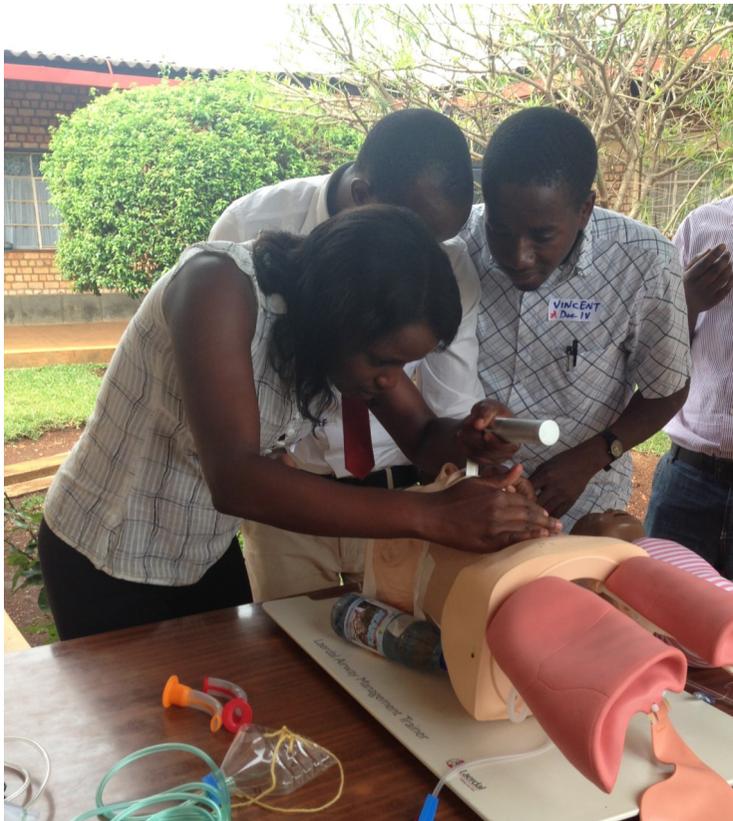


COSECSA Oxford Orthopaedic Link Primary Trauma Care training courses



INCREASING TRAUMA AND ORTHOPAEDICS TRAINING OPPORTUNITIES IN THE COSECSA REGION

The COOL Project (2012-2015) is enabling front-line staff across the ten member countries of the College of Surgeons of East Central and Southern Africa (COSECSA_ASEA) to be trained in trauma management through 45 Primary Trauma Care (PTC) courses in three years. The PTC course has been developed for emergency trauma care and prevention in settings with limited or no access to high-tech facilities. The PTC course takes two days and is followed by the instructor course which lasts one day. The new instructors are then invited to lead a second two-day PTC course, coached by the original team. In total, for those who become instructors, this 2-1-2 pattern lasts a total five days. The course is aimed at all levels of health workers and first responders and in new areas it usually begins with senior doctors.

The initial PTC courses in each COSECSA country are organised and led by teams of experienced PTC instructors and local faculty, in coordination with COSECSA representatives, followed by a transition to local PTC committees in each country who prioritise and organise subsequent courses to cascade the training in each country, with the aim of reaching areas in most need of trauma training.

At the midway-point in the three-year COOL programme (October 2013), 17 PTC courses have been run in 9 countries, training over 600 doctors, nurses and clinical officers in primary trauma care. Around 70 senior UK and COSECSA doctors have instructed on these courses, training over 170 new PTC instructors.

Location & Participating Hospitals

ETHIOPIA

June 2013 Black Lion Hospital, Addis Ababa
Black Lion Hospital, Gondar University Hospital,
Ras Desta Hospital, Aydar Referral Hospital & St Paul's HMMC

KENYA

December 2012 Nanyuki District Hospital
April 2013 Kitale District Hospital
June 2013 Mama Lucy Kibaki Hospital, Nairobi
September 2013 Siaya Centre Hotel, Kisumu
Bondo District Hospital, KEMRI, Siaya District hospital,
Yala Sub-District hospital, Kisumu East District hospital, Kitale District
Hospital & Ambira Sub-District hospital

