

V2/15.11.12 CF/03

**POST PTC COURSE NARRATIVE REPORT**  
(For PTC Africa 2012-2014 Programme)

PTC Malawi 13<sup>th</sup> -18<sup>th</sup> May 2013

The second COSECSA/COOL PTC training was held from 13-18<sup>th</sup> May 2013.

The venue for the course remained the Malawi Sun Hotel, after the wonderful February experience. The hospitality offered remained excellent for the PTC course.

The key staff involved in planning and co-ordinating were:

Jim Turner UK representative

Mulinda Nyrinda Malawi representative

Wakisa Mulwafu COSECSA representative

Linda Chokotho Malawi COOL representative

Kumvana, administrative co-ordinator

John Grice, an orthopaedic ST6 from Southampton, joined the Malawi team for a first time experience in facilitating on the PTC course. He was accommodated by Jim Turner, a friend and colleague.

Course instructors Day 1-2

<b>Name</b>	<b>Speciality</b>
Jim Turner (Lead )	Orthropaedics
Mulinda Nyirenda (Co- coordinator)	Emergency Medicine
John Grice	Orthropaedics
Wakisa Mulwafu	Surgery
John Gawanika	Anaesthetics
Hitler Sigauke	General Practitioner

The local faculty had identified PTC as a good basic trauma course that could equip all Malawian clinicians (regardless of speciality or cadre) to confidently handle trauma patients; especially in major incidences. The planning team decided to publicize PTC at a grand round meeting attended by all specialities at the main academic hospital (QECH) in Malawi. This helped improve the attendance on the course.

## Course participants Day 1-2

Name	Place of work	Speciality	Seniority
Chris Ngulube	QECH	ORTHO	Senior Clinical Officer
Niel Kennedy	QECH	PAEDS	Consultant ( Head of Paediatrics)
Melanie Alufandika	QECH	A&E	Doctor
Alexander Mkulichi	MASM Kanjedza	GENERAL	Doctor
Eva Storelder	Malosa Hospital	GENERAL	Doctor
Jonathan Waluza	QECH	SURGERY	Senior Clinical Officer
Tamara Phiri	QECH	MEDICINE	Registrar
George Chagaluka	QECH	PAEDS	Consultant
Martin Hausi	QECH	SURGERY	Clinical Officer
Victoria Mwandambira	Mwaiwathu	A&E	Doctor
Jenala Njirammadzi	QECH	PAEDS	Registrar
Jamal Idruss	QECH	PAEDS	Registrar
Chanizya Mulambia	QECH	MEDICINE	Registrar
Tilera Dzingomvera	MASM Zomba	GENERAL	Doctor
Daniel Shuma	MZUZU Central	ORTHO	Consultant

There was no media coverage

### Contents of the Primary Trauma Care course

#### Day 1

A standard PTC format was followed according to the timetable.

The day started with an opening prayer and introductions were made. The lectures were delivered in the PTC style allowing good interaction between facilitator and participants. On the skills stations, the improvised cardboard cervical collars and face masks from plastic bottles fascinated the participants. The pig supplied for chest drain insertion was a success this time and allowed participants to practice the skill. The scenarios in the afternoon remained the highlight of the day for the participants. The feedback style was appreciated by participants.

#### Day 2

On a public holiday, participants still attended the course eagerly. The head of Paediatrics was excused to offer senior coverage in his department urgently, after promising to finish the course on Friday. The standard format was followed. The morning lectures flowed well with good participant engagement. Interludes to keep participants awake were body stretches that spelt out the letters "PTC". The workshops provided a good forum for sharing experiences. The participants' performance in the scenarios was impressive.

At the end of day 2 Mulinda conducted a brainstorming to see how the participants felt about the course and this is attached below

Feedback day 1/2	
What was good	What can improve
<ul style="list-style-type: none"> <li>• Good participants</li> <li>• Positive feedback x2</li> <li>• Location</li> <li>• Interactive lectures</li> <li>• Food x2</li> <li>• Co-ordination of course</li> <li>• Practical sessions</li> <li>• Time management</li> <li>• Group participation</li> <li>• Not intimidating</li> <li>• Exam</li> </ul>	<ul style="list-style-type: none"> <li>• Discuss more prevention</li> <li>• Better day summary</li> <li>• More time for the course (especially practical sessions and scenarios)</li> <li>• Is it sustainable? (funding)</li> </ul>

Following the analysis of the MCQ increase in scores was an average of 18%.



