

Trainer's Guide

WHO Training Workshop on Emergency and Essential Surgical Care (EESC)

Objective of the workshop: Strengthening capacity on emergency and essential surgical procedures and linked equipment to improve the quality of care at first referral level health facilities, using the *WHO IMEESC e-learning tool kit*

Note:

- Refer to the *model agenda* (refer *IMEESC e-learning tool kit*) for programme of work (number of days of the workshop is optional)
- For training sessions refer pages in **WHO manual *Surgical Care at the District Hospital (SCDH)* PDF file in *WHO Integrated Management for Emergency and Essential Surgical Care (IMEESC)* e-learning tool kit**, WHO website <http://www.who.int/surgery>
- For detailed information refer *WHO manual SCDH* available in hard copy, for online order: <http://bookorders.who.int/bookorders/index.htm>

Preparation meetings prior to the training workshop

Trainers and or Multidisciplinary Working group meeting to plan standardization of procedures for the training workshop

Check list:

- Ensure that the correct information for the target audience, multidisciplinary approach to the cross cutting themes/topics (e.g. infection control, emergency procedures) on the proposed training workshop is sent by the organizer (WHO, MoH, Director of the project). This will assist in identifying the appropriate interested participants who will become master trainers to continue further training.
- Send the questionnaires for situation analysis on: *Essential Emergency Equipment generic list, and Needs Assessment for Essential Emergency Room Equipment* to the identified health facilities (refer WHO *IMEESC* tool kit)
- Collect the questionnaires from health facilities, compile the information and prepare a brief report of the situation analysis to be shared on Day 1: item 3
- Decide on the list of training topics for practical training and discussions: Refer *Guide to Development of a Training Curriculum on Emergency and Essential Surgical Skills* (refer WHO *IMEESC* tool kit)
- Designate key persons for teaching from *WHO Surgical Care District Hospital (SCDH) teaching power point* (refer WHO *IMEESC* tool kit)
- Identify local support (administrative) staff responsible for assistance during the workshop for availability of materials (translation, copying, dissemination, stationary, flip charts, LCD, video, and overhead projector), local transportation, food, accommodation etc. If the materials are already packaged before the registration then you can decide what administrative staff is required during the training.
- Finalize the agenda and venue for the training workshop
- Number of days (3-5 days) is flexible for the training.

- Preferably training should be done in a rural/ district hospital setting, this gives the participants to adapt further training to reach out to first referral level
- Number of participants usually 20-25 is optimal. This number may be decided depending upon training room size, training equipment and number of trainers' availability.
- The participants should be representing particularly resource limited health facilities providing surgical, trauma and anesthesia care.
- Training equipment is basically participants 'Role play', use of local splints, oxygen cylinder, ambu bag, anesthesia, preoperative check list. An anesthetist can demonstrate CPR on a mannequin (if available)
- Training Room should be checked to accommodate expected number of participants. Additional rooms may be needed for possible group work
- Put up the posters on **Best Practice Protocols for Clinical Procedures Safety for the training sessions.**
- Plan to show Video (refer WHO *IMEESC* tool kit) during training sessions (during coffee breaks)
- Make sure that the facilitators have gone through the power point slides prior to their teaching to have a standardized teaching as per recommended by WHO norms and standards.
- Keep strict timing during all sessions (warning bell may be arranged)
- Use common case scenarios (e.g. obstetrics, anesthesia, trauma), 'role play', and locally available materials (e.g. splints, transportation) , translated or locally adapted material
- Print the following hardcopies (refer WHO *IMEESC* tool kit) for distribution to workshop participants:
 - Best Practice Protocols for Clinical Procedures Safety
 - Needs Assessment for Essential Emergency Room Equipment
 - Essential Emergency Equipment (EEE) generic list
 - Participants evaluation of training workshop
 - Best Practice Guidelines on Emergency Surgical Care in Disaster Situations (optional)

1. Inauguration session

- Opening remarks
- Introduction to *Emergency and Essential Surgical Care* (EESC) Project
- Concluding remarks

2. Orientation to the participants on the all training sessions

- Emphasize to the participants (on becoming master trainers) their responsibility to organize further cascade training with a collaborative multi-disciplinary approach to build capacities in their health facilities
- Inform participants that WHO *IMEESC* e-learning toolkit is for training workshop and is available on www.who.int/surgery, including the WHO reference manual *SCDH* and its use in day to day practice aiming towards patient safety at first referral level health facilities

3. Share the report prepared of the situation analysis: from the feed back received of identified districts/province/rural/primary/first referral level health facilities

Training sessions begin

4. **Training topics:** Teach from *WHO SCDH teaching power point* in WHO IMEESC tool kit