MALAWI

February 2013 Malawi Sun Hotel, Blantyre
Queen Elizabeth Central Hospital, Blantyre DMO,
Mwaiwathu Hospital, Beit CURE International Hospital & Blantyre
Adventist Hospital
May 2013 Malawi Sun Hotel, Blantyre
MASM Kanjedza, MASM Zomba, Mzuzu Central Hospital,
Mwaiwathu, Thylo DHO, Chiradzulu District Hospital, Blantyre DHO,
Blantyre Adventist Hospital &
Malosa Hospital

August 2013 St John of God Community Services, Mzuzu
Mzuzu Central Hospital, Ekwendeni Mission Hospital, MASM Katoto,
Mzimba North DHO, Kamuzu Central Hospital, Rumphi District
Hospital, St Peters Hospital, Likoma, Chitipa, Donald Gordon
Memorial Hospital & Embanweni Hospital

MOZAMBIQUE

March 2013 Faculty of Medicine, Maputo
Nacala HDN, Hospital Central da Beira, Hospital Provincial De
Quelimane, Hospital Central de Nampula, Hospital Central Maputo,
HGJ Macamo, Hospital Provincial de Pemba & Hospital Provincial de
Lichinga



*"We are grateful for the training -
it has helped us a lot in triaging patients."
(PTC Participant, Mulago Hospital, Uganda)*



RWANDA

April 2013

Gorillas Hotel, Kigali

University Teaching Hospital of Kigali (CHUK), Royal Military Hospital, King Faisal Hospital

September 2013

Emmaus Hostel, Butare

University Teaching Hospital of Butare (CHUB), Gitwe Hospital, Kabgayi Hospital, Kabutare Hospital, Kibilizi District Hospital, Kibuye Hospital, Kigeme Hospital, Munini Hospital, Nyanza Hospital, Ruhango Hospital, Rukoma Hospital

TANZANIA

September 2013

Muhimbili National Hospital, Dar es Salaam

Muhimbili National Hospital, Mwananyamala Hospital, Muhimbili Orthopaedic Institute, General Military Hospital, Amana Hospital, Temeke Regional Hospital & Aga-Khan Hospital

UGANDA

February 2013

Kolping Guest House Hotel, Kampala

Kampala, Jinja, Mbarara, Mubende, Fort Portal, Gulu & Hoima Regional Referral Hospitals

May 2013

Landmark Hotel, Soroti

Soroti Regional Referral Hospital

August 2013

Mbarara Regional Referral Hospital

ZAMBIA

July 2013

University of Zambia School of Medicine, Lusaka

University Teaching Hospital

ZIMBABWE

April 2013

Department of Surgery, Parirenyatwa Hospital, Harare

Parirenyatwa Hospital, Harare Central, UBH Bulawayo & Mpilo Hospital Bulawayo

'PTC is most timely, very practical, very cheap to implement and has felt a dividend in terms of patient outcome. Its sustainability is 100%.'

(PTC Participant, Nanyuki District Hospital, Kenya)

TRAINING OUTCOMES

Preliminary results from participants' pre-course and post-course questionnaires have indicated an overall increase in levels of trauma management knowledge and confidence following training. Participants are surveyed around six months after training to assess the extent to which this is sustained, and to identify any changes in trauma management following PTC training. A small number of participants will also be visited 6-12 months after attending a PTC course to similarly follow-up training outcomes. Feedback gathered to date from six-month follow up of participants includes observations of key departmental changes in trauma management since PTC training, such as systematic ABCDE protocols placed in ER, a better and more inclusive approach to trauma patient handling, the establishment of an emergency department, improved communication and more emphasis on primary survey.



FURTHER COURSES

PTC courses will continue to run throughout 2014, with course dates available via the COSECSA website Calendar of Events (www.cosecsa.org) or on the COOL Project webpage. More information on PTC (including attending, organising or instructing on a course) is available through PTC Country Representatives or the PTC Administrator: Annette Clack (admin@primarytraumacare.org).

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PTC Primary Trauma Care
Foundation



COSECSA Oxford Orthopaedic Link (COOL)

NDORMS, University of Oxford, Nuffield Orthopaedic Centre, Windmill Road, Oxford, OX3 7LD.

EMAIL: cool@ndorms.ox.ac.uk TEL: +44 (0) 1865 737543 WEB: www.ndorms.ox.ac.uk/cool.php

