Report on PTC Courses at Shifa Hospital, Gaza
14th – 18th November 2009

Introduction

This is a brief report on the recent two PTC courses and instructor course held in Shifa Hospital, Gaza, in conjunction with Medical Aid for Palestinians.

Background

I quote, with his permission, from the report written on his visit by Dr Andy Ferguson, who accompanied the PTC team:

The Gaza Strip (GS) consists of five provinces and a population of ~ 1.4 million, of whom ~ 70% are refugees. The population is concentrated in seven towns, 10 villages and eight camps, with a total area of only 360 sq. km.

Much of the economic deterioration in recent years is due to the military siege and resulting isolation of the population. Since the start of the second Intifada in 2000 the income per capita has declined sharply and consistently, and the labour force unemployment rate has climbed to 48%. This has resulted in a substantial increase in the number of families falling below the poverty line, reflected by the fact that 80% of the population now receive food assistance, either from UNRWA (the UN agency providing services for registered Palestinian refugees) or the World Food Programme (WFP).

Health care in GS is delivered by four main providers: the government (complicated since 2007 by the schism between the Palestinian Ministry of Health (MoH), created in 1994 following the establishment of the Palestinian National Authority, and the Hamas led "de-facto" health authority in Gaza); UNRWA; NGOs (local and international); and the private sector.

In spite of significant financial and operational constraints the Palestinian health sector has shown great resilience over the years, particularly in continuing to provide reasonably comprehensive primary health care services. Unfortunately the evolution of health services largely ended with the second Intifada, following which donor and provider attention shifted from development to crisis management. This situation has been compounded by the recent conflict at the turn of the year, and yet the repeated emergencies and related surge in traumatic injuries/damage to infrastructure should not divert attention from the need for continuing development and the needs of those with chronic illness and non-traumatic physical disabilities.

Distribution of hospital beds and primary health care centres in GS, by health care provider

Province of	Population	Hospital Beds					Primary Health Care Centres			
		MoH	UNRW	NGO	Priva	Total	MoH	NGO	UNRW	Total

GS			A		te				A	
Gaza North	254,093	58	0	62	0	120	10	8	3	21
Gaza City	470,605	788	0	231	39	1,058	14	19	4	37
Mid. Area	193,648	97	0	0	0	97	16	10	5	31
Khan Younis	259,640	496	0	166	0	662	12	6	2	20
Rafah	159,250	52	0	0	0	52	4	8	4	16
TOTAL	1,337,236	1,491	0	459	39	1,989	56	51	18	125

The government is thus the major provider of secondary health care, and the bed occupancy in the eight government hospitals in GS is much higher than in the alternative NGO facilities.

Primary health care centres are staffed by a variable mix of doctors, nurses, female health workers, pharmacists, dentists and laboratory technicians (numbers varying according to size and catchment population).

Many health professionals train outside the region, courtesy of educational scholarships, with a subsequent need for uniform recruitment and licensing criteria. A brain drain and high attrition rate contribute to a general lack of appropriately qualified clinical staff.

The current situation in Gaza and the Occupied Territories will not be explored in detail here: it is well described in other publications, including the report by the UN Special Rapporteur Richard Falk, reports by Amnesty International and a recent report on the current situation published by Oxfam and other organisations in December 2009. Since the Israeli incursions and attack in December/January, there has been a continuing blockade which has further exacerbated the situation. Indeed, prior to this the situation had already been very challenging, as a result of the blockade since 2007 and the preceding factional conflict within Gaza.

The conflict, over 22 days in December and January 2009, resulted in huge numbers of casualties and destruction of infrastructure, further outlined in various publications[1]. Casualties and attacks[2] - in the initial air strikes on 27 December 2008 approximately 600 people were killed and approximately 2000 people were injured. By the 29th January 2009 there were 1308 deaths and 5335 wounded. Casualties included Four hundred and eleven children under the age of 18 and one hundred and six women. Sixteen health officials died on duty, these were mostly ambulance drivers as well as people going home from work. Thirty-three primary health care centres were destroyed of which two completely. Nine hospitals were damaged, of which the AlQuds hospital was the most severely damaged. Investigations[3] have found that the overwhelming majority of the fatalities were not involved in the fighting.

Various unusual munitions such as white phosphorus and DIME bombs[4] added to the trauma to which the population were exposed.

Current situation

The population density in Gaza is some 4,200 people per square kilometre. The refugee camps have one of the highest population densities in the world. For example, over 82,000 refugees live in al-Shati (Beach) camp, which is less than one square kilometre in size[5]

There has been a recent report from 12 aid organisations[6] which outlines the current issues and situation in detail.

