

POST PTC COURSE NARRATIVE REPORT

Nanyuki District Hospital 5th to 6th December 2012

Course Director Dr Mathenge and Course Observer Dr Swart

Purpose of the visit

In October 2011 a group of doctors from South Africa, Tanzania and the UK delivered the first PTC course in Kenya to 20 attendees. This was followed by a one day instructor course where eight Kenyan doctors from Nanyuki were trained to deliver future PTC courses. The following day the Kenyan team ran their own PTC course to teach another 20 Kenyan nurses, clinical officers and doctors.

The purpose of this visit was to observe the second Kenyan run PTC course and to discuss plans for further courses in Kenya.

Executive summary

- 19 Kenyan nurses, clinical officers and doctors attended the PTC course
- Equipment obtained and assembled into transportable boxes for further courses in Kenya
- Data collected pre and post test to for the COSECSA Oxford Orthopaedic Link
- Plan for the 8 Kenyan instructors to run the next “5 day PTC courses” in Kenya to take place in Narok, Embu and Nairobi

Key staff involved in planning and co-ordinating

Nanyuki District Hospital, Kenya: Dr Mathenge, Dr Ndanya, Dr Ohas, Dr Karimi, Mr Mochama, Mr Kassoo,

Torbay Hospital, UK: Lucy Obolensky, Kerri Jones, Mike Swart

PTC Foundation: Annette Clack, Jeanne Frossard, David Oloruntoba, Jim Turner, Chris Lavy, Charles Clayton

Professional aspects of the visit

Nanyuki District General Hospital and Torbay Hospital have a “Memorandum of Understanding” signed by the Medical Director and the Chief Executive of the respective Hospitals. This describes how the two hospitals will work together in training, innovation and improvement in patient care that is mutually beneficial. The PTC course has strengthened this relationship.

The visit has confirmed that the team in Nanyuki is able and willing to deliver PTC courses to other parts of Kenya.

Course participants

3 Medical Officers, 3 Medical Officer Interns, 3 Clinical Officers and 8 Nurses.

Course instructors

Dr Ndanya, Dr Mathenge, Dr Ohas, Dr Manyapara, Dr Karimi, Mr Mochama, Mr Okiro, Mr Kasoo

Details of activities

Two weeks before the course the faculty met to review and plan the course. Two days before the course we had a 2 hours pre course meeting.

Day before we purchased additional equipment to enable the course and to make the equipment safe to transfer to other sites. In addition the faculty spent 4 hours setting up the course.

PTC course performed on Wednesday 5th and Thursday 6th December.

Data collected pre and post course for the COSECSA Oxford Orthopaedic Link THET grant.

Equipment obtained and assembled into transportable boxes and bag. This will be used for further courses in Kenya.

The course took place in the recently built but unfurnished hospital kitchens. This provided very good work surfaces for the skills station. There was plenty of room for placing 4 hospital beds in the kitchen to be used for the scenarios. The original site for the course became unavailable at short notice. The 'new' hospital kitchens were a very good alternative venue.

Time keeping by the faculty was excellent with all arriving early to set up the course. The candidates were not quite as good and each day started 30 minutes late but kept to time.

Using feedback from the previous course run in October 2011 the instructors decided to allocate 30 minutes per skill station. The time was borrowed from lecture times which were reduced by 5 to 10 minutes depending on length of material to be covered.

We discovered that by using the 'key points' presented at the end of most of the lecture slides we were able to communicate the information in the slides effectively and save time. The key points were used to introduce each lecture session and were also used as a summary

Subsidiary activities

Support through mentoring of Clinical Officers in the use of a SBAR style handover document, which is being used to document and communicate the reason patients are admitted to Nanyuki Hospital from the Emergency Department. Issues that were impeding the progress of this document were identified and addressed.

Support for a triage system in Nanyuki Hospital Emergency Department. This uses a red, yellow or green card issued to patients when they register in the department. The booking clerk issues the cards based on a severity of illness assessment tool and the Clinical Officers see the patients in the order red, yellow green rather than time of registering.

These are on going improvement projects between Nanyuki District Hospital and Torbay Hospital.

Media coverage

The Laikipia County News monthly accepted to do a full article on the course including pictures. This will appear in the January issue.

Dr Ndanya discussed PTC with the local trauma committee in Embu Provincial Hospital on the possibilities of rolling it out in the next phase of training.

The press officer from BATUK (British Army Training Unit Kenya) which is based in Nanyuki and whose medics collaborate with Nanyuki hospital, also covered the event.

