

2016

Consolidated Report: District Level Training on Injury/Trauma Management for Health Professionals



Submitted to: DFID/Option

Submitted by:

Nepal's "Rehabilitation Support Services Project in Earthquake Affected Districts"(Funded by DFID/Option)

Handicap International –Nepal

(In overall coordination of Disability Rehabilitation Focal Unit (DRFU), Leprosy Control Division, Department of Health Services, Ministry of Health, Government of Nepal)

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1. Background

After the 25th April 2015 Earthquake, data gathered from the three main health facilities in Kathmandu, where Handicap International's (HI) technical team was engaged in treating earthquake victims elicited 1,005 patients who received care within the 4 weeks of the earthquake, out of which 71% (714) suffered from fractures, 8% (80) from spinal cord injuries and 4% (40) required amputations. Based on additional information from Health Emergency Operation Center (HEOC)/MOHP and Injury and Rehabilitation Sub-cluster (IRSC), it was estimated 1,500 to 2,000 patients would required medium or long term nursing and rehabilitation care.

Given the lack of capacity of medical teams for follow up, a number of discharged patients have failed to receive rehabilitation support and thereby, increased the risks of severe complications, resulting in impairment or permanent disability. Also, safe patient discharge and rehabilitation referral procedures - including community based follow up services was not intact. This mechanism was poor due to insufficient interdisciplinary team approach of the health professionals and lack of capacity of medical teams for follow up. Thus, the risks of secondary complications and further disability increased.

1.2 Rationale

In Kathmandu Valley, preparedness programmes targeting health staff for mass casualty management had been implemented prior to the earthquake. Based on the lessons learnt from Haiti Earthquake, the preparedness trainings were implemented that covered the thematic areas on complex fractures, amputation, poly traumas, spinal injuries, and head and burn injuries. However, they were limited to hospital-based interventions in a few facilities of the capital city with no links with districts and communities.

To address these limitations, a training plan to strengthen the capacities of health staff both in rural and urban districts affected by the earthquake was designed under the leadership of the Disability and Rehabilitation Focal Unit (DRFU), Leprosy Control Division under Department of Health Services (DoHS), MoHP and the Injury and Rehabilitation Sub-cluster (IRSC).

1.3 Purpose of the training

Develop and upgrade the knowledge, skills and practices of health professionals – medical doctors, nurses, paramedics, Physiotherapists/rehabilitation professionals and health care managers - from both public and private facilities, in order to successfully rehabilitate persons with injury/trauma, functional limitation and disabilities.

Specific objectives:

1. Implement 14 district level training courses on injury management for 300 health professionals including medical doctors, nurses, , paramedics, Physiotherapists/rehabilitation professionals and health care managers;
2. Integrate basic prevention measures for secondary complications following injury – patients with fractures, spinal cord injuries, head injuries, amputations and burns; and,

3. Utilize safe transfer methods when mobilizing patients.

2. Methodology

2.1 Formation of Training Working Group facilitated by Disability Rehabilitation Focal Unit (DRFU)/ Leprosy Control Division (LCD)/DoHS

Following the 25th April 2015 Earthquake in Nepal, a training working group was formed under the leadership of the Director of Disability Rehabilitation Focal Unit (DRFU)/ LCD/ DoHS. The Training Working Group had good representation from experienced institutions including Spinal Injury Rehab Center (SIRC), Nepal Orthopedic Hospital (NOH), Hospital and Rehabilitation for Disabled Children (HRDC), CBM, Anandaban Hospital, Kirtipur Hospital and Handicap International (HI) chaired by the Director of LCD.

2.2 Finalization of the curriculum of the training manual in coordination with stakeholders linked with injury/trauma management

The training working group developed the Training Manual on injury/trauma management based on existing Emergency Trauma Guidelines (ETGs), developed during the earthquake preparedness projects (DIPECHO VI, VII and VIII). The training manual was adapted to the specific needs of the response following a number of sittings. Based on the key five thematic areas identified in the ETGs (Amputation, complex fractures, spinal injury, head and burn injuries), 11 modules (Poly Trauma, Basic Life Support, Wound care and Infection, Psychosocial first aid (PFA), fractures and dislocations, amputation, head injury, burn injury, spinal injury, community based rehabilitation, follow up and referral) were finalized to prevent secondary complications in patients with injury/functional limitation and disability in post-earthquake situation.

