

POST PTC COURSE REPORT

MAPUTO MOZAMBIQUE 4 – 8 MARCH 2013

PURPOSE OF THE VISIT

Starting the implementation of the PTC courses in Mozambique as part of the COOL African project

Introduction of the PTC concept, who is PTCF and what is its philosophy

Explanation of why it is need to develop a strategy to promote greater commitment to obtain an affordable and sustainable improvement in trauma care in Africa

MEDIA COVERAGE

The courses were very well published.

Trauma, and in particular the huge increment of road traffic accidents (as well as other social problems related to the rapid increase of vehicles in the urban cities) is a big political issue in Mozambique at the moment. The Ministry of Health has been heavily involved in the organization of the PTC courses and, taking advantage of the political momentum, has presented the courses to the public as one of the solutions they are introducing to ameliorate the problems and improve the situation

- Several copies of a leaflet published by the Ministry of Health, including the logos of the Faculty of Medicine and the Ministry of Health (as well as the logos of UK aid, THET, University of Oxford and PTC), were seen all over the Faculty of Medicine

- Huge banners at the entrance of the Ministry of Health and the Maputo Hospital were advertising the courses (all logos included)

- In the morning of the first day the TVN (national television) come to the course and interviewed Dr Otilia Neves (organizer of the courses and in charge of the Emergency and Trauma services within the ministry of health) and Dr Amaia Arana (Mozambique PTC contact and director of the first courses) in relation to the trauma perspective in Mozambique and the role of PTC. The interviews were relayed in the national TV news that evening

- The commencement of the courses was advertised in the front page of the “Noticias” Maputo’s newspaper the following day

- Dr Otilia Neves was an invited guest, representing the ministry of health, during a two hours debate TV program about the “increase of car accidents in the country” on Tuesday the 5th March. During her interventions she mentioned the PTC courses on going in Maputo at the time as one of the steps the government is taking to improve things

- On Thursday the 6th Dr Otilia Neves was in radio Mozambique interviewed to comment about the problem of the increasing road traffic accidents in the country. Again she referred to the PTC courses several times

- During the closing ceremony on the last day, radio Mozambique came to the venue and interviewed Dr Caetano Pereira (Mozambique national director of hospitals within the ministry of health), Dr Otilia Neves, and several of the candidates and new instructors, on their views about the impact of the PTC courses in the country

MINISTRY OF HEALTH

The Ministry of Health has taken the implementation of the PTC courses through the country under its umbrella. I think this will be of paramount importance for the success of the PTC in Mozambique, as it will guaranty that key people (with power to do things) will be involved in the project, the backup infrastructure will be supported and instructors will be relieved to go and teach courses in a cascade mode.

Several members of the ministry of health came to the courses:

- Dr Otilia Neves, representative of the Emergency and Trauma services, has been the link person in Mozambique for the organization and materialization of the PTC courses. She has worked hard to ensure the Ministry of Health involvement and compromise with the courses. In recognition of her work and as a gesture of gratitude the PTC overseas instructors gave her a bouquet of flowers during the closing ceremony
- Dr Antonio Mujovo, national director of medical assistance, introduced the PTC courses during the opening ceremony
- Dr Caetano Pereira, national director of hospitals, did the closure speech of the courses and handed the courses' certificates to the candidates. He stayed after the courses were finished and was involved in the meeting about "where to go from here – setting up a committee" that followed the end of the courses

KEY STAFF IN PLANNING AND CO-ORDINATING

Besides all those involved in the main organisers of the COOL project.

From Mozambique, Dr Otilia Neves from the Ministry of Health has been the key person to make things happen. She has been helped by Dr Teresa Schwalbach, who was originally involved with the previous attempt to introduce PTC in Mozambique 10 years ago

From the UK, Dr Amaia Arana has been in charge of the organization logistics, arranging the faculty and the contact person with Mozambique. Annette Clack from PTC in Oxford has been of great help from the administrative point of view.

COURSE INSTRUCTORS

The overseas faculty was formed by five instructors:

- 1.- Dr Juan Graterol – anaesthetist at the end of his training, with special interest in chronic pain management. First time PTC instructor
- 2.- Dr Lisa Penny – intensive care and anaesthetic consultant. Previous PTC experience
- 3.- Dr Emma King – anaesthetist, one year to go to finish training, with special interest in intensive care. First time PTC instructor
- 4.- Dr Thomas Hampton - doing tropical medicine course at present, plus ED locums in free time. Wanting to do ENT as specialty. First time PTC instructor
- 5.- Dr Amaia Arana – paediatric anaesthetic consultant. Previous PTC experience. Team lead

Dr Lisa Penny, unable to come early, joined the courses in the second day and received a warm welcome.

