

COURSE REPORT

MZUZU, MALAWI

26th – 30th August 2013

Report Presented by: Daniel Shuma
Mulinda Nyirenda

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.



PTC



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

PTC Malawi 26th -30th August 2013

The third COSECSA/COOL PTC training was held from 26-30th August 2013. The course was held at Saint John of God Conference center in Mzuzu city in the north of Malawi. This was a central venue for course participants who were invited from the 6 districts of the northern region of Malawi. St John of God is a Catholic mission hospital which deals with mental illness; and has a nursing training college. The institution has a conference wing which has four halls of varying sitting capacity: These are used for conferences and other functions, it generate capital to supplement the running costs of the catholic institution.

The conference hall has a sitting capacity of 60 people: with four large corner tables which were useful for the services and workshops. The hall was large enough that we could rearrange the tables during the course to fit the required mode of course delivery effectively.

The key staff involved in planning and coordinating were:

Mulinda Nyirenda - Malawi PTC Faculty Representative

Daniel Shuma – Northern Region PTC course instructor and lead

Jeanne Frossard was our senior international Course instructor who assisted the Malawi faculty in running the course. Sarah Scott-Brown, an anaesthetist from Oxford in the United Kingdom joined the Malawi team for a first time experience in facilitating on the PTC course.

Course instructors Day 1-2

Name	Speciality
Mulinda Nyirenda (Lead)	Emergency Medicine (QECH, Blantyre)
Daniel Shuma (Course coordinator)	Orthopaedics (Mzuzu Central Hospital)
John Gawanika	Anaesthesia (QECH, Blantyre)
Jeremy Bates	Orthopaedics (QECH, Blantyre)
Sarah Scott-Brown	Anaesthesia (Oxford, UK)
Jeanne Frossard	Anaesthesia (UCL, UK)

The steering national faculty in Blantyre had decided to take the course to the 3 main regions of Malawi after the success and good response from the past 2 PTC training courses in 2013. We decided that there was need for a regional course coordinator to be identified and trained on a session prior to visit to each region. Dr Daniel Shuma was identified as the northern region PTC course coordinator. He attended the course (as a participant and instructor) in May 2013. He enjoyed the course and was very keen to have a startup PTC training session in August 2013. The target was to generate strong PTC faculty that will facilitate adoption and integrate PTC training and principles in health facilities in the Northern Region of Malawi. The strategy of training senior clinicians in district health facilities first to foster a mentorship program for the junior clinicians was reinforced as per experience in last PTC course in May 2013.

Senior clinicians of all disciplines in public and private facilities were invited to the course. Most senior clinicians- medical doctors and experienced (senior) clinical officers at district hospitals were invited to the first session and encouraged to attend the instructors' course and possibly facilitate in the second training session. The targeted audience for the second training session were mainly clinical officers from these district hospitals, since there are few junior doctors in these districts. Each session would have 20 participants in total.

All heads of institutions of key hospitals in the region were contacted with a locally redesigned PTC course invitation letter for institutional participation. The Head of institution was asked to identify the appropriate participant for the two sessions and submit the names of the nominated participant to the Malawi PTC representative about 4 weeks before the dates of the course. For Mzuzu central hospital, Dr Shuma sent these letters to all heads of clinical departments; who were asked to submit names of participants to attend the course. Personalized participant invitations were then sent to the participants in these institutions. This facilitated better communication to the participant about course content and logistic arrangements while attending the course in Mzuzu. This addressed the administrative challenge identified at previous courses.

There was a good response and commitment to attend the course from all district and large mission hospitals. Unfortunately, an emergency meeting called by the Ministry of Health headquarters prevented confirmed participants from 4 districts from attending the course. One district was able to send replacement participants.

Dr Carlos Valera, head of surgery department at Kamuzu Central Hospital was also invited to the course to be trained as the Central Region PTC course coordinator.

The Blantyre instructors travelled to Lilongwe (4 hour drive) on Saturday 24th August, 2013. They picked up Jeanne and Sarah from Kamuzu International Airport in Lilongwe around one pm and proceeded to Mzuzu (5 hour drive).

On Sunday 26th August 2013, the faculty had a preparatory meeting with Dr Daniel Shuma. A final review and revision of the circulated timetable was made. Allocation of lectures, workshops and scenario allocation was reviewed. It was agreed to adjust the standard PTC timetable (see attached). A venue was then prepared to achieve the right PTC training environ. Once this was completed, the faculty was all set to start the training on Monday.