The Israeli Human Rights organisation Btselem comments that: "As a result of the siege, the stocks of imported food products in Gaza are dwindling, driving their prices sky-high, while fruit and vegetables that were intended for export are being sold in Gazan markets at a loss. Many families cannot afford to buy them, however, due to the high poverty rate in Gaza. 80 percent of Gazan households now live below the poverty line, subsisting on less than 2,300 shekels a month for a family of six. Households in deep poverty, living on less than 1,837 shekels a month, currently comprise 66.7 percent of the population. 80 percent of all Gazan families would literally starve without food aid from international agencies[7]".

Healthcare

There are about 2000 hospital beds in Gaza: 1500 in 13 MoH hospitals and 500 in 14 private hospitals[8].

The Health sector in Gaza is still heavily impacted by the aftermath of the war and the continuing blockade, as outlined in WHO assessments[9] and other reports – notably the recently published multi-agency one[10].

There are also problems with selectivity of exit permits from Gaza for more complex medical treatment – currently estimates between 51%(ref 6) and about 70%[11] are allowed to leave Gaza for complex treatment, and many others have long delays in processing of their applications to leave[12].

Drugs and equipment

Before the 27th of December there was a severe shortage of medical drugs. One hundred and five drugs out of a list of one hundred and eighty were unavailable (105/180; over 50% shortage). From the consumables 250 out of a list of approximately 1000 was out of stock (25%) additionally there is a list of 70 essential laboratory materials missing presently in the Gaza strip.

A review performed this year by Dr Dr. José Felix Hoyo for MDM-Spain showed results similar to those described to the PTC team by the local Gazan medical staff: that provision for reception of casualties at the major hospitals is limited, with insufficient space (exacerbated by the fact that patients come in accompanied by large numbers of family members). Although some protocols for care, triage, etc do exist these are normally not adhered to and have not been updated. The local staff felt that this was a particular need, and that this should also be extended out to the prehospital

sector. There was apparently no specific general catastrophe plan. Patient documentation was felt to be limited.

Medical staff in the Emergency Department rotate from other departments and there are very few staff with a specialist knowledge of trauma management, thus implying a need for trauma training to extend to cover all those who rotate through the Emergency Departments. There are very few permanent medical staff; we were informed that such regular senior medical attachment as there is is primarily for administration. Space for waiting and triage was very limited.

The PTC Course

Organisers and pre-course liaison

Sir Terence English and Professor John Beavis made a preliminary visit at the end of August, organised in conjunction with Medical Aid for Palestinians (MAP) during which they met with representatives from the various hospitals, and performed invaluable preparatory ground-work for the main course. Their report on this visit is included as Appendix 1 to this report.

Following this a PTC team was formed, consisting of Sir Terence and John Beavis, with Dr James de Courcy designated as Course Director, and Miss Sheena Tranter, Dr Jeanne Frossard and Mr Graeme Groom as instructors. Dr Andy Ferguson accompanied the group on behalf of IDEALS and in addition Graeme, for IDEALS, was keen to investigate potential links for limb reconstructive surgery.

PTC Instructors

- Dr James de Courcy, Consultant Anaesthetist, Cheltenham, UK (Course director)
- Dr Jeanne Frossard, Consultant Anaesthetist, UCLH, London
- Miss Sheena Tranter, Consultant GI surgeon, Bristol Royal Infirmary
- Mr Graeme Groom, Consultant Orthopaedic Surgeon, Kings College Hospital
- Professor John Beavis, Consultant Orthopaedic and Trauma surgeon
- Sir Terence English, Patron of PTC Foundation

After establishment of the PTC faculty there was extensive liaison between the team with Fikr Shaltoot and Kathy Al'Jubeh, MAP staff members in Gaza and Ramallah respectively, and entrance permits for the Gaza Strip were successfully sought by MAP from the Israeli Defence Forces. The PTC course slides and Instructor slides, as well as the course manual and instructor manual, were translated into Arabic by Dr Malek Qutteina prior to the course, the plan being that these will be used in future courses taught in Arabic by the Gaza faculty.

