

PTC COURSE REPORT  
PEMBA, MOZAMBIQUE  
7<sup>th</sup> – 11<sup>th</sup> July 2014

Report Presented by: Dr Juan Graterol

**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



## **1 Purpose of the visit**

Fourth visit of the UK PTCF team to Mozambique as part of the COOL African project.

The courses were held in Pemba, north region of the country, to continue the implementation of the program throughout Mozambique and facilitate the expansion to the most remote areas.

On this occasion the two instructors from the UK worked in collaboration with two new PTC instructors from the previous courses in Nampula.

The participants in the first course were mostly general medicine doctors. These doctors are based in the rural areas (districts) and have 1 – 2 years of experience. It is a requirement before specialist training. They were very motivated and completed the instructor course. The participants for the second course were mostly nurses from the regional hospital in Pemba. They had many more years of experience and appreciated being taught by their own doctors.

There was an introduction session by:

- Dr Hidayat Kassim representing the Mozambican Ministry of Health. As regional medical officer he welcomed the participants.
- Dr Martha J Abudo, local representative for PTC. Having done the instructor course in Nampula she acted as local link organizing this course.
- Dr Julio Brognolo representing ENI (an Italian oil and gas company), funded venue and logistics as part of the social commitment of the company.
- Dr Juan Graterol, representing PTCF in Mozambique.

## **2 Executive summary**

The courses in Pemba were a real success.

The local instructors organising these courses were very well prepared and continue improving and consolidating the PTC ethos. Martha Abudo in particular was instrumental in the success of this course. She had already organised an 'independent' PTC course in Nampula following the third PTC visit. This Nampula '2' course was organised by Dra Murgue Jamur and was adapted so the participants could still attend their work place before the course (7:00 – 9:00) negating the need for per diem or external funding.

The new set of Pemba instructors are very enthusiastic and keen to replicate the lessons learnt in their own rural units. They recognised the value of 'team' learning and hope to cascade the information down to other colleagues that couldn't attend.

The involvement and support of ENI facilitated a comfortable setting with outstanding catering. The company has a social responsibility programme as established in Mozambican legislation. Future and on-going gas and oil projects in this region may translate into future support for further PTC input.

Thanks to every one for a very positive week.

### **3 Key staff involved in planning and co-ordinating**

Local faculty:

1. Dra Marta Abudo. Local PTC representative. General medicine based in Nampula. Overall organisation for this course, liaising with the regional medical officer.
2. Dr Alfredo Januario Chichava. General medicine based in Nampula. Local instructor having attended the Nampula course
3. Alexandro Fequihi. ITU nurse from Pemba. Attended Nampula course.

Overseas faculty:

1. Dr Thomas Hamptom. Core surgical trainee in Brighton. 2 previous PTC courses in Mozambique and team leader for Beira course.
2. Dr Juan Graterol. Consultant Anaesthetist in Truro. Previous PTC experience in Mozambique and team leader for this course.

The overseas faculty arrived 2 days before the start of the course; the Mozambican instructors arrived the day before. We all met at the venue where the courses took place and Marta had already organised the candidate's packs and arranged the catering times with the hotel.

Dr Hidayat Kassim, medical officer joined us for a briefing meeting. Agenda for opening of course discussed. Marta also requested further supplies needed (ie Goat carcass and chicken legs).

Instructors for the first course were all of the above. Most lectures were delivered by Dr Abudo and Chichava in Portuguese. It was not possible to arrange translation and the level of English among the participants varied from very fluent to non-existent. Practical skills and scenarios were run by the entire faculty. Dr Graterol spoke Spanish and Dr Hamptom in English. There were no major communication issues.

Instructors for the second course were the candidates of the first course who also attended the instructors' course (all of them) and were in the courses for the 5 days duration. Dr Abudo and Chichava took a supervisory role and were encouraged to feedback performance to new instructors instead of taking over the session.