Course participants Day 1-2

Name	Place of Work	Speciality	Seniority
Dr Douglas Lungu	Mzuzu Central Hospital	Surgery	Chief Surgeon
Richard Nyahoda	Mzuzu Central Hospital	Surgery	Clinical Officer
Mr. Edmond Tainga	Mzuzu Central Hospital	Orthropedics	Orthropaedic Clinical Officer
Mr. Harry Raphael Mwakalinga	Mzuzu Central Hospital	Orthropedics	Orthropaedic Clinical Officer
Dr John Chipolobwe	Mzuzu Central Hospital	Medicine	Senior Medical Officer
Mr. Twambilire Simkonda	Mzuzu Central Hospital	Medicine	Clinical Officer
Mr. Francis Masoo	Mzuzu Central Hospital	Anaesthesia	Senior Anaesthetic Clinical Officer
Dr. A Phiri	Mzuzu Central Hospital	Paediatrics	Senior Medical Officer
Dr T Mwenyekulu	Mzuzu Central Hospital	Paediatrics	Medical Officer
Dr Jessie M Chihana	Ekwendeni Hospital	Obs & Gynae	Medical superitendent (consultant)
Dr I J Gasiga	MASM Clinics	General	Medical Officer
Mrs Loveness Mwase	Mzimba North District Hospital	General	Clinical Officer
Dr Jonathan Chiwanda Banda	Rumphi	General	District Medical Officer
Dr Carlos Valera	KCH	Surgery	Surgeon and HOD



Contents of the Primary Trauma Care course

Day 1

The faculty arrived one hour earlier than when the training was due to start. A brief preparatory meeting was held to revisit the timetable. All workstations were inspected to make sure that all training equipment had been setup at stations. A goat chest carcass for the chest drain insertion demonstration was taken out of the St John of God cold room to defrost.

The participants arrived at the conference hall between 8 and 9.30 am on day 1. Registration proceeded well and a total of 14 participants had registered. The PTC

course then started rolling at 9.10am as per the timetable. All participants were keen and eager to learn in the lectures. They asked questions, shared observations and experiences as lectures were given. The workshops and sessions were taken up well. The faculty team spirit ensured the cementing of the PTC structured approach to trauma patient:

During the day's summary; majority of the participants acknowledged that the day's lectures and sessions had opened their eyes with proper trauma patient approach. The course was adjourned at around 4:30 pm and participants were urged to read the PTC manuals. The faculty members convened to evaluate the day performance and highlight all areas of improvement. They also revisited Day 2 teaching plan. The faculty agreed to arrive early at the venue the following day to prepare for Day 2.



Day 2

The faculty members arrived early as agreed and by 8:30 am all members were well versed on their role for Day 2 PTC training. Teaching aids and equipment were placed in appropriate stations. The course started at 9am as per timetable.

Day 2 had a lecture laden morning but the participants remained enthusiastic with the course. The scenarios amused the participants very much and their morale was boosted when they noticed improved performance on day 2.

At the end of the day participants were given a post test. Following the analysis of the MCQ, increase in scores was an average of 31%.

Daniel and Jeanne then conducted a brainstorming to see how the participants felt about the course (table below).

What was good	What can improve
Participatory ++	Scenarios were stressful
Organization of training good +	
Workshops good	
Refreshed knowledge	
Extraordinarily good course	
Scenarios great ++	
Relevant knowledge level	
Provided a systematic approach	
Loved the transportation workshop	
Increased confidence in participants	

Course certificates were then issued. Participants were reminded to attend the PTC instructor course on day 3 if still possible.

Day 3 (Instructor course)

The contents of the instructor course were standard (attached program).

All participants were from the Day1/2 cohort.

The trained instructors were

Name	Place of Work	Speciality	Seniority
Richard Nyahoda	MCH	Surgery	Clinical Officer
Mr. Edmond Tainga	MCH	Orthopedics	Orthopaedic Clinical Officer
Mr. Harry Raphael Mwakalinga	MCH	Orthopedics	Orthopaedic Clinical Officer
Mr. Twambilire Simkonda	MCH	Medicine	Clinical Officer
Mr. Francis Masoo	MCH	Anaesthesia	Senior Anaesthetic Clinical Officer
Dr. A Phiri	MCH	Paediatrics	Senior Medical Officer
Dr T Mwenyekulu	MCH	Paediatrics	Medical Officer
Dr Jessie M Chihana	Ekwendeni	Obs & Gynae	Medical superintendent (consultant)
Mrs Loveness Mwase	Mzimba North	General	Clinical Officer
Dr Carlos Valera	KCH	Surgery	Surgeon and HOD
Dr Jonathan Chiwanda Banda	Rumphi	General	District Medical Officer



The participants enjoyed the instructor course content and appreciated the skills taught since most were not involved in teaching peers and students regularly. The talk on 'How adults learn' was highlight as being very helpful. All participants loved the workshops where they were able to practice their teaching skills. Participants required more guidance and time to practice teaching a scenario. 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 about 50%.

The newly inducted instructors then started preparing to facilitate the course on Days 4 and 5. Mr. Francis Masoo was appointed the main coordinator of the new instructors, deputized by Dr Alfred Phiri and understudied by Dr Carlos Valera from Lilongwe. The experienced instructors provided mentorship to the new instructors as a group and individually. This mentorship was greatly appreciated in the preparatory process and later in the next 2 days, as the new instructors took on the new role of conducting the PTC course.