List of Training topics (Additional topics can be added from "*Guide to Development of a Training Curriculum on Essential Emergency Surgical Skills*" (refer IMEESC tool kit) to the list below)

- Correct patient, for the correct surgery, on the correct site: page 3-1
- Check list for essential emergency equipment: **WHO generic EEE list** (refer IMEESC)
- Record keeping and reporting of errors and adverse events: page 1-13
- Patient consent: page 1-7
- Evaluation and monitoring for improvement in the quality of emergency care: page 1-15 and *Needs Assessment for Essential Emergency Room Equipment* form (refer IMEESC)
- Infection control, male circumcision and prevention of HIV transmission: page 2-1, 9-8 & 13-42
- Cleaning, sterilization and disinfection: page 2-3
- Waste Management: page 2-13
- Preoperative preparation and conditions requiring urgent attention: convulsions, anemia, hypertension, diabetes, respiratory infections: pages 13-10 & 13-36
- Before inducing anesthesia checklist: page 14-2
- Planning in trauma and disaster situations: pages 1-17 to 1-20
- Anesthesia in emergency situations: pages 13-29 & 14-31
- Intraoperative and postoperative monitoring: page 14-35
- Care of the unconscious patient: page 14-34
- Surgical & anesthetic techniques to reduce blood loss, prevention of blood borne infection: pages 13-36, 14-16

5. **Role playing and practical training** in basic skills in emergency and essential surgical procedures: Use the *WHO SCDH teaching power points* (refer WHO IMEESC tool kit)

Whenever possible make use of the opportunities for participants to visit a rural or district healthcare facility, for practical sessions (ward rounds, emergency room, operating room, sterilization etc.). Hold discussions on experience of participants in their clinical settings, therefore emphasizing the need for local adaptation to training.

List of topics for role playing and practical training

- Resuscitation: IV access, maintenance of IV, cut-down, airway maintenance, Basic Life Support,
- Cardio-Pulmonary Resuscitation: page 13-1 and ***Best Practice Protocols for Clinical Procedures Safety*** (refer WHO IMEESC tool kit)
- Bleeding, wound management, burns, splint and immobilization of fractures: pages 17-1, 17-6, 5-14 and ***Best Practice Protocols for Clinical Procedures Safety*** (refer IMEESC)
- Standard precautions for prevention of HIV transmission: page 2-1 and ***Best Practice Protocols for Clinical Procedures Safety*** (refer IMEESC)
- Essential Emergency Equipment use and maintenance: pages 15-12, 15-2 to 15-4
- Transportation of the critically ill: ***Best Practice Protocols for Clinical Procedures Safety*** (refer IMEESC)
- Hand hygiene (cleaning, washing of hands, asepsis etc): page 2-1, 2-2 and ***Best Practice Protocols for Clinical Procedures Safety*** (refer IMEESC)

6. Discussions by participants on:

- How they will use the **WHO IMEESC e-learning tools** in day to day practice at first referral level health facilities, medical and nursing education and training programmes.
- Collaborative approach & integration to emergency procedures in trauma, obstetrics, anaesthesia, infection control (HIV), patient safety at first referral level health facilities with links to training materials from other WHO departments.
- Needs assessment & evaluation form for assessment of quality of care at first referral level health facilities
- Participants evaluation of training workshop (refer *IMEESC*)

7. Conclusion & recommendations:

- Action plan for follow-up activities

Inform participants on the expectations for the following actions:

- share the materials with your colleagues in various disciplines to generate interest in strengthening skills in life saving emergency and essential surgical interventions (including anesthesia) to reduce death and disability in injuries (road traffic, violence, disasters), pregnancy related complications and infections
- display '*Best Practice Protocols for Clinical Procedures Safety*', as posters or hard copy available at relevant point of care (hand washing, standard precaution, waste disposal, postoperative management, pre-anesthetic checklist, basic life support, transportation, trauma, resuscitation, bleeding, eclampsia)
- introduce a quality assurance in your own health facility using the inventory of the *EEE list and Needs assessment for monitoring and evaluation* form from IMEESC toolkit
- organize in collaboration with your colleagues (doctors & nurses) training of health personnel at all levels using the multidisciplinary approach
- inform by email to WHO/HQ/Geneva for specific comments on the WHO training material

8. Closing session:

- Give opportunity to one participant to share experience of the training on behalf of the other participants.
- Thank the directors, assistants, participants

Additional Day (Optional):

Strengthening of basic skills and knowledge transfer through **e- learning**

- Video conference-optional (if linkages to other countries are available): On line discussions on case studies, access to guidelines, journals, useful web site links for training
- How to use **WHO IMEESC e learning tool kit** for self learning of emergency and essential surgical skills (if computer facilities are available)

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