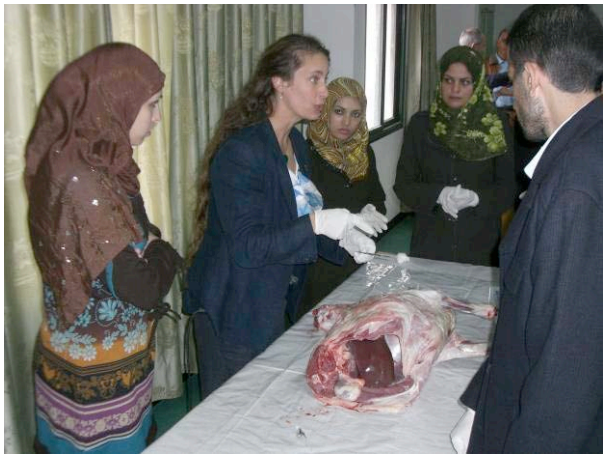
The Course

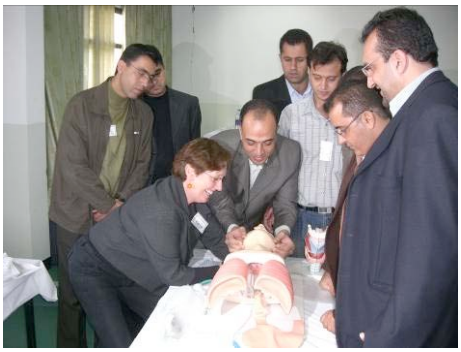
John Beavis, together with his IDEALS colleague Andy Ferguson, travelled out to Gaza several days in advance of the main group which allowed him to check up and confirm the facilities and arrangements. This was valuable. Andy accompanied the team although he was involved in various

work and meetings regarding Public Health projects for IDEALS and MAP and was not directly involved in teaching on the course.

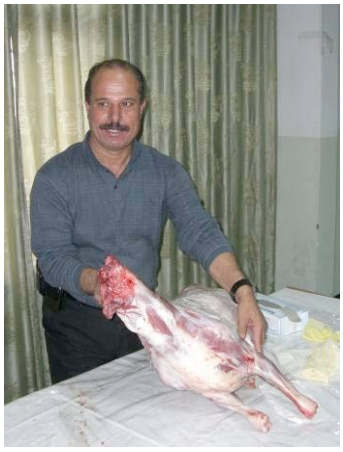
The remaining faculty team arrived a day early to allow them to meet together and with the local MAP co-ordinator Fikr Shaltoot and to see the location where the course would be taught and to set up and prepare for it. This was in the Human Resource Department at Al-Shifa Hospital.

Fikr had, in conjunction with Mr Sami Jabr, a Nurse with an ITU background working in HR for the Ministry of Health, sourced an excellent range of equipment for the course, and had arranged for the use of an excellent training hall at Shifa Hospital, the main hospital in Gaza City. This was of ample size not only for the lectures, but had space for skill stations, scenarios or discussion groups at each corner during the course.





A good range of equipment was made available, and for each of the two courses a goat was freshly slaughtered, ensuring preservation of the larynx, and the intact skinned thorax and forelimbs of this was used for the chest drain and pericardiocentesis (and to an extent intraosseous) technique teaching, and the larynx was separated and used for surgical airway teaching (by demonstration). It became evident that with forward planning for future courses and liaison with abattoirs it would be likely that considerably larger numbers of larynxes could be available which would considerably improve hands on training for the surgical airway (Halal slaughtering, unless modified in anatomical location, normally renders the larynx unsuitable for airway teaching).



Accommodation for the visiting Faculty was provided in a Hotel quite close to the hospital.

PTC Course Participant groups

Course 1

	Name	Place of work	Specialty
	MOH participants		
1	Dr. Khalil Khattab	Al Aqsa Martyr Hospital	GP – Ten years in general surgical department
2	Dr. Essam Awadallah	Al Shifa Hospital	GP- 3rd year in the Palestinian board for general surgery – 5 years work experience in surgical emergency department , First aid trainer
3	Dr. Yasser El Zaazoue	Al Shifa Hospital	Master in orthopedic surgery-six years experience – trained in emergency medicine
4	Dr. Jamal El Tatary	Beithanoun Hospital	GP- experience in general surgical department
5	Dr. Omer Abu Taha	Abu Youssef Al Najjar Hospital	Masters in General surgery- Head of emergency and trauma department
6	Dr. Mosab El Zein	Kamal Odwan Hospital	GP- 3 years experience in surgical and emergency department , trained in emergency

7	Dr. Rami Omarah	Al Shifa Hospital	Master in surgical oncology – seven years experience in surgical department
8	Dr. Mahmoud Matter	Al Aqsa Martyrs Hospital	Arab Board in Orthopedics , trained in ATLS, ILS, triage system
9	Dr. Hamed Al Najjar	Nasser Hospital	GP- Emergency department
10	Dr. Mohamad Mourad	Al Shifa Hospital	2nd year in Palestinian board for general surgery , 2 years experience in General Surgical department
11	Dr. Maged Abu Watfa	Al Shifa Hospital	GP – 10 years resident in orthopedic department-enrolled in the Palestinian board
12	Dr. Ayman Awadallah	Al Shifa Hospital	GP – 12 years experience in Orthopedic Department, trained in ATLS emergency trauma
13	Dr. Malek Abu Warda	Beithanon Hospital	Masters in General surgery, 3 years work experience in General surgical unit
14	Dr. Jamal Abu Helal	Abu yossef Al Najjar Hospital	Diploma in hand and reconstructive surgery, experience in Orthopedics departments
15	Dr. Aed Sobh	Kamal Odwan Hospital	GP- 3 years experience in orthopedic & emergency department
	NGOs participants		
16	Dr. Mohammad Al Attar	Civil Defense	GP- Head of EMS in CD, EMS trainer
17	Dr. Ramadan Wady	Civil Defense	Masters, Medical Specialist & EMS trainer
18	Dr. Talal El Sharief	Ahli Hospital	Senior Surgeon, experience in surgical department
19	Dr. Nafez Al Qerem	PRCS	EMS trainer, senior Anaesthetist , on call for emergency room
20	Dr. Eyad El mbaid	PRCS	Work Experience in emergency department
21	Dr. Marwan Assalya	UHWC	Senior Doctor, endoscopy and general surgery
22	Dr. Yaser Sha'ban	UHWC	Senior Doctor, obstetrician

