Due to delayed arrival of participants there was a slightly late start on day 2 but we managed a rapid catch-up. Only one room and the coffee area outside it were available and so the paediatrics discussion group was shelved (and more material was covered in the lecture in the light of this) and

the other three groups were run at 25 minutes each, two in the main room and one in the coffee area (though this proved rather noisy). There were sufficient rooms in the afternoon to run three scenario groups, which were enjoyed by the participants.

### **Instructor Day – 3<sup>rd</sup> October 2008**

<b>TIME</b>	<b>TOPIC</b>		<b>Instructor</b>
900	Introduction and overview		James
	How adults learn		James
	Questioning and Feedback		James
	Giving presentations - Introduction		Paul
	Lecture		Paul
	Break		
	Discussion Group		Paul
	Teaching a skill		James
	Scenario		Jean
-1230	Language issues		Jeanne
1230-1330	Lunch		
1330-1420	<b>Practical sessions* 1</b>		all faculty
1420-1510	<b>Practical sessions* 2</b>		all faculty
	Running PTC courses and discussion about future courses		all
1610	Feedback and Close		all

\*Practical sessions: participants in two groups: consecutively rotate through lecture/skills and discussion/scenarios. See separate sheet for assignments

Introductory theory talks were given by the faculty as listed. Because of the relatively small participant group division into four groups of adequate size for the practical sessions would have been difficult; additionally, because of room availability it was decided to split into two groups and rotate between discussion groups/lecture and skill teaching/scenario with two instructors to each group. In the event the former group concentrated more on lecture techniques, and both groups also focused on feedback and critique techniques.

In the event it transpired that the instructor theoretical material took longer to deliver than the timings in the Instructor manual permitted, and so the timetable was modified during the day to extend this part of the course and to allow both the practical sessions to take place after lunch, thus

also allowing time for the participants to think about and prepare their micro-teaching assignments for the afternoon over the lunch period. We felt that it might help to adjust the timings in the model programme given in the Instructor Manual to take this into account.

Following these sessions a discussion about the future of PTC in MSF ensued. This will be the subject of further discussions within MSF.

- Plan to start running PTC courses in Haiti, possibly with further PTC HQ input
- The newly-trained PTC instructors can provide a source of further internal training for their colleagues in MSF, both at headquarters and in Mission locations.
- ?Pakistan to link with the PTC programmes already running in Sindh or Peshawar (which will be discussed further in MSF)
- Possible establishment in Brazil?

One problem is that with the staffing and workload of MSF missions it is logistically difficult to spare people for a two or even one day course. It was felt that a possible approach might be to do the course in sessions over a longer period – while this would not provide the concentration of experience available during a short course, it would still allow the core content to be delivered.

JdeC had some brief discussions during the three days of the course with senior management staff in MSF to inform them of the aims and nature of the PTC course and PTC Foundation. In addition Dr Pierre Gielis, one of the senior surgeons in MSF, was a participant in the course.

## **Results of Feedback Brainstorming exercises**

### **What went well**

*(course)*

Structure: facts – skills – synthesis with scenarios  
Quick method of examination  
Involved all participants  
Stimulating  
Simplified but useful  
Exchange of knowledge with and between participants  
Good adaptation for nurses  
Stressed that don't need lots of equipment to teach or do.  
Repetition for reinforcement of information  
Refreshes skills already known  
Free discussion possible.

*(after instructor day)*

Communication  
Facilities good  
Good food!  
Good mix of language and culture of participants.  
4 instructors provided good flexibility.

Skills teaching  
 Familiarity and friendliness of group. Informality  
 Youth and motivation of instructors (!)  
 Keeping the course to basics and not getting lost in details.  
 Interaction with candidates, equality doctors/nurses  
 Instructor course  
 Practicality

**What could be changed**

Timings allowance on the instructor day – JdeC will suggest modification to the instructor manual.  
 Occasional over-running of sessions.  
 Uncertainty about room availability.  
 There was enthusiasm for the provision of video material for procedures such as cricothyroidotomy, chest drains etc.

Could talk about unusual approaches, such as improvisation of chest drain flutter valves with glove fingers.

It would have been helpful to have been able to make email contact with the course participants in advance of the course, to provide them with electronic versions of the manuals and to give advice about what the course entails and suggestions for microteaching topics for the instructor day.

There was a feeling from the participants that mannequins would have been useful. Sadly, it was not possible to source these. For the future, this will be discussed in MSF though the faculty stressed the importance in general of teaching using the equipment and resources locally available, and that other approaches inside or outside the course can be taken for, for instance, intubation training.

The disaster management session scored less well than the others, principally because of the great experience of the MSF participants in this, and it was felt that more practical triage scenarios might have been useful.

**Post-Course Feedback and Evaluation**

**PTC COURSE EVALUATION FORM**

Please say how useful you found each section. Choose from 1 – 5

DAY 1	Very poor 1	Poor 2	Average 3	Good 4	Very good 5
Local trauma perspective				3	4

The ABCDE of trauma				2	5
Airway and breathing				4	3
Circulation				5	2
Skill station			1	4	2
Demonstration scenario by instructors			1	2	4
Scenarios practice			1	3	3
Secondary survey			2	3	2
Chest trauma				4	3
Abdominal injuries				5	2
DAY 2					
Head and spinal injuries				4	3
Limb trauma				4	3
Trauma in children			1	3	3
Trauma in pregnancy				5	2
Burns				5	2
Work shops				4	3
Disaster management		1	3	2	1
Scenarios practice day 2		1		1	4
Multiple choice questionnaire			1	3	3
<b>What was the best part of the course?</b> Repeating, variety of examples. Very good structures – good practice session Skill and scenarios practice Skill sessions and scenario practice. Helped a lot to bear different kind of experiences in mind. Instructors very approachable Scenarios and practical parts of the course have been very useful Demonstration scenario by instructors					
<b>What would you suggest to change?</b> 1 day more? Triage session with practice Manequins if possible. Some more about pericardiocentesis Add video and scenarios videos a better approach to the disaster management (triage management) maybe with a practical exercise a little bit more stress on LDC context and adaptation					

### **PTC INSTRUCTORS' COURSE EVALUATION FORM**

Please say how useful you found each section today to enable you to go and teach the PTC course. Choose from 1 – 5 for each section

	Very poor	Poor	Average	Good	Very good
	1	2	3	4	5
Introduction				4	3
How adults learn				4	3
Asking questions				5	2

Feedback				3	4
Presentations general introduction				4	3
How to give a lecture				3	4
How to lead a discussion group				3	4
How to teach a skill				3	4
How to teach a scenario				4	3
WORKSHOP - give a lecture				3	4
WORKSHOP - discussion group				2	3
WORKSHOP – teaching a skill				3	4
WORKSHOP - scenario				2	5
Language issues			1	4	2
<b>What was the best part of the instructors' course?</b>					
Give good examples Intro, feedback, asking questions I really enjoyed the part of teaching skills Enjoyed the practical workshops The practical part of the lecture and harnessing skills Advice about teaching ways					
<b>What would you suggest to improve the instructors' course?</b>					
More time in practice part videos time much too limited					

I would like to take the opportunity to thank my fellow instructors for forming such a good team, to Gianfranco and Nathalie for their hard work in supporting the course and to the participant group for their interest and enthusiasm.

James de Courcy  
PTC Course Director  
October 2008