2.3 Development of participant selection criteria for finalization by Training Working Group

The selection criteria for participants was taken forward by a multidisciplinary team of health professionals from health facilities and was developed jointly with the LCD/DoHS. The training participants were heterogeneous – medical doctors, nurses, physiotherapists and health care managers and other staff such as laboratory staff and statistic officers, to ensure all existing staff in the hospital, PHC are prepared to be engaged in primary response during the time of an emergency.

2.4 Coordination with the district level health offices for planning, selection and invitations to training participants

The Injury/ Trauma management training was delivered in close coordination with LCD and DHOs of 14 most earthquake affected districts. LCD led the coordination process to plan the dates and venue of the trainings with DHOs. The focal person of each district was allotted to facilitate the coordination and support in selection of appropriate health staff from public and private health facilities for the trainings. The invitations to the participants were also delivered through DHO which elicited a good coordination mechanism amongst HI, LCD and DHOs of 14 earthquake affected districts. DPHOs/DHOs and District Focal Persons supported and helped coordinate this training, taking ownership of the training of respective district. Selection criteria of trainers and trainees were

formulated by HI, validated by LDC and DHO and resulting in interdisciplinary team participation. Two trainings in Ramechhap and Lalitpur Districts were conducted jointly by HI and SIRC. **Annex 1: Letter from LCD to the DHOs**

3. Trainings Delivery

3.1 Delivery of 3 days training by master trainers (4 -5 August 2015)

A 2-day Master Training of Trainers (MTOT) was conducted with the objective of producing a pool of master trainers ready to be mobilized in the districts understanding the concepts of trauma management (health and rehabilitation). In total 27 (M=19, F=8) participants were trained on Injury and Trauma Management, and provided with one day of orientation on training facilitation skills.

The highlight of the training was the multi-disciplinary team of Doctors (Orthopedic surgeon, Plastic Surgeon, General surgeon), Nurses and Physiotherapist with prior teaching experiences from various Government and private hospitals/institutions in Kathmandu valley and nearby areas deployed to earthquake affected districts to deliver comprehensive trainings. As per the concept of the training, the team of master trainers is led by one Doctor and supported by one Nurse and one Physiotherapist in all the trainings. **Annex 2: List of participants - MTOT**

District level trainings x 14 Districts

The district level injury/trauma management training has been conducted in all fourteen earthquake affected districts during the period of September 2015 to January 2016. In total 412 (M= 230, F= 182) health professionals participated against the target of 280. The uniqueness of the training was the multi-disciplinary team of Medical officers, ANM, staff nurse, paramedics, rehabilitation professionals (physiotherapists) and health facility managers representing from District health facilities of respective districts. Although the planned number of participants was 25 per district, average number of participants remained at 27 per district with the lowest in Ramechhap (17) and highest in Kathmandu valley (Lalitpur: 39, Kathmandu: 38) and Makwanpur (35). Health professionals came from different level of health institutions including District Hospital, Primary Health Care Center, Health Post, Sub Health Post, and physical rehabilitation center where they existed. Where participants were more than 25, HI mobilized its technical staff to support practical sessions. **3: List of participants – District level trainings**

Brief descriptions of the 11 modules addressed in the training were as follows: Details in the Training Manual.

Poly Trauma – The first session on Poly Trauma was led by the Doctor on multiple injuries and its interventions to stabilize the patients in case of emergency. A session on safe transfer of the injured was practically demonstrated to the participants with support of locally available resources (bed sheet, splint, cervical collar) in mutual coordination with physiotherapist and nurse.

Basic Life Support (BLS) – This topic covers the basic steps on cardio pulmonary resuscitation (CPR) checking the airway, breathing and circulation of the injured. CPR contributes in triaging of the patients too. This session was conducted in team approach of doctor and nurses.