Course 2

	Name	Place of work	Specialty
	MOH participants		
1	Dr. Faisal Siam	Al Shifa Hospital	Masters in Orthopedics, 8 years experience
2	Dr. Osama Abu Ebeid	Nasser Hospital	Masters in General surgery & Endocrine , 5 years experience in surgical department
3	Dr. Nahed Abu Teima	Nasser Hospital	Masters in General and Vascular surgery, 4 years experience
4	Dr. Ahmed Al Naji	European Hospital	3rd year Palestinian board for general surgery , 7 years experience in general surgical and endoscopy department.

5	Dr. Bassam Marouf	Beithanoun Hospital	GP- 3 years experience in general surgery , trained in emergency medicine
6	Dr. Bassam Meqdad	European Hospital	Resident doctor in orthopedic department, 2 years residency in Germany
7	Nedal Abu Hasanein	Abu Yousef El Najjar Hospital	Staff Nurse
8	Reiad Qeshta	Abu Yousef El Najjar Hospital	Staff Nurse – diploma in EMS – pre hospital care – work experience 5 years as EMS technician – 2 years in emergency department
9	Rafiq Abu Jarad	Beit Hanoun Hospital	Staff Nurse – bachelor degree in nursing – 3 years work experience in emergency department
10	Ashraf Hleiwa	Ambulance and Emergency Directorate General	Staff Nurse –bachelor in nursing – 16 years experience in EMS– trauma nursing course from Harvard
11	Raafat Ja'rour	Ambulance and Emergency Directorate General	Staff Nurse - bachelor in nursing – 20 years experience in EMS– trauma nursing course from Harvard, 6 month training in emergency in Japan, training in stimulation centre in talhashomair
12	Abdel Hamid Abu Nada	Ambulance and Emergency Directorate General	Staff Nurse - bachelor in nursing – 25 years experience in EMS, emergency., surgical and medical department- trained as emergency nurse by ICRC
13	Sami Jabr	Human Resources Development Department	Staff Nurse – diploma in critical care – bachelor in nursing – master in MCH, PhD student in community health – 22 years experience as teacher in nursing college, Head of ICU and CCU unit
14	Mohammed Nofel	Human Resources Development Department	Staff Nurse – bachelor of nursing – Master in epidemiology – 8 years experience in emergency in ICU
15	Mohammed El Hajj	Al Aqsa Martyr Hospital	Staff Nurse
16	Mohammed El Maghari	Al Aqsa Martyr Hospital	Staff Nurse
	NGOs participants		
16	Dr. Tareq Al Noajha	Civil Defense	GP physician & EMS trainer
17	Dr. Iyad Al Attar	Civil Defense	GP physician & EMS trainer
18	Dr. Ahmad Murad	Ahli Hospital	Junior Doctor
19	Adham Abu Hassanein	Ahli Hospital	Staff nurse
20	Somia El Hassanat	Ahli Hospital	Staff nurse
21	Dia'a Safi	PRCS	Nurse

22	Ibrahim Mabrouk	PRCS	Nurse
23	Dr. Osama Hamad	UHWC	Senior Doctor, Anaesthesia
24	Iman Al Moutawiq	UHWC	Staff Nurse

Course Programme and Notes

The first course, designed principally for more senior Surgical, Emergency and Anaesthetic medical staff, revealed some unforeseen issues including the need for the timings to be adjusted to take account of the prayer times at 1130 and 1430, during which on the first course many of the participants needed to leave the course to pray. For this reason the timings were adjusted for the rest of the first course and the second course, and are given here:

