



Primary Trauma Care Training

COSECSA Oxford Orthopaedic Link



STRENGTHENING TRAUMA CARE IN EAST, CENTRAL AND SOUTHERN AFRICA

Improving care for critically injured patients in East, Central and Southern Africa is one of the goals of the COSECSA Oxford Orthopaedic Link (COOL) programme. To address the shortage of health workers trained in the systematic management of trauma, COOL has funded over 50 PTC provider and instructor Primary Trauma Care training courses in the member countries of the College of Surgeons of East, Central and Southern Africa (COSECSA) since 2012 (see map, left).

HIGHLIGHTS:

1. SCALING UP TRAUMA TRAINING

- o Over **50 PTC courses** have taken place in **11 countries** (2012-2014): Ethiopia, Tanzania, Kenya, Malawi, Mozambique, Rwanda, Uganda, Zambia, Zimbabwe and Namibia. (Burundi courses scheduled for 2015).
- o **1800+** new local PTC providers and **450+** PTC instructors have been trained across the region
- o **Multi-cadre:** The new PTC providers and instructors include doctors, nurses and clinical officers.
- o **65%** of new PTC providers have gone on to train colleagues in PTC.

"The course content, material and methodology of PTC is second only to none and it should be spread to the four corners of the world and should be the backbone of management of a trauma patient in any situation."

Dr Chiripanyanga, Zimbabwe

2. IMPROVING TRAUMA CARE

- o Around 60% of PTC participants work in hospitals in **rural areas** where the need for more trained health workers is greatest.
- o Around 90% of PTC participants surveyed 6 months after training report **personal changes** in their management of trauma, such as more consistent use of systematic primary and secondary surveys.
- o Around 70% of PTC participants surveyed 6 months after training report a **moderate or significant departmental change** in the management of trauma, such as improved teamwork across cadres, use of equipment and management of spine injuries.

3. IMPACT ON REGIONAL TRAUMA TRAINING

- o Local **COSECSA surgeons** have been key leaders in organising and supporting PTC courses (see below).
- o **COSECSA has formally recommended the PTC course** to its MCS candidates (Dec 2014).
- o PTC training has been incorporated into some **local medical curricula** e.g. Namibia.
- o **Revised and updated PTC training materials** for the provider and instructor courses were published in early 2015.
- o **Sustainability:** Several PTC teams have successfully begun to secure **local funding** for further courses e.g. Mozambique.
- o **Local PTC organising committees** have been set up in each country.



4. SHARING LESSONS LEARNED

- o Key **PTC country leaders** in the COSECSA region met in November 2014 to **share lessons learned** (see right).
- o **Evaluation studies on PTC training outcomes** have been accepted for publication in *The Lancet* and *Injury* journals.

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