Every evening, at the end of the working day, a candidate's feedback session took place. Comments were noted and can be found on appendix 1. It was followed by a faculty meeting to address issues raised. Time keeping was mentioned several times and by the end of the week we were able to keep to timetable more closely.

It is important to note that the timetable has shifted to accommodate to local working hours. The courses began at 8:00 am and great emphasis was placed to accomplish most of the programme before lunch. In tropical climates the afternoon heat affects the performance; motivation and enthusiasm weans a little.

### **4 Professional aspects of the visit**

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

All courses were given in Portuguese.

## 5 Course participants

The ministry of health selected the doctor candidates from different districts of the region for the first course and nurses from the regional hospital in Pemba for the second course.

There were a total of 41 candidates during the week.

The first course was attended by 21 doctors. Of these, there was one Orthopaedic surgeon from Cuba based at Provincial Hospital Pemba and one senior surgical technician based in the same hospital. All other doctors were generalist based in different district around Cabo Delgado region. There were 7 female doctors out of 21, may reflect a generational changed compared to other courses with more experienced candidates.

All of the above completed the instructor course and took part in the second course.

The second course was attended by 20 nurses from the Provincial Hospital Pemba. A wide range of specialty base and experience (1 – 30 years). They attended all the lectures and appreciated being taught by their own doctors. At the end of the week some of them volunteered to form part of the committee for future PTC activities. They will have to do the instructor course at the next opportunity.

MCQ Scores (30 questions – Portuguese)

<i>First Course</i>	Minimum score	Maximum score
Pre course	40%	83%
Post course	67%	93%
<i>Second Course</i>	Minimum score	Maximum score
Pre course	10%	43%
Post course	30%	70%

All candidates in both courses improved their score bar 1 candidate on the second course which didn't change.

The marking for the first course was done by the UK faculty and was successfully delegated to new instructors on the second course. New instructors also took responsibility for time keeping and worked really hard to keep to schedule.

Please note, translation for Question 10 has been highlighted in previous courses but has not been corrected in the electronic version. As a result a verbal announcement was made from the post course test at the first course onwards.

For reference, it should read: "quando o controle da via aérea **está sendo** estabelecido numa vítima com múltiplo trauma..."

## 6 Course instructors

As above

## **7 Details of activities**

Courses held at the Pemba Beach Hotel. A large air conditioned room was used from 8 am until 6- 7 pm depending on the feedback session.

## **8 Subsidiary activities**

On Friday night after closing the course most of the faculty met at a local restaurant for dinner and some of the participants from the first course joined us later at the club next door for some dancing and celebrating.

## **9 Media coverage**

Arrangements were made for local TV coverage at the closing ceremony but in the end did not materialise. A lot of media attention is currently directed at the political conflict in the run up to the elections later this year.

## **10 Future**

At the end of the 2 courses, Dr Hidayat Kassim handed out the certificates to all the candidates. A request was made to highlight the best 5 candidates. It was explained that we didn't have the methodology to allow to make such assessment. Dr Kassim is keen to develop local leadership and we encourage him to develop criteria a priori when running future courses.

The representative from ENI seemed extremely pleased with attendance and format of the course. It is possible that future courses could be organised with their support.

More importantly, the newly commissioned Cabo Delgado committee are encouraged to replicate the experience in Nampula and organise their own independent courses, perhaps adapting the material to a series of shorter sessions focusing in 1 or 2 aspects at the time. By increasing participation and ownership of the content it may translate to higher uptake of the ABCDE approach.

Volunteers for next courses in Cabo Delgado:

Chabane Amissé

Jesus Durao

Joaquim Salimo

Alexandre Faque

## **Acknowledgments**

To Annette Clack for organising travel arrangements and insurance.

To Amaia Arana for all her help and support as PTC lead for Mozambique

## **Attachments**

Appendix 1 – Feedback

Course 1 Pre test

Course 1 Post test

Course 1 Participants form (Confidence matrix and consent)

Instructor Course candidates form

Course 2 Pre test

Course 2 Post test

Course 2 Participants form (Confidence matrix and consent)