TIME		TOPIC	INSTRUCTOR
DAY 1			
8.30	15’	Welcome and Introduction	James
8.45	30’	PTC overview	James
9.15	30’	Local trauma perspective and MCQ	MAP/John/Terence
9.45	30’	ABCDE of Trauma and Primary survey	James
10.15	10’	BREAK	
10.25	45’	Airway and Breathing	Jeanne
11.10	45’	Circulation and Shock	Sheena
11.55	15’	Prayers	
12.10	30’	Chest Injuries	Graeme
12.40	40’	LUNCH BREAK	
13.20		*Skill stations*	
	(40’)	*Basic / Advanced Airway*	James/Jeanne
	(20’)	*Cervical spine / Logroll*	John/Graeme
	(20’)	*Chest drains*	Sheena/Terence
14.40	15’	BREAK and PRAYERS	
14.55	15’	Demonstration Scenario	all
15.10	45’	Scenario Practice (in groups)	all
15.55	40’	Abdominal and Limb injuries	John
16.35	5’	Overview and summary	James

DAY 2			
8.30	30’	Head and Spinal injuries	Graeme
9.00	30’	Trauma in Children and Pregnancy	James
9.30	30’	Burns	James/John
10.00	15’	BREAK	
10.15	80’	Workshops *Analgesia* *Transportation* *Blast Injuries and course discussion*	Jeanne Sheena James

		Neurological assessment	John/Graeme
11.35	15’	PRAYERS	
11.40	30’	Secondary survey (demonstration/discussion)	John/Sheena/all
12.10	40’	LUNCH BREAK	
12.50	30’	Disaster management	John/MAP/all
13.20	80’	Scenarios (in groups)	all
14.30	15’	BREAK and PRAYERS	
14.45	15’	Multiple choice paper review	all
15.00	40’	Summary. Feedback and Evaluation	all
15.40	15’	Certificates and close	all

Notes – as will be discussed below, the participants felt that there might beneficially be alteration of day 1 workshops to incorporate triage scenarios, etc. Blast injuries and course discussion were substituted for paediatrics. Both Airway and Circulation lectures could readily have been shorter – in practice they took 40 and 30 minutes respectively. JdeC will pass this on with a view to updating the Instructor Manual.

The first day on each course started a little later than planned due to delays in all the participants arriving, but it proved possible on each day to catch up by the end of the morning.

A good range of equipment of the same type that would be used in Gaza was available and was used in the practical skill stations and scenarios: in addition we had access to a freshly slaughtered goat thorax which was used in the chest trauma skills teaching, and the Halal slaughtering was done to preserve the larynx which was separated and used to demonstrate cricothyroidotomy, and to attempt to demonstrate intraosseous infusion on the foreleg. Because of the unexpected departure of most of the participants to pray during the skills sessions the timings of this were difficult in the first course: this was successfully adapted as above for the second course. On the first course, because of timing difficulties due to Prayers, the Cervical Spine and Logroll station was subsumed into a demonstration during the secondary survey demonstration.

The demonstration scenario took place just before the first set of practice scenarios, which worked well – though an alternative might have been to have this attached to the initial ABCDE lecture. The Secondary Survey session was done as a demonstration, with a volunteer instructor examining a “victim” to find a series of injuries chosen by the participant group.

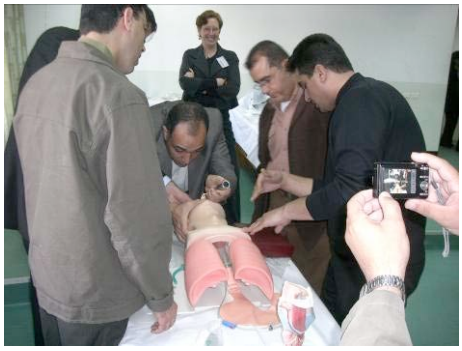
The second course was also videoed to provide a lasting resource for the Gaza gaculty.

Instructor Day – 3rd October 2008

0830	5 minutes	Introduction	James
0835	15 minutes	How adults learn	James
0850	15 minutes	Asking questions	Sheena
0905	25 minutes	Feedback	Sheena
0930	40 minutes	*How to give presentations* General introduction Lecture	James
1010	15 minutes	BREAK	
1025	60 minutes	Discussion group Teaching a skill Scenario	
1525	15 minutes	Language issues	Jeanne
1125	15 minutes	PRAYERS	
1140	40+40 minutes	Workshops 1 (see sheet)	
1300	50 minutes	LUNCH BREAK	
1350	40+40 minutes	Workshops 2 (see sheet)	
1510	15 minutes	BREAK and PRAYERS	
1540	60 minutes	Running PTC Courses and discussion about future courses Where to go from here (Discussion group)	
1640		Evaluation and Feedback, finish	

Instructor Course Participants

Introductory theory talks were given by the faculty as listed. Overall, the timings for the morning session worked well. The candidates had been informed both at the end of day 2 of the first two courses, and at the beginning of the instructor day, about their potential micro-teaching assignments for the afternoon. This allowed them time to think about and plan these.