Wound care and infection –To reinforce the education on effective wound care protocols in order to ensure optimal care; Decrease tissue loss; promote wound healing; minimize scar formation; and

prevent infection was the highlight of this session which was led by the nurse in close coordination with doctor.

Psychosocial First Aid (PFA) – With an objective of understanding the concept and the purpose of PFA; to learn PFA principles - who it is for, when and where it is provided; and discuss about the people in need of special attention was well discussed. This session was led by physiotherapists.

Fractures and dislocation – Fracture was the most common injury (71%) after the recent massive earthquake in Nepal. Thereby, the major reason behind conducting this session was to identify types of fractures and dislocation; it's primary management; prevent complications after surgery. The hands on plaster techniques, physical exercises to prevent compartment syndrome, mal-union, etc. were reinforced.



Amputation –The session on Amputation management was rolled out with use of audio video aids to relay the message on stump care management after the surgery. The role play was conducted for patient education using IEC materials to prevent contractures, muscular atrophy. The most important part was the video demonstrating the referral from hospital to the physical rehabilitation center for prosthetic fitment and gait training.

Spinal injury –Spinal injury was comparatively minimal in comparison to fractures. But, the medical and rehab interventions plays a vital role in bringing back the life of an injured patient to near normalcy. In order to relay the message, the interdisciplinary team delivered the comprehensive training with focus on proper identification of level of injuries; safe transfer of the patients to the hospitals – Dos and Donts; role play between health staff and care giver to highlight the complications and self - care management at home, etc. Similarly, hands on were performed on pressure sores area and the proper positioning; use of cervical collar to prevent further spinal injuries. This session was the longest session out of all the modules.

Head injury – This practical session on head injury is similar to that of spinal injury with similar complications. Thus, the session was merged and rolled out.

Burn injury – First Aid management of burn injury and preventing further complications was the key information provided to the participants. The appropriate use of IEC materials helped in delivering the ground message of self-care at home and referrals to physical rehabilitation center for continuum of care.

Community Based Rehabilitation (CBR) – The most appreciated session amongst of 11 modules was community based rehabilitation. The lack of rehab staff and rehabilitation centers in districts led to peak



interest amongst the participants to capture the knowledge and fulfill the gap in clinical practice. The demonstration on proper selection and use of crutches, wheelchairs and other assistive/mobility devices enlighten the training session. The participants' acknowledged the fact that understanding the concept of use of such devices will help them

Referral and Follow up – The referral mechanism is not intact in the health system. To build up the linkage between health facilities and rehab centers or other specific services, referral is required. This helps injured or traumatized people receive continuum of health care so that the injured person is able to return back to the community (household) with optimum health.

Training methodology

- **Theoretical presentations: Audio– visual aids** used for the training were power point presentations, IEC materials and relevant hands out.
 - **Practical demonstrations:**
 - ✓ The lead trainers initiated the session of all 11 modules with practical demonstration on Continuous Passive resuscitation (CPR), First aid, proper technique to apply plaster of Paris in fracture cases, etc. Mannequins were used for practical demonstration with exception of few districts (e.g. Okhaldhunga) due to back to back training.
 - ✓ **Nurses** – In coordination with the team, nursing trainer covered 11 modules with demonstration on safe techniques to wear gloves, aseptic method of opening and closing of surgical kits. The highlight was the team approach in conducting hands-on on log rolling, safe transfer, positioning of the patients on bed, etc.
 - ✓ **Physiotherapist** – To promote health and rehab linkage, physiotherapist concluded all the 11 modules with hands - on stump bandaging, proper positioning of the body/ limbs, selection and application of assistive and mobility devices, safe transfer of patients, general range of motion and stretching techniques, chest physiotherapy, types and use of prosthesis, safety transfer of the patients, etc.
- Various materials such as mannequin, stretcher, Ambu bag, Plaster of Paris, wheel chairs, crutches, wheelchairs, braces, etc. were utilized.
- **Role Plays:** Participants were assigned roles in pre-defined situations and delivered patient education on complications types of injuries. This helped participants understand the importance of communication skills, active listening and the use of appropriate information in patient education and referral process.
 - **Discussion:** The training sessions were intense, issues on implementation during clinical practice was discussed. The highlight of the training was the discussions on experience and problem - based learning after the recent major Earthquake.
 - **Training materials for participants:** Participants received training manuals, IEC materials, handouts and pictorials to diversify modalities of information sharing and promote self-learning.