Day1-2 Participants and Instructors

### Day 3 (Instructor course)

The contents of the instructor course were standard. The participants enjoyed the workshops a lot, although they expressed the need for earlier communication on workshop preparation. There was excitement about learning how to teach a skill in particular. Unfortunately the room temperature was set very low for most participants in the first half of the morning. This was rectified during the break when the air conditioner's remote was found.

Most participants were from the Day1/2 cohort and 4 participants were from the February Course.

The trained instructors were

Name	Place of work	Speciality	Seniority
Melanie Alufandika	QECH	General (AETC)	Doctor
Alexander Mkulichi	MASM ZOMBA	General	Doctor
Eva Storelder	MALOSA Hospital	General	Doctor
Jonathan Waluza	QECH	SURGERY	Senior Clinical Officer
Tamara Phiri	QECH	MEDICINE	Registrar
George Chagaluka	QECH	PAEDS	Consultant
Martin Hausi	QECH	SURGERY	Clinical Officer
Jenala Njirammadzi	QECH	PAEDS	Registrar
Jamal Idruss	QECH	PAEDS	Registrar
Chanizya Mulambia	QECH	MEDICINE	Registrar
Tilera Dzingomvera	MASM ZOMBA	General	Doctor
Daniel Shuma	Mzuzu Central	ORTHO	Consultant
Dr Jeremy Bates	QECH	ORTHO	Consultant
Palesa Chisala	Blantyre DHO	DMO	Doctor
Sitithana Mawindo	QECH	General (AETC)	Clinical Officer
Mwera Mawindo	Beit Trust Cure	ORTHO	Doctor

The instructor course was taken with very good spirits. At the end of the day, the confidence evaluation survey indicating ability to teach and deliver a PTC lecture, run a trauma scenario and discussion group improved by over 40%

The newly inducted instructors then started preparing to facilitate the course on Days 4/5. Dr Jeremy Bates took on the mantle of coordinating the group under Dr Nyirenda's mentorship. The mentorship by experienced instructors was greatly appreciated in the preparatory process and later in the next 2 days. Feedback comments indicated that the new instructors had appreciatively learnt the importance of having an intensive preparatory planning process before executing a training course in general.

Days 4/5

The local faculty consisted of

Name	Place of work	Speciality	Seniority
Melanie Alufandika	QECH	General (AETC)	Doctor
Eva Storelder	Malosa Hopital	GENERAL	Doctor
Tamara Phiri	QECH	MEDICINE	Registrar
Martin Hausi	QECH	SURGERY	Clinical Officer
Jenala Njirammadzi	QECH	PAEDS	Registrar
Chanizya Mulambia	QECH	MEDICINE	Registrar
Daniel Shuma	Mzuzu Central	ORTHO	Consultant
Dr Jeremy Bates	QECH	ORTHO	Consultant
Palesa Chisala	Blantyre DHO	DMO	Doctor
Sitithana Mawindo	QECH	General(AETC)	Clinical Officer
Mwera Mawindo	Beit Trust Cure	ORTHO	Doctor