Following these sessions a discussion about the future of PTC in Gaza ensued, particularly the potential locations of courses – although the eventual aim will be to have PTC training delivered throughout the Strip, the distances involved are such that it was felt it would be best to consolidate the teaching at a central location in the first place, probably at the MoH HR department or Al-Shifa Hospital.

The participants felt that it will be best to have a small executive steering committee with representation from the various areas and interested organisations. Dr Nasser, the senior surgeon at Al-Shifa Hospital, was felt by all to be an ideal person to chair this group, and has kindly agreed to do this. During the discussion the participants listed their interest in taking on various roles in the future development of the PTC programme, and these are given in Appendix *

It was agreed that the visiting PTC faculty would also review the participants in the instructor course and provide their views of who would be good members of this committee and good instructors to Dr Nasser, who would take this into account in selecting the committee. This has been done, and the results fed back by John Beavis.

Post-Course Feedback and Evaluation

Thoughts from discussions

Time – It was generally felt that in the context of Gaza courses of three days would be better, and the candidates thought that this would be manageable in the medical environment in Gaza. Several even thought that five days would be appropriate.

Documentation was a recurring issue which the participants felt very strongly about – major incident forms, proformas for ambulance staff, prehospital protocols and guidelines, head injury proformas.

The workshops were generally enjoyed, and we had discussions about the best use of these. It was felt that this session would be a good opportunity to introduce triage and major incident scenarios, which the participants felt were very much needed.

Evaluation of the course was done by brainstorming sessions with the participants and faculty at the end of both courses. The results of this were all encouraging, with good comments on the structure, delivery and content of the course and instructor day.

Collated feedback from post course brainstorming

Good

Enthusiasm for the course
PTC System (5)
Adaptable to pre and intra hospital settings
Adaptable to limited resources/equipment
Good interaction between trainers and doctors
Commitment from the team to those in Gaza (3)
Variety of lectures (8)
Different teaching styles
Clear teaching on concepts
New skills and knowledge learnt (7)
More equipped for quick decisions in stressful trauma situations
Friendly atmosphere
Scenarios (8)
Workshops (7)
Well planned and organised
Organisation (room etc) and facilities
Good teamwork, and multidisciplinary course
Triage (?work towards disaster plan)
Thorough
Timing

Layout/equipment

Room for improvement

More scenario time (4)
Separate post-course MCQ paper
More than two days – suggestions varied three to five
Potential for PTC uniform (T shirts?)
Incorporate medical emergencies, drowning, more on war injuries
Use a live goat(!). More larynxes
Language, speed and clarity
Timings to take into account prayer breaks(first course – sorted for day 2 and second course)
More workshops
Filmed skill stations on the web or otherwise available
More anaesthetists on the course
Impact on the future and potential for PTC to influence, eg, availability of IO needles, head injury protocols, workbooks on injury types, weapons, etc. Development of transfer protocols. Education of public, paramedic training. Development of training centre in Gaza City to maintain education.

Following the Instructor Day a ceremony was held at the Orient House Hotel for presentation of course certificates, as well as trauma packs that had been made up for the participants, donated by MAP. In addition each participant was given a CD containing all the relevant course materials including the Arabic translations of the slides and manual.

Further developments

Dr Nasser has very kindly agreed to chair the PTC Committee and to aid and advise with the setting up of courses. In addition John Beavis is due to return to Gaza early in the New Year with Dr Jeanne Frossard to conduct a "Practice Course" during which the new instructors will run the course for their instructor colleagues, as a dry run, also incorporating some further new participants, with coaching and guidance from John and Jeanne. A further return trip is planned for February by Prof Beavis with Drs Debbie Harris, Ruth Spencer and Eamon McCoy to help the Gaza Faculty to run courses. With the February course a small symposium on Anaesthesia and Pain will be undertaken in order to, hopefully, attract more anasthetists to the PTC training. It is hoped that a similar programme can be set up in the West Bank – with the current isolation of Gaza it would sadly seem most unlikely that cross-fertilisation by Gaza instructors would be possible, and so a similar "plant" to the one in Gaza would be necessary.

Acknowledgements

I would like to take the opportunity to thank my fellow instructors for forming such a good team, to MAP and in particular Fikr Shaltoot, Kathy Al'Jubeh, Hanan Khalaf and Nawraz Abu Libdeh; and also to Sami Jabr and Raohea Solyman for their hard work in supporting the course and to the participant group for their interest and great enthusiasm. I would also like to thank Dr Malek Qutteina for his hard work in translating the course materials into Arabic.