The new instructors allocated one another lectures, workshops and scenarios on the

timetable in readiness to start teaching on the next day.

Days 4/5

The local faculty consisted of

Name	Place of Work	Speciality	Seniority
Mr. Edmond Tainga	MCH	Orthopedics	Orthopaedic Clinical Officer
Mr. Twambilire Simkonda	MCH	Medicine	Clinical Officer
Mr. Francis Masoo	MCH	Anaesthesia	Senior Anaesthetic Clinical Officer
Dr. A Phiri	MCH	Paediatrics	Senior Medical Officer
Dr T Mwenyekulu	MCH	Paediatrics	Medical Officer
Dr Jessie M Chihana	Ekwendeni	Obs & Gynae	Medical superintendent (consultant)
Mrs Loveness Mwase	Mzimba North	General	Clinical Officer
Dr Carlos Valera	KCH	Surgery	Surgeon and HOD
Dr Jonathan Chiwanda Banda	Rumphi	General	District Medical Officer

The participants were:

Name	Place of Work	Speciality	Seniority
Mr Blackmore Magawa	MCH	Orthopaedics	Othropaedic Clinical Officer
Mr Lawrence Chawawa	MCH	Orthopaedics	Clinical Officer
Mr Thaddaeus Kadoko	MCH	Medicine	Clinical Officer
Mr Chikwapu H Phiri	MCH	Anaesthesia	Senior Anaesthetic Clinical Officer
Mr Louis Mwanza	MCH	Anaesthesia	Clinical Officer
Mr Henderson Lomosi	Mzimba North	General	Clinical Officer
Mr Leonard Rashid	Likoma	General	Clinical Officer
Mr Edward Mhango	Chitipa	General	Clinical Officer
Mr Albert Nyirongo	Ekwendeni Hospital	General	Clinical Officer
Mr Dixon Mazunza	Embangweni Hospital	General	Clinical Officer
Mr Gibson Thenda	Donald Gordon Memorial Hospital	General	Clinical Officer
Mr Clever Kalua	Rumphi	General	Clinical Officer



Day 4

The new instructors met early that morning and had a review of the timetable and their roles and responsibility. Each new instructor was assigned and informed of who was their mentor. The individual mentoring debriefing sessions were done immediately after a session that the new instructor had conducted. All equipment and material were put in readiness for the workshops and scenarios. We registered 12 new participants for day 4 and 5. The timetable started at 9am with introductions and the pre-test examination.

The new instructors delivered the lectures with power points successfully. Participants were eager and keen to learn the course content. The group needed more time and explanations to understand the course and their participatory questions and comments assisted this process. These participants also required more guidance and time to understand the scenario practice session; 15 minutes was added to scenario sessions. The day summary helped reinforce the fundamentals of PTC that the participants needed to grasp. The new instructors and mentors then convened to review the day's activities and plan for the last day of the training.

Day 5

The participants arrived early and by 8:30 am all were seated. The hall had been well prepared and the new instructors were well aware of their roles for the day. The days schedule was completed well. A post test was done at the end of the day. While the scripts were being marked, Dr Frossard conducted a brainstorming feedback session in the PTC style. The results are below

Feedback day 4/5	
What was good	What can improve
The systematic approach	More time for skills stations and scenarios ++
Scenarios	Explain carefully
Skills stations	Time for lunch was short
Facilitators knowledgeable	
Friendly	
interactive	
organisation	
participatory	

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 (a bit less than the first 2 day course), indicating adequate transfer of knowledge to the participants during the 2 day course.

Certificates were issued and the PTC course came to end.

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

A final instructor and faculty feedback evaluational meeting was done. The Northern zone Malawi PTC trainers' faculty planned for the way forward for Malawi north.

Acknowledgements:

We would like to especially acknowledge the Hospital Director of Mzuzu Central Hospital for logistical support and allowing Dr. D. Shuma time to organize and conduct the training. All heads of departments at Mzuzu Central Hospital are commended for attending and for allowing their team members to attend the training.

We would like to thank the DHO's for allowing their clinicians to attend the training and supporting their upkeep away from their duty stations.

St John of God community center staff made our training easy and pleasurable with the good service they rendered us during this training.

Queen Elizabeth Central Hospital Management is greatly appreciated for providing the vehicle that transported the Blantyre and UK faculty to Mzuzu.

We would like to thank Dr. Jeanne Froussaud, Dr Sarah Scott- Brown and the Blantyre faculty for the expertise and mature guidance on the conduction of the PTC course.

Many appreciation to the national steering PTC faculty – Dr Linda Chokotho, Dr Wakisa Mulwafu, Dr. Mulinda Nyirenda and Dr Jim Turner for the thought and timely drive to have the PTC course run in Northern Malawi.

Finally to our Father the Almighty Good for the blessings and safety granted for all involved to travel from near and far to ascertain the success of the PTC course.

Daniel Shuma
PTC course Coordinator (North Malawi)

AND

Mulinda Nyirenda
PTC Malawi course coordinator