The participants were

Name	Place of work	Speciality	Seniority
Dalitso Namasani	Blantyre DHO	General (A&E)	Clinical Officer
Queen Makwakwa	QECH	General (AETC)	Doctor
Mwayi Mtekateka	QECH	General (Medicine)	Doctor
Khumbo Kasambara	QECH	General (AETC)	Clinical Officer
Mphatsu Shawa	Chiradzulo DHO	General	Clinical Officer
Peter Nyasulu	Malosa Hospital	General	Clinical Officer
Davis Mpando	QECH	SURGERY	Jr Registrar
Rodrick Banda	QECH	SURGERY	Jr Registrar
M Yesaya	QECH	ORTHO	Clinical Officer
Priscilla Mvula	QECH	O&G	Doctor
Charles Chimphambano	Blantyre Adventist Hospital	General	Doctor
Yasin Njalale	Blantyre Adventist Hospital	General	Doctor
Whyson Mkandawire	Thyolo DHO	General A&E	Clinical Officer
Assani Selemani	Thyolo DHO	Ortho	Clinical Officer
Florence Naminga	Chikwawa DHO	Ortho	Clinical Officer
Symon Chiumia	Mwaiwathu	A&E	Doctor
Alexander Chipasula-Teleka	Blantyre DHO	General	Doctor
Horace Kommwa	QECH	A&E	DOCTOR
Peter Maswanjo	Balaka district	MEDICINE	Medical Assistant
Precious Chinyama	Chiradzulo DHO	A&E	CO
duncan Thangalimodzi	chiradzulo DHO	GENERAL	CO
Nellie Mtupanyama	Chiradzulo DHO	general	CO

The course was well executed by the instructors in a teamwork fashion. Dr Bates coordinated the new instructors well.

All lectures were given professionally with the use of different teaching aides and time keeping was good. It was particularly exciting to see junior instructors confidently practice the good teaching techniques taught on the instructor's course. "It was a lovely experience to be well taught by one of my former students so confidently" was a remark made by the Head of Paediatrics who completed the PTC course on the Friday.

As usual the scenarios proved very popular and the new instructors rapidly became used to this method of teaching. The chest drain insertion station again required adaptation when the recycled pig was discovered to be rotten that morning. Chanizya and Palesa quickly improved the rolled up towel model from last course. The card board box became the chest model and the rolled up towels were used to demonstrate the chest drain tube securing techniques! Good PTC style! Probably, this may become the recommended cheapest and best equipment for this station than pig or goat carcasses.



It was noted that this participant group had a more diverse in training background, clinical experience and accessibility to senior mentorship at their working stations. Clinical officers and the medical assistant from district facilities struggled grasping the course information – feedback remarks suggested a need to lengthen the time of the course for these participants. Participants were encouraged to continue practicing the knowledge and skills acquired in the hospitals. Hopefully the strategy of training senior clinicians in district health facilities first will foster a mentorship program for the junior clinicians.

The MCQ results showed a 26 % improvement, indicating adequate transfer of knowledge to the participants during the 2 day course.

Dr Bates conducted a brainstorming feedback session. The results are below

Feedback day 4/5	
<p><b>What was good</b></p> <ul style="list-style-type: none"> <li>• Coffee</li> <li>• Scenarios</li> <li>• Well organised</li> <li>• Food</li> <li>• Good timekeeping</li> <li>• Good pictures in presentations</li> <li>• Friendly instructors, good team spirit</li> <li>• Good participants</li> <li>• Interactive</li> <li>• Short presentations</li> </ul>	<p><b>What can improve</b></p> <ul style="list-style-type: none"> <li>• Not everyone received the invite letter/ better communication with participants</li> <li>• Not enough time in the practical sessions/ scenarios for everyone to practice</li> <li>• To include videos of real life trauma management scenarios</li> <li>• Towels for 'patients' in scenarios to lie on</li> </ul>

Participants from district hospitals were not given the invitation letters sent to the district health office; therefore they did not have enough information about the course. It was good feedback that will be better handled during the preparatory phase of the next course.

Potential instructors from day 4/5 were identified and will be trained on the next instructor's course.

The course demonstrated that the Malawian faculty is ready to embrace PTC locally. Potential sustainable measures post THET funding are being explored.

#### Acknowledgments

Thanks to all Malawi instructors, administrators and venue staff. To John Grice, thanks for taking unpaid leave to join the team in Malawi. Jim is appreciated for leading the process, liaising with the UK team and being an excellent host to our visiting instructor.

Many thanks to the UK team for the administrative support.

Mulinda Nyirenda  
PTC Malawi course coordinator

#### **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](http://www.ndorms.ox.ac.uk/cool.php).



PTC