James de Courcy
PTC Course Director
December 2009

Appendix 1

Report on a visit to Gaza by Sir Terence English KBE PPRCS and John Beavis FRCS; Sunday 2nd August 2009 to Thursday 6th August 2009

(Authors: Sir Terence English and John Beavis)

This report is based on notes made by Sir Terence English and supplemented by John Beavis during the visit. The final report was prepared by John Beavis

Day 1

We entered Gaza via Erez Crossing accompanied by Andrea Becker and Libby Powell from Medical Aid for Palestine (MAP) on the morning of Sunday 2nd August 2009. After the 1km walk across the unoccupied border area we were picked up by a MAP car and taken to their office in Gaza City where we met Fikr Shalkoot and Naema with whom we discussed Primary Trauma Care and its methods of application in any country. It was explained that we needed to recruit one or two senior individuals from the Gaza medical profession to help us to select participants for the first PTC courses and who would also advise us on who to meet while we were here. From our discussions it was obvious that Fikr and Naema were already well advanced in these matters.

After lunch Fikr and Naema took us on a drive to orientate ourselves and to see the affects of the war on parts of Gaza City. Apart from the obvious destruction of buildings we saw that the area of the old Israeli settlement had been rendered incapable of growing citrus trees over a very wide area of because housing debris had been buried deep underground. It was veryobvious that a war of considerable intensity had occurred with numerous civilian casualties being inevitable.

In the late evening we were able to view fishing vessels going out to their three mile limit and further out the Israeli warships watching and limiting their activities.

Day 2

On Monday 3rd August 2009 we were taken to Shifa Hospital where we had a meeting with

1. Dr Nasser Abu Shaban, General Director of HRD and a General Surgeon

2. Dr Nabil Al Barakoni, Director of Training and Education

3. Dr Moawia Abu Hasaneen, Director of Emergency and Ambulance Department

4. Dr Methkal Hasona, Director of Hospital Administration. He spent the rest of the day with us and gave us a lot of statistics.as we travelled round.

5. Mr Mohammed Nafel Director Training for Nurses Physiotherapists and Paramedics. We felt he would be essential in promulgating PTC and emergency training in Gaza)

At this first meeting we explained the nature of PTC and all present expressed a lot of interest.

At this meeting we explained the nature of Primary Trauma Care and everybody expressed a lot of interest. We were informed that the big issues for emergency work in Gaza are:

a. Producing a Contingency Plan for another major emergency.

b. The Structure and staffing of emergency services. They asked our advice about the latter. Said we would discuss once we have seen how things were currently being run. Later in the day we both agreed that what was needed was something along the British lines i.e.

- Emergency department headed by a specialist A&E Director (or two)
- All surgical trainees rotate through the Emergency Department for periods of 2 – 3 months at a time.
- Director to co-ordinate activities of doctors, nurses and medical students in emergency department.

c. Another big issue that came up was desire of the Nurses to be involved in PTC courses but there is obviously a problem of combining nursing training with senior doctor training and this needed to be addressed.

Our final answer to this problem, on return to England, was to devise a series of courses with the first one made up of senior doctors only and the second one to immediately follow on made up of nurses and middle grade doctors. Suitable candidates from both courses would be invited to become trainers and attend a third course to qualify. This course would again be immediately after the first two courses.

d. It also became apparent that on the initial series of courses (from now on referred to as The First Course those attending should have a good understanding of English. This was not so necessary for later courses when teaching can be in both English and Arabic when local PTC trainers were available.

We also stressed the importance of obtaining the right composition of candidates for The First Course, ie right grade of doctors with the right influence in their own hospitals. We were also advised of the need for the right spread of candidates from Gaza City, the north, the middle and the south of the strip.

We then went with Dr Methkal Hasona to visit an NGO Community Hospital in North Gaza this unit consisted of 79 beds serving 330,000 population. There was a good helpful Director who is a neurosurgeon. We visited a newly established radiology department and met the director and saw a room designated for CT scanner but not yet available.

The major problem for treating advanced orthopaedic trauma was they had shortage of equipment of screws and plates for orthopaedic procedures – this is the most common complaint for orthopaedic surgeons outside the well endowed Western hospitals.

Day 3

The following morning we were taken to the Central Emergency and Ambulance Department to meet Dr Moawia. We were impressed with the new ambulances and were informed that 15 had intensive care unit facilities. At this meeting we also met Mohammed El-Attkar, Deputy Director of Emergency Services in the Civil Defence Department. Dr El-Attkar was very enthusiastic about the PTC course.

Our next call was to the Palestinian Red Crescent Society where we met Dr Bashir who showed us horrifying images of the first few days of the war. Dr Bashir had a good command of English which he demonstrated by describing his memories of the war and in particular the bomb attack on the hospital. We were of the opinion that Dr Bashir would be a very good candidate for the first course.

