

Emergency & Trauma Care Training Course Resources

Facilitator's Guide

Objective of the workshop: This course is about managing trauma, from minor injury to catastrophic disaster situations, including care for women, children, and the elderly, with the principal goal of improving quality of care and patient safety. It is designed to equip frontline health providers with basic trauma, anaesthesia, and surgical skills.

Note:

1. Consult the WHO *Integrated Management for Emergency and Essential Surgical Care (IMEESC)* toolkit (www.who.int/surgery/publications/imeesc/en/index.html)
2. Refer to the WHO manual *Surgical Care at the District Hospital (SCDH)* in the WHO *IMEESC toolkit* (www.who.int/surgery/publications/imeesc/en/index.html)
3. Refer to model agenda provided in the Emergency & Trauma Care Training Course outline in the WHO *IMEESC toolkit*

Preparation Prior to the Training Workshop (Checklist)

- Know your target audience (type of health facility and level of health providers, e.g. doctors, nurses)
- Develop agenda for your audience to meet local needs (translator, local data, local priority topics)
Modules can be used interchangeably to accommodate your schedule. Decide if you will teach one or more modules per day. Number of days for the workshop is flexible
- Designate key persons for teaching modules
- Identify local support responsible for assistance during workshop for availability of materials (translation, copying, dissemination, stationery, flip charts, whiteboard, blackboard, paper, markers, LCD video, overhead projector), testing equipment, local transportation, food, accommodation, etc.
- Photocopy of every handout for every participant
- Remind instructors to study workshop materials and to practice training activities
- Confirm number of participants (optimal 25), but it depends on the size of the training room, number of trainers, availability of training equipment
- Ensure that participants represent resource-limited health facilities providing surgical (including obstetrics, trauma, anaesthesia) care
- Training equipment consists of low-cost easily available items, including local splints, oxygen cylinder and/or concentrator, resuscitator bag, anaesthesia machine, gloves, pre-operative checklist.
Adapt to locally available training material
- Put up the posters '*Best Practice Protocols*'
- Print the following handouts from the WHO IMEESC toolkit: Best Practice Protocols, Disaster Management Guidelines, Quality & Safety
- Each health facility should complete one baseline M&E tool available in IMEESC toolkit
- Check workshop space, lighting, noise level, arrangement of chairs so that all can see, hear, and interact well
- Communicate effectively by speaking slowly and making eye contact
- Encourage discussion, but avoid being sidetracked from the focus of the module
- Manage time effectively during presentations, practical sessions, and breaks. Warning bell may be arranged
- After the Workshop: reflect on what worked and did not work well in the workshop to aid in future planning

Practical Training Session for each module – Role Play of Case Scenarios: Identify participants who will act as patients in the given scenarios. Utilize available low-cost material.

Module 1:

- Scenario 1: Motor vehicle/train accident with several people. The injured are:
 - Driver of the vehicle – a 32-year-old man, who is unconscious and has shallow respirations.
 - A 29-year-old 38 weeks pregnant woman with a fractured wrist.
 - A 60-year-old man gasping for air.
 - An 8-year-old boy with a cut on his hand crying loudly.
 - A 50-year-old man with pale, cold skin and a weak pulse.

Guiding questions: What should be done first as part of triage and assessment?

What should one investigate as part of the primary survey? Discuss potential complications in each patient.

- Scenario 2: A 24-year-old female, 38 weeks pregnant, presents with gross vaginal bleeding and weak pulse. Blood pressure on exam is 80/40.
Guiding questions: What should be the first course of action?
- Scenario 3: A 22 year-old-male has been in a fight and has a deep cut on his thigh. He is bleeding heavily.
Guiding questions: How would you manage this situation?
- Demonstrate techniques for opening airway. Review opening airway in children.
Project slides on screen to review.
- Demonstrate logrolling. Project slides on screen to review.

Module 2:

- Demonstrate gowning and gloving.
Two individuals are needed: one will act as scrub nurse and will demonstrate gowning and gloving by oneself. After the scrub nurse is appropriately gowned and gloved, he/she will proceed to assist the individual acting as surgeon/surgical technician.
- Demonstrate instrument use/suturing technique.
Required equipment: suture, needle holder, scissors, forceps, material to mimic skin.
Practice the appropriate suture for the following scenarios:
 - Forehead laceration, one layer closure: interrupted sutures
 - Deep laceration to the thigh, two layer closure: mattress sutures, subcuticular stitch
 - Small scalp laceration, one layer closure: continuous/running suture

Module 3:

Demonstrate Glasgow Coma Score. Project Glasgow Coma Scale slide on a screen.

- Scenario 1: Pedestrian hit by motorbike while crossing street. 38-year-old male, otherwise healthy. The patient goes in and out of consciousness during transfer to the healthcare facility. Presents with GCS of 8 (eyes: 2, verbal: 3, motor: 3).
- Scenario 2: Elderly gentleman who fell out of his bed this morning. His family reports change in behavior (less attentive, confusion, difficult to arouse). The patient does not report loss of consciousness. Arrives with GCS of 12 (eyes: 4, verbal: 4, motor: 4).
- Scenario 3: 35-year-old in motor vehicle accident. Was unconscious at the scene. Opened bottles of alcohol are present in the vehicle. The patient presents with GCS of 6 (eyes: 2, verbal: 2, motor: 2).
Guiding question: How does the presence of alcohol effect the evaluation of a patient with head injury? (It should not! *Never assume alcohol is the cause of unresponsiveness in a patient.*)
- Scenario 4: The patient is unresponsive. GCS is 3.

Module 4:

- Demonstrate anatomic landmarks for spinal anaesthesia.
- Demonstrate how to properly position a patient to administer spinal anaesthesia. Identify anatomic landmarks for spinal anaesthesia. What special considerations with respect to positioning can be made when administering spinal anaesthesia in a pregnant female?
- Demonstrate how to check if an oxygen cylinder is full or empty.
- Demonstrate how to properly fit mask over a patient's face.