Instructors for the second course were all the above-mentioned plus all the candidates of the first course who also attended the instructors' course and were in the courses for the 5 days duration.

Every evening, at the end of the working day, a faculty meeting was held to evaluate the events of the day, react upon the points mentioned by the candidates during the feedback session and planning the following day. As the new instructors became part of the faculty they did also took part in these meetings.

All the instructors were very enthusiastic and committed. A big thanks to everyone, as without their hard work the courses would not have been the success they have.

COURSE

The courses were planned in a 2-1-2 model.

The first day of both standard courses an introduction was given, for the benefit of the candidates information, about the COOL Africa project and its aims, the PTC courses within it, and how we should make it work in Mozambique

Candidates

The ministry of health very carefully selected the candidates from different parts of the country, also covering all the expenses for their transport and accommodation during their stay in Maputo.

Several relevant specialties were represented including general surgeons, paediatric intensive care, anaesthetists, orthopaedic surgeons...some of them teachers of the faculty of medicine in the university

22 candidates attended the first standard course and the instructors' course, becoming subsequently instructors during the second course. All of them attended the 5 days of the courses. All of them were medically qualified, except one who was a paramedic from South Africa who lives and works in Mozambique. It was clearly noticeable the candidates' increase in motivation, self confidence and role playing as the week advanced

During the second course were 16 candidates, including some doctors, some nurses and some clinical officers. Despite needing to refuse several requests to be admitted to the course to avoid overbooking, it was a pity that 4 candidates from the 20 originally programmed to attend the second course never turned up. The candidates in this group did the standard course but not the instructors' course. The newly qualified instructors who attended the first course taught them in Portuguese

I have already sent to PTC Oxford an electronic version with the names and email addresses of all the candidates

MCQ's score

First course	<i>Minimum score</i>	<i>Maximum score</i>
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<i>Pre course</i>	<i>10/30</i>	<i>28/30</i>
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<i>Post course</i>	<i>18/30</i>	<i>30/30</i>
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There was a clear improvement on the majority of the candidates in the post-course MCQ's. Clearly, the less marked scoring increase happening between the candidates who didn't understand English. During the first course, due to a request from the candidates, all the questions were answered and discussed together by candidates and faculty after the final questionnaire scores were provided, as every one wanted to know what they didn't answer correctly. It took a bit of time, but every one felt more satisfied afterwards. It was a worthy exercise

Second course *Minimum score* *Maximum score*

Pre course *7/30* *22/30*

Post course *9/30* *26/30*

A short session was held with the new instructors in how to mark the MCQ's, give exam feedback...and they did these tasks for the second group

Teaching and other material provided to candidates

All the candidates received hard copies of the standard manual in Portuguese
The candidates who became instructors also received electronic versions (in USB sticks provided by each individual) of:

- Standard manual in Portuguese
- Instructors' manual in English (Portuguese version still not ready)
- Standard and instructors' course slides in Portuguese
- Pre- and post- standard course and instructors' course forms in Portuguese
- MCQ's key
- Some material about Triage (mainly from South Africa, but also other countries – UK, USA,.. about how to manage mass disasters) that the ministry of health thought it was informative for the candidates. I was asked to review the material and I agreed for it to be distributed to the candidates. I thought it was interesting for them, appropriate and a good idea to be included within the pack, but making clear that it was not PTC material as such.

Feedback from candidates

Both, the standard and the instructors' courses were highly rated by the candidates. The enthusiasm and involvement was increasing as the week was passing by and they knew each other better.

Positive:

- * Different specialties working together as a team – knowing each other's role better
- * Opportunity to be in the course
- * ABCD structure – no new knowledge but systematic structure
- * Important points made clear – focused methodology
- * Clear content – to the point - key messages
- * Good review of knowledge
- * Small group discussions/interaction and workshops very useful and helpful to build bonding
- * Scenarios – putting things together in practice
- * Catering excellent
- * Mortuary and catering staff very helpful
- * Appreciation of the attempts made by the faculty to improve the “to be improved points” made the previous day
- * Paediatric trauma
- * Use of Spanish language – helped some understanding
- * Tips on how adults learnt and asking questions very useful
- * Learning how to teach and give feedback
- * To appreciate that planning is important
- * Attitude of instructors – helpful and positive