In the afternoon we visited Elwasa Hospital. This is directed by Dr Khamif Elessi MD MSc. This is the only rehabilitation centre in Gaza. It is close to the Israeli border and is clearly marked as a hospital in Arabic and English. Much damage had occurred during the recent war and in particular the new rehabilitation unit, in which they were due to move in February 2009, had been completely destroyed.

Dr Khamis Elessi was obviously very anxious to make contact with colleagues outside of Gaza and clearly had developed a unit with high standards and an academic approach to Rehabilitation and Medicine.

We were delighted to learn that Dr Elessi had arranged for us to have lunch with the Dean of the Medical School and the President of the Islamic University on the following day.

That evening we were entertained for dinner by Mahmoud Edda-ma and his family. Mahmoud was about to retire from the Ministry of Health where he had given good service as a Health Economist. It is worth noting that on leaving we encountered a wedding celebration in the street and were drawn in to the dancing and music with friendly and good natured people. We agreed that this was typical of the welcome we had received throughout Gaza.

Day 4

On Wednesday 5th August we had another busy day. This began with a meeting at the United Nations Offices where we met Mr Nasser who had been a nurse at Mayday Hospital, Croydon and thus demonstrating connections within the medical profession because he knew people with whom John Beavis was acquainted. We were urged to consider taking nurses on the first course as important people to encourage PTC throughout Gaza.

Our next stop was at the Al Ahli Hospital. This had been an old Christian hospital founded in 1882 and was working under the auspices of the Anglican Church in Jerusalem. After a long and helpful conversation with Samira Fargh, Deputy Director, we met the nurse in charge of the emergency department a Mr Said Franji.

Mr Franji had had training in emergency care and discussing demonstrated he was a most impressive professional individual who should be included in the first course.

We then went to Al Awda Hospital in the north of the Gaza strip and met the Director, Dr Marwan Abu Seida (Surgeon) and Dr Marwan Al Asalya, third year Surgery Resident. Both were British trained, obviously trying to maintain high standards and engaged in upper gastrointestinal endoscopic work. WE found them very impressive.

Our next stop was at the Civil Defence Department where we again met Dr Mohammed Al Attar, Deputy Director and his team who were both nurses and doctors. We gave a presentation on PTC and then met Yousof Zahar, Director General Civil Defence. They emphasised that they would like to provide people for our courses.. (Unfortunately Dr Al Attar might be seconded to Indonesia as he is awaiting a visa to leave Gaza for a training programme in Accident and Emergency specialisation)

Finally and a little late we went to the Islamic University where we met The President, Dr Kamalain Sha'ath in his office. Dr Kamalain had studied in America and United Kingdom and was originally a Civil Engineer He told us that an independent Spanish study of Middle Eastern Universities had placed the Islamic University of Gaza first among Palestinian universities and 14th among all Arabic Universities.

We also met the Dean of Medicine, Dr Mofeed M Makhallalati a Surgeon who made us very welcome and ofered us much help. The Dean had studied for 6 years in Dublin. Has 60 students per year and the Medical School has been in existence for 3 years. The students will be doing their clinical years at Shifa Hospital We were told the women were much better than the men and unfortunately on graduation they tended to give up medicine and the Dean was very keen to try and persuade them to remain and train in the speciality of Obstetrics and Gynaecology.

We were told they were having a cardiovascular conference in early October and Sir Terence agreed to try and get colleagues from Papworth to participate in this via a videoconference. (This has been achieved)

We also witnessed rehearsals for a graduation ceremony and JPB talked to two of the graduates who were studying civil engineering – they seemed like young people excited about their futures anywhere else in the world.

Dr Mofeed agreed that he and Dr Nasser from Shifa would/might be able to take over responsibility for PTC in Gaza. Perhaps this could be via a sub-committee of the newly formed National Committee for Health Education of which both were members. We believe this would be the best way to set up a PTC committee/faculty in Gaza.

That evening we had dinner with various people who had met and who had expressed a wish to be involved in the PTC activities. We were left with the impression that PTC would be welcomed in Gaza and had much to offer the local medical and nursing professionals and above all the Citizens.

SUMMARY AND CONCLUSION

The image presented to the outside world of Gaza is one of desolation and continuous aggression. We found friendliness and hospitality wherever we went. In addition we were impressed by the way in which so many of our medical colleagues are striving to maintain and improve standards of care for their patients in severely adverse circumstances.

We came to the conclusion that the application of Primary Trauma Care in Gaza would be highly beneficial. It is obvious that a broad range of individuals will have to be involved in this work and we believe that they would have to take responsibility for its application throughout the Gaza strip. This would have to be effected in such a way that different parts of Gaza could function independently in the event of another invasion.

We would like to record our gratitude to MAP for facilitating this visit and their international and local staff who accompanied us at all times. We look forward to working with them again.

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