PTC PROGRAMME Nanyuki 5th to 6th December 2012

DAY 1

Time	Duration	Topic	Instructor
8.30 A.M.	15 Min	Introduction & Local Trauma Perspective	Dr. Ndanya
8.45 a.m.	45 Min	MCQs	Dr. Mike
9.30 a.m	30 Min	ABCDE of Trauma & Primary Survey	Mr. Okiro
10.00 a.m.	35 Min	Airway & Breathing	Mr. Kasoo
10.35a.m	15 Min	BREAK	
10.50 a.m	35 Min	Circulation & Shock	Dr. Karimi
11.25 a.m.	100 Min	Skills Station (1) Airway (2) Cervical Spine & logroll (3) Chestdrains (4) Venous Cannulation	Dr. Karimi/Kasoo Dr. Ndanya/Okiro Drs/Mnyapara/Mathenge Dr. Ohas/Mochama
13.05p.m	40 Min	Lunch Break	
13.45p.m	30 Min	Secondary Survey	Mr. Mochama
14.15p.m	15 Min	Demonstration Scenario (3)	Ohas, Mnyapara, Nduhiu)
14.30p.m	80 Min	Scenarios (4 Groups)	
15.50p.m	15 Min	Break	
16.05p.m	25 Min	Chest Injuries	Dr. Mathenge
16.30p.m	15 Min	Overview & Summary	Dr. Ndanya

DAY 2

Time	Duration	Topic	Instructor
8.30 a.m.	30 Min	Head & Spinal Trauma	Dr. Ndanya
9.00 a.m.	30 Min	Abdominal & Limb Trauma	Dr. Ohas
9.30 a.m.	30 Min	Trauma in Children & Pregnancy	Dr. Mnyapara
10.00 a.m.	15 Min	TEA BREAK	
10.15 a.m.	30 Min	BURNS	Mr. Okiro
10.45 a.m.	100 Min	Work Shops (Discussions) – <ul style="list-style-type: none">• Analgesia• Transportation• Paediatrics• Neurological assessment	Dr. Karemi/Kassoo Dr. Ohas/Mochama Dr. Mnyapara/Mathenge Dr. Ndanya/Okiro
12.25p.m	40 Min	LUNCH BREAK	
13.05p.m	30 Min	Disaster Management	Mochama
13.35p.m	90Min	Scenarios (4 Groups)	
15.05p.m	15 Min	BREAK	
15.20p.m	30 Min	MCQs	Dr. Mike
15.50p.m	15 Min	Summary & Evaluation	Dr. Mathenge
16.05p.m	15 Min	Certificates & Close	

Evaluation of the success and relevance of the visit

PRE-COURSE Participant Forms: 19/19 Done

POST-COURSE Participant Forms: 19/19 Done

What was the best part of the course? Scenarios and workshops X13, C-spine management and head trauma X3, Presentations were clear, ABCDE and primary survey, The MCQ (they got the highest score!).

What would you change? More time on scenarios and workshops X6, nothing X4, longer course X2, more on abdominal trauma, managing trauma in our set up, The MCQ should be time limited (they got the highest score!).

Contents of the Primary Trauma Care Instructors course

This took place in October 2011 and a report was sent to PTC Foundation in 2011. The Instructors filled the forms in as a retrospective assessment.

PRE-COURSE Questionnaire for Instructors: 8/8 Done

POST-COURSE Questionnaire for Instructor: 7/8 Done

Observations and recommendations for future visits in your speciality and suggestions as to how such visits could be modified to contribute further to the projects objectives

- Shorter lectures
- More time for scenarios
- The “Urinary Catheter if no meatal blood” on slide 80 in the secondary survey caused confusion as most people did not understand the word meatus
- MCQ question 29 the instructors thought the answer should be B not C

Details of any teaching or other material provided

Used cue card system for neurological assessment workshop.

Used a laptop based power point presentation for the analgesia workshop that covered: why we have pain, pain assessment, types of analgesia, route of administration and side effects.

Used power point to display the pre and post course MCQs. A projector and printer were acquired for this course and will be used for other courses.

Acknowledgments

The course director is grateful for the course observer accepting on short notice to come from the UK to Nanyuki as the link with the COOL project. Through this project we were able to acquire a projector and printer which though not critical to run a PTC, will make it so much easier and better understood, ease planning, and reduce printing costs for future courses.

We are grateful to the management of Nanyuki hospital for allowing their staff time to attend the course and providing the venue for the course free of charge. The staff of Nanyuki hospital were very kind to work extra shifts to cover for the course participants and instructors given the shortage of staff in the hospital.

Recomendations

The Kenyan faculty that ran this course do not require an observer to run a PTC course.



Dr Ndanya delivers a Lecture. In the background the kitchen benches that and beds that were used for skill stations can be seen



Instructors Dr Mathenge to the left of the 'patient' (Dr Mnyapara) assisted by Dr Ohas demonstrating an improvised pelvic binder using a sheet.



All participants and instructors outside the course venue after the official opening ceremony by Dr David Njoroge the District Medical Services Officer (front row 4th from the right)

Report compiled by Dr Mike Swart (observer) and Dr Mathenge Nduhiu (local course director).

COSECSA Oxford Orthopaedic Link (COOL)

This Primary Trauma Care course is part of a project funded through the Health Partnership Scheme, which is funded by the UK Department for International Development (DFID) for the benefit of the UK and partner country health sectors and managed by the Tropical Health Education Trust (THET). The project is called the COSECSA Oxford Orthopaedic Link (COOL). More information is available at www.ndorms.ox.ac.uk/cool.php.