To be improved:

- * Language issues, the courses should have been in Portuguese – *the second course was delivered in Portuguese*
- * It would have been very helpful to have the pack (including manuals, program and more detailed information) ahead, well before coming to the course – very little notice in this occasion
- * Not enough time for practical sessions, skill stations, scenarios...
- * It would be useful if everyone was wearing badges with their names on in clear and big letters – *that was sorted out and badges were wore by everybody from day 2*
- * Moving around too much to different rooms and different floors – *solutions were attempted but difficult to solve due to logistic reasons*
- * Same as they were tested on MCQ's pre and post course, it would have been also good to be tested in practical sessions (scenarios, lecturing...) pre- and post-course
- * To use real patients in the hospital – *logistic and ethical issues involved, no practical*
- * Disseminate the course, should be taken to the provinces – *hopefully coming*
- * Time keeping and punctuality– *we worked hard on this with variable success*
- * More time needs to be allocated to fill up the pre- and post- course forms
- * More time for “train the trainers”
- * More official recognition of the course (CPD points, certificate of assessment...) would be desirable

Language

Despite having discussed previously which language should have been chosen for these first courses, and having decided that they would be in English and to be followed by the courses in Portuguese in the future, it was soon clear that no all the candidates could speak or understand English, even more so between the candidates of the second course.

It was helpful though that Spanish is well spoken and understood by most people in Mozambique. Having two of the overseas instructors speaking Spanish facilitated to get by during the first courses. However, it was clearly requested by the new instructors that the second course should be in Portuguese; they delivered the lectures and practical sessions supported by the overseas instructors – it worked well and provided the opportunity for the new instructors to practice

In order to provide the PTC courses in Mozambique all the documentation and teaching material has needed to be translated to Portuguese. That has been a huge effort. The ministry of health has covered all the translation expenses. Almost every thing was already translated by the time the courses started, that was extremely handy and we were able to use the standard manual and other documentation in Portuguese from day one, during the second course also the slides were in Portuguese. The only thing that at present is still waiting for the translation to be completed is the instructors' manual. Copies of all the translated material has already been send to Oxford

Venue

The courses were held in the Faculty of Medicine.

Although theoretically we were going to have all types of rooms available, in reality many other events were going on at the same time, including university students' classes... utilizing the same rooms. In practice we needed to move around quite a lot between rooms and floors, causing waste of time and confusion among the candidates who mentioned in several occasions that it was a point needing improvement. Attempt were made to improve things but we couldn't do anything much. It could have been prevented with better planning

Equipment

All the equipment was provided by one of the candidates who is a paramedic and has access to some tools for practice. It was good, but with a bit of effort it could have been better as more ETT, laryngoscopes, cannulas...could have been available without a big trouble if thought about.

Apart of the intubating and some baby/child manikin, no other manikin was used as human volunteers were used for the practical sessions, which worked well.

Of course, we used the equipment kit box and the projector provided by the project which were very helpful

Power points facilities, black/white boards and flip-charts were all available and widely utilized very effectively

Documentation

It was a big achievement to have almost all the teaching material and documentation translated to Portuguese by the time we arrived to Maputo, as a quick change of plans was needed to be done when the candidates preferred the course and manuals to be in their own language. That could not have happened if the translations wouldn't have been ready.

Folders containing the documents for the candidates, photocopies, certificates,...could have been organized and ready before hand, rather that everything happening at the last minute

Certificates

This was a big issue.

Initially we did photocopies of the certificates in black and white as we were told we had no access to colour printing, so the standard course certificates and the instructor's course certificates looked very similar. They didn't like them!. They want "proper certificates": with their full names, hand-signed by the course's director, and an official stamp (Ministry of Health, University - Faculty of Medicine,...) on them.

Professor Alexandra Rodrigues, who was one of the candidates in the courses, offered facilities to do so. She wrote the names electronically in all the certificates and printed them in colour, then I as the course director hand signed them, and finally they were taken to the ministry of health to be officially stamped. That was better!. All the certificates were handed all over again by Dr Caetano Pereira, national director of hospitals, during the close ceremony (except for "one" that we forgot! - it was pretty embarrassing!, and we promised to send to the candidate by post)

WHERE TO GO FROM HERE – SETTING A COMMITTEE meeting

Following the closure of the courses a meeting was held on how to plan the future of PTC in Mozambique. The session was attended by the overseas instructors, all the new local instructors, Dr Otilia Neves, and Dr Caetano Pereira from the ministry of health, and chaired by Dr Amaia Arana

