Objectives of the workshop

- To strengthen the capacity of emergency and essential surgical procedures and linked equipment
- To improve the quality of care at first referral level health facilities, using the *WHO Integrated Management for Emergency and Essential Surgical Care (IMEESC)* e-learning tool kit

After this workshop, participants should be able to...

- organize in collaboration with their colleagues (doctors & nurses) cascade trainings of health personnel at all levels using the multidisciplinary approach

**Preparation Meetings**

**Prior to the training workshop**

Meetings for Trainers and/or Multidisciplinary Working Groups to plan the training workshops.

**Checklist**

☐ Ensure that the correct information for the target audience is sent by the organizer (WHO, Ministry of Health, Director of the project) and that there is a multidisciplinary approach to the cross cutting themes/topics (e.g. infection control, emergency procedures) on the proposed training workshop. This will assist in identifying the appropriate interested participants who will then become master trainers to continue further training.

☐ Send the questionnaires for situation analysis on: *Essential Emergency Equipment generic list, 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 first day: 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).

To see the model agenda for the programme of work, refer to the IMEESC e-learning tool kit. The number of days of the workshop is in your discretion.

For training sessions, refer to the WHO manual *Surgical Care at the District Hospital (SCDH)* which is a PDF file in the IMEESC e-learning tool kit. This is available at the WHO website [http://www.who.int/surgery](http://www.who.int/surgery)

For detailed information, refer to the WHO manual *SCDH* available in hard copy for online order: [http://bookorders.who.int/bookorders/index.htm](http://bookorders.who.int/bookorders/index.htm)

☐ Designate key persons for teaching from *WHO Surgical Care District Hospital (SCDH) teaching power points* (refer WHO IMEESC tool kit).

☐ Identify local support staff responsible during the workshop for availability of materials (translation, copying, dissemination, stationary, flip charts, LCD, video and overhead projector), local transport, food and accommodation, etc.

☐ 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 25-30 is optimal. This number may be decided depending upon the 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', locally available materials such as use of local splints, oxygen cylinder, resuscitation bag, anesthesia, pre-operative check list and translated or locally adapted teaching material. An anesthetist can demonstrate CPR on a mannequin (if available).

Use common case scenarios (e.g. obstetrics, anesthesia, and trauma) for 'Role Play'.

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 Safety Protocols for the training sessions.

Plan to show Video (refer to WHO IMEESC tool kit) during training sessions or 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 WHO norms and standards.

Keep strict timing during all sessions (warning bell may be arranged)

Print the following documents from WHO IMEESC tool kit for distribution to the participants:
- Clinical Procedures Safety
- Needs Assessment for Essential Emergency Room Equipment
- Essential Emergency Equipment (EEE) List
- Participants’ Evaluation of Training Workshop
- 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 on 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 a 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. **Report from Situation Analysis Tool**
   - Share the report prepared of the situation analysis from the feedback received of identified districts/province/rural/primary/first referral level health facilities

4. **Training Topics**
   - Teach from *WHO SCDH teaching power points* 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). Page numbers are from SCDH manual.
   - Correct patient, for the correct surgery, on the correct site: page 3-1,
   - Checklist for essential emergency equipment: *WHO EEE List* (refer to 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 to 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
   - Burn Management: page 5-13
   - 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
   - Intra-operative and postoperative monitoring: page 14-35
   - Care of the unconscious patient: page 14-34
   - Surgical & anesthesia techniques to reduce blood loss, prevention of blood borne infections: pages 13-36, 14-16

5. **Role Playing and Practical Training**
   - Use the *WHO SCDH teaching power points*

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

- 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.
- Participants evaluation of training workshop (refer to IMEESC).

7. Conclusions and 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 Safety Protocols* posters, as posters or hard copy 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 Monitoring and Evaluation Tool for Progress on Surgical Care Health Systems* 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 e-mail to WHO/HQ/Geneva for specific comments on the WHO training material.

8. Closing Session

- Provide the opportunity for one participant to share their experience of the training on behalf of the other participants.
- Thank the directors, assistants and participants.

**Additional Day (optional):** Strengthening of the basic skills and knowledge transfer through e-learning

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