3.2 Quality assurance of the trainings through on the spot monitoring and direct feedback during implementation of trainings

3.2.1 Relevance

- All module sessions were very interactive and attendance of trainee was regular throughout the trainings.

- Post test results showed a significant increase in their scores as compared to the pretest. . The marks obtained in pre-test is in between 03- 15/ 20 while in post-test it is 12-19/ 20.
- Injury/ Trauma management training is the only training of its kind held till date in the eleven districts (outside Kathmandu valley). The interest level of the participants’ in the workshop was remarkably high and confirmed the relevancy of the training to the health needs of the populations after the earthquake and the capacity of health facilities to respond to these needs.

3.2.2 Venue and logistics

- The training venue was based on the availability of the structures post-earthquake, in some districts, the training had to be conducted in tents. However, the venue was well managed with enough spaces for all the presentations and practical demonstrations with learning environment.

3.2.3 Change of Knowledge, Attitudes and Practice

- Pre and post training tests were conducted to assess the improvements in knowledge and on principles of intervention, including some practical skills.
- Improved skills, attitudes and knowledge of the participants on injury management by 23% verified through comparison of participants pre-test (average score 41%) and post-test (average score 63%);
- There is already an indication in change of practice as to date the highest number of the patients being referred for rehabilitation services are coming from the health facilities in the districts as per the data collected by physiotherapists working in districts.

3.3 Monitoring of the training by DFRU and representative(s) from MoHP

The monitoring of the training delivery in all 14 districts was done by representatives from DHOs, DRFU/ LCD, NHSSP, MOHP. Summary of feedback is as follows:

Organization	Positive aspect of the training	Suggestions	Monitoring result
DHO	Inclusive training	Increase timeframe of the training	Excellent
DRFU/ LCD	Comprehensive modules with practical illustrations	Adapting the training manual and power point slides in Nepali language	Excellent
MOHP	Inclusive and interactive training	Increase timeframe of the training	Good
NHSSP	Effective role play using IEC materials, confident trainers, good team work, problem solving approach in Nepali context	Pediatric assessment and management, assessment of impact of the training	Good

Annex 4: Sample Training Monitoring and evaluation form from DHO / LCD Director / NHSSP Consultant

Annex 5: Training completion letter from DHO.

3.4 Assessment of Training outcomes and follow up of training

After the training, health personnel will:

- Integrate basic prevention measures for secondary complications after injury for inpatients at risk, in particular patients with fractures, spinal cord injury, head injury, amputation and burn.
- Utilize safe transfers methods when mobilizing patients
- Provide information and education to patients and caregivers on the impairment, hygiene measures, risk of complications and its prevention
- Participate to the discharge plan including information on follow up and referral to rehabilitation services.

3.5 Technical review of training reports written by lead master trainers and feedback

The feedback was collected from the participants', trainers, monitoring and evaluation team.

Trainers	<ul style="list-style-type: none"> ✓ The number of days for MToT and DToT was limited.
<p>Training Delivery</p>	<p>Strength</p> <ul style="list-style-type: none"> ✓ Meaningful and effective training for health professionals; ✓ Training objectives were clearly explained and achieved; ✓ The Power Point presentation was very good as the slides were to the point and used in conjunction with good handouts; ✓ The syllabus was excellently delivered. All aspects were clearly explained and in country's context; ✓ The trainers were knowledgeable with good facilitation skills and the training had a good mixture of learning activities with catchy teaching materials; ✓ Active participation of all health professionals; and ✓ Training was simple, understandable with use of different training tools - role plays, demonstrations, group work, brainstorming, audio-visual, experience sharing, etc. <p>To be Improved</p> <ul style="list-style-type: none"> ✓ Need to cover all district health professionals and paramedics; ✓ Training timeframe should be increased; ✓ More emphasis on practical sessions; ✓ Injury/ Trauma training manual to be in Nepali language; ✓ Need refresher training for the health professions to update knowledge and skills; ✓ More participation of health care professionals from private hospitals should be ensured in future; ✓ Need to manage onsite field visit for practical sessions on real injury/trauma cases; and ✓ Training certificates should be provided.
Management	<ul style="list-style-type: none"> ✓ Good logistic support including availability of handouts, IEC materials, stationery, snacks and time management; ✓ Well-coordinated event including timely invitation to the participants