Decisions taken:

- A.
- There will be a National Coordinator of the PTC program in the country – it would be Dr Otilia Neves from the ministry of health
 - The country will be divided in three regions, north, central and south, each having a named PTC coordinator:
 - North region coordinator – Dr Murgue Mandana Mahomed Jamu, based in Nampula
 - Central region coordinator – Dr Helder Joaquin das S A de Miranda, based in Beira and COSECSA representative of Mozambique
 - South region coordinator – Dr Pedro Manuel Utui, based in Maputo

The national coordinator together with the three regional coordinators will form the “PTC Mozambique committee”, which will be in charge of the planning, coordination and cascade expansion of PTC courses through out Mozambique.

The PTC Oxford contact, Dr Amaia Arana, will coordinate the organization of further PTC faculty coming from the UK to help them with the implementation of the courses in the other regions during the length of the COOL project, which should be finalised by the end of 2014.

As the future courses will be in Portuguese, translator to assist the overseas faculty might be need. That was considered a workable issue

Probable destination for future courses with the help of UK faculty will be:

Central region – Beira and Tete

North region – Nampula and Lichinga

About 15 new instructors from the south region, centered in Maputo, have been created during the first PTC courses in March 2013. They should be able in the future to organize courses by themselves, helping each other and supported by the regional and national coordinators

- B.
- The equipment kit box was officially introduced. It was decided that for the time been will be kept by Dr Otilia Neves, the national PTC coordinator, and she will be in charge of sending it wherever it will be needed in the future

One of the new instructors, a paramedic, envisaged the possibility of having mining and petrol industries persuaded to donate similar boxes, which could be distributed to other areas of the country. Dr Amaia Arana, offered to link him with the person who designed the original boxes to help with prices...the offer was welcomed

- C.
- Within the new instructors were a professor of the Zambezi University, who is also representative of other universities in the country, and some teachers of the faculty of medicine. They were very interested of introducing the PTC within the medical curriculum, but in a more formal way (with exams, CPD points, assessment certificates...), and they requested information from that point of view. Although it was made clear that that is not going to be included during the PTC courses within the context of the COOL project, they were told that it is possible and assistance can be offered if they want to go in that direction as a country

SUBSIDIARY ACTIVITIES

On the Sunday following our arrival, Dr Otilia Neves, took us to a city tour of Maputo and surrounding areas which was a very nice introduction to the country

On Thursday, the new local PTC instructors organized a night out for the entire faculty. We dined, danced and drank quite a bit of whisky through the evening, making everyone to feel quite an easy. We all have a good time

On Sunday, after the courses finished, Dr Caetano Pereira from the ministry of health offered to take us for an excursion day to Bilene, a beach destination 180 km north from Maputo. We had a very

interesting and enjoyable day, with the opportunity to see a bit of the country site, and to buy (and eat) cashew nuts that are worldwide known to be of the highest quality

OBSERVATIONS AND RECOMMENDATIONS

Planning ahead was a difficult concept for the locals to understand when communicating with them from a distant previous to our visit. Not enough details provided before hand about venue, equipment, preparedness of documentation... that it could have been much better organized., and made things easier. Hopefully that will improve in the future

Despite having arrived to Maputo one day before the courses started, in order to organize things, we were unable to have access to the venue till the very morning when the courses begging

The time allocated in the program to answer the MCQ's, matrix...is far too sort. Even doubling the time didn't allow all the candidates to answer everything. Adjustments on the program timing might be need to accommodate that

Time keeping and punctuality should be improved

In this occasion we did not have enough time for detailed information about other useful activities, such as the world-oximeter program or the theatre-checking list, although leaflets were left around during the breaks for the candidates to see. These activities may well need to be considered in future courses, when the overseas instructors will have more time as the local instructors will be mainly running the courses

EXECUTIVE SUMMARY

On the whole the PTC courses were a success, they were very well received and hopefully this time will take root in Mozambique.

The candidates were selected from the best in the country, and were a good representation from different specialties. Most of them became very enthusiastic and compromised with the project, which will undoubtedly help with the expansion and cascade of the courses.

Few things involving the organisation of the courses will need to be toned up

The involvement of the Ministry of Health, compromised with the courses as they are seen as positive within the political momentum, will benefit the implementation of the courses through out the country

Thanks to every one involved in any bit of making the project a reality

Obrigada

Dr Amaia Arana
PTC contact Mozambique
COOL Project
March 2013

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



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