	<p>and training package; and</p> <p>✓ Coordination and liaising between LCD and HI is commendable.</p>
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4. Constraints

- As the injury/trauma management training manual is a comprehensive manual of medical and/ or health information, the limitation was it's translation in Nepali. This was mitigated by having the sessions conducted with power point slides in English and explanation in Nepali, to avoid any distortion in the message technical term were kept in English.
- The training schedule was very tight due to the large number of topics to be covered, thus time management was a constraint for some Trainings.
- Aspects of disaster response to mass casualty like leadership, responsibilities towards decision making on triage, referral, transport, communication, were not included in the training.
- The last 6 Injury/Trauma management district level trainings which were supposed to be accomplished by end of December 2015 had to be postponed due to the *Terai* blockade and shortage of fuel. Thereby, a request was sent to OPTIONS for the amendment of the ToR 2 to extend the timeline of the district level training dates to January 2016. **Annex 6: Training Plan initial and revised.**

5. Conclusion

- The trainings on Injury/Trauma Management in the districts were very relevant and proved to be well received by the participant. Evidence of this is the keen interest from the health facilities for more personnel to be trained following this initial training. This is also the reason why 2 batches of trainings had to be conducted for Kathmandu Valley due to the high number of **participant's** interest.
- Aspects that need to be looked at include integration of new practices into routine work of health professionals such as referral to rehabilitation services
- Feedback and recommendation of participants and trainers will be addressed in future trainings, including selection criteria of the trainers, increase number of training days and conduction of refresher trainings at the district level.
- A formal Training Review meeting is planned in Kathmandu jointly by LCD and HI, participants will include members of the Training Working Group, Master Trainers and a few selected participants to document lessons learnt and recommendations for future trainings.

6. Recommendations:

- Continue discussion with the MoHP /DRFU the feasibility and modalities of further trainings and actions that need to be taken: revision of training curricula; refreshers for master

- trainers and /or training of more master trainers through NHTC to increase sustainability; translation of training manual into Nepali.
- Incorporation of disaster preparedness trainings, Leadership training for managing mass casualties, or linking it with trainings on Mass Casualty Management (MCM), development of MCM Plans and protocols, being conducted in District Hospitals through other projects.
 - Continuing education on care and Disaster preparedness training;
 - Mass casualty management protocol for each district with clear guidelines for triage and referral to specialized care centers

7. Annexes:

Annex 1: Sample Letter from LCD to DHO for joint event by HI and SIRC

Annex 2: List of participants - MToT

Annex 3: List of participants – district level trainings

Annex 4: Training monitoring and evaluation form

- Training Monitoring & Evaluation form by DHO Okhaldhunga
- Training Monitoring & Evaluation form by Director- LCD
- Training Monitoring & Evaluation form by NHSSP consultant

Annex 5: Training completion Letter from DHO Okhaldhunga

Annex 6: Training Plan – initial and revised

Unofficial Translation

Government of Nepal
Ministry of Health and Population
Department of Health Services
Leprosy Control Division
Disability and Rehabilitation Focal Unit

Date: 2015-12-22

Subject: About Trauma Management and Spinal Cord Injury Management Training

To,

District Health Office,
Ramechhap

In line with the approved plan from Department of Health Services, Ministry of Health and Population for conducting training on Injury/Trauma Management to health professionals of 14 districts badly affected by mega earthquake that hit Nepal on April 25, 2015, Leprosy Control Division, Disability and Rehabilitation Focal Unit, Teku with financial and technical support from Handicap International Nepal and Spinal Injury Rehabilitation Centre is organizing Injury/Trauma Management and Hands On Training on Spinal Cord Injury Management on below mentioned date, time and venue. Therefore, we would like to request you to ensure participation of health professionals of your district as per the list below:

Note: Handicap International and Spinal Injury Rehabilitation Centre are requested to provide travel and daily allowances to the participants as per rules and regulations of the Government of Nepal

Details:

Date: Dec 28-31, 2015

Venue: The district will decide the venue

Time: 10 AM to 5 PM

Dil Bahadur Karki
Public Health Inspector
Acting Director

SN	Office	Participants and their number	Total
1	District Public Health Office	Office Chief (resource Person) 1 no., District Tuberculosis and Leprosy Officer (Focal Person 1 no.	2
2	District Hospital (Participant)	Medical Officer- 2 nos. Staff Nurse/Auxiliary Nursing and Midwife- 4 nos Health Assistant/Assistant Health worker- 2 nos.	8
3	Primary Health Care Centre in districts (2 PHC) (participant)	Medical Officer- 2 nos. Staff Nurse/Auxiliary Nursing and Midwife- 4 nos Health Assistant/Assistant Health worker- 2	8
4	Private hospital or District Public Health Office or Health Post or Others (participant)	Medical Officer/Public Health Officer/Health Assistant/Staff Nurse/Auxiliary Nursing and Midwife/Assistant Health worker, etc	2
5	Staffs from Accounts Departments to support in financial transactions	Accounts Officer/Accountant	1
6	Office support staff	To support in training	1
		Total	22

CC:

Central Regional Health Directorate, Hetauda-for information
Handicap International-for necessary management
Spinal Injury Rehabilitation Centre-for necessary management

Annex 2: List of Participants

MASTER TRAINING OF TRAINERS ON INJURY/ TRAUMA MANAGEMENT

VENUE: Soaltee Hotel, Malhar Hall & Madhvi Hall resp, Kathmandu, Nepal

DATE: 4-5 August, 2015

SN	NAME	ORGANIZATION	CONTACT NO	EMAIL ID	ATTENDANCE	
					DAY 1	DAY 2
CHIEF GUESTS						
1	Dr. G. R. Lohani	MoHP	9851079356	drgrlohani@gmail.com		
2	Dr. Basu Dev Pandey	LCD	9851065451	drbasupandey@gmail.com		
3	Achyut Lamichhane	NHTC	9851039335			
4	Dr. Edwin Salvador	WHO	9801010010	salvadore@who.int		
5	Damodhar Adhikari	NPO, WHO	9801010022	adhikarid@who.int		
6	Amina Bomjan	HI	9860147743	pd@hi-nepal.org		
7	Tulsi Pd. Dahal	SO MOHP	9851183695	mail.tulsidahal@gmail.com		
8	Dr. Anil Shrestha	NOH	9851113785	drabshrestha@gmail.com		
ORGANIZERS						
1	Daya Krishna Pant	MOHP/DPR Unit	9848632520	dayakpant@yahoo.com		
2	Shanta Upadhaya	HI	9851163992	eppto@hi-nepal.org		
3	Suniti Amatya	HI	9851133062	eppto@hi-nepal.org		
4	Mahendra Bik Shah	HI	9841974395	eppm@hi-nepal.org		
5	Prakash Malla	LCD	9841431051	prakashkabu@yahoo.com		
6	Kamal Tamang	LCD	9841827844	-		
7	Muna Majhi	LCD	9803442569	-		
8	Ngawang Dolma Tamang	LCD	9841631813	ngadol54@hotmail.com		
9	Mike Landry	WHO	9801195799	mike.landry@duke.edu		
TRAINERS						
1	Ganga Shakya	HRDC	9860315074	gangashakya_2008@hotmail.com		
2	Mandira Baniya	SIRC	9801213637	mandira.nursignsirc@gmail.com		
3	Bindu Gurung	Kirtipur, Hospital	9841788069	gurung.bindu@yahoo.com		
4	Poonam Pandey	KCH	9841925228	-		

MASTER TRAINING OF TRAINERS ON INJURY/ TRAUMA MANAGEMENT

VENUE: Soaltee Hotel, Malhar Hall & Madhvi Hall resp, Kathmandu, Nepal

DATE: 4-5 August, 2015

SN	NAME	ORGANIZATION	CONTACT NO	EMAIL ID	ATTENDENCE	
					DAY 1	DAY 2
5	Tahera Banu	Patan Hospital	9841210267	tahera.physio@gmail.com		
6	Chanda Rana	SIRC	9818239173	rehabincharge.sirc@gmail.com		
7	Meena Gurung	NOH	9851113784	meenagrg@hotmail.com		
8	Dr. Yubaraj Kharel	NOH	9851061378	yubaraj_kharel@yahoo.com		
9	Dr. Peeyush Dahal	Bir Hospital	9841350212	peeyushdahal@gmail.com		
10	Dr. Kiran Nakarmi	Kirtipur, Hospital	9851061490	kknakarmi@yahoo.com		
11	Dr. Mohan Raj Sharma	TUTH	9851068160	mohanrajsharma@gmail.com		
TRAINEES						
1	Dr. Pradip Sapkota	Anandaban Hospital	9841442925	pradip507@yahoo.com		
2	Dr. Sushil Shrestha	Army Hospital	9752013545	sushil300shrestha@yahoo.com		
3	Anju Shrestha		9841718943	anju_shrestha@yahoo.com		
4	Dr. Bandhu Ram Pangeni	Civil Hospital	9841306582	brpangeni@yahoo.com		
5	Dr. Yagya Ratna Shakya	Dhulikhel Hospital	9841357772	shakyayr7@gmail.com		
6	Shreejesh Parajuli		9841302482	shreejeshparajuli@gmail.com		
7	Jyanendra Jha	HI	9849530022	jyanendrajha@gmail.com		
8	Dildip Khanal		9802111096	dildip17@gmail.com		
9	Diksha Joshi		9841459584	dixa.joshi@gmail.com		
10	Anu Bhatta		9851176426	anubhatta25@gmail.com		
11	Sumita Shrestha	HRDC	9841431826			
12	Dr. Surya Bdr. Thapa		9818471738	suryathapa149@gmail.com		
13	Dr. Suman Sherchan	Kirtipur, Hospital	9803025137	suman_shrechan@yahoo.com		
14	Dr. Suresh Prasad Nepal	NAMS, Bir Hospital	9851094272	sureshpnepal@gmail.com		
15	Dr. Santosh Paudel	NAMS, Trauma Centre	9851159123	drsantosh02@gmail.com		
16	Manish Kumar Dawadi		9841772942	moth_md@yahoo.com		

MASTER TRAINING OF TRAINERS ON INJURY/ TRAUMA MANAGEMENT

VENUE: Soaltee Hotel, Malhar Hall & Madhvi Hall resp, Kathmandu, Nepal

DATE: 4-5 August, 2015

SN	NAME	ORGANIZATION	CONTACT NO	EMAIL ID	ATTENDANCE	
					DAY 1	DAY 2
17	Dr. Prakash Raj Bhandari	NOH	9849864211	prakashdip@hotmail.com		
18	Dr. Rachit Sharma		9813966467	drrachit@gmail.com		
19	Anita Gurung		9843131212	wel_fren@yahoo.com		
20	Baidehi Vaidya	Patan Hospital	9841270819	baidehi_vaidya@hotmail.com		
21	Dr. Shailesh Shrestha		9843516666	shailesh.shrestha@gmail.com		
22	Shashi Shrestha	SIRC	9818717612	physio.sassy15@gmail.com		
23	Srijana Manandhar		9843251091	mdhr_amaris@hotmail.com		
24	Durga Pd. Bhattarai		9841493822	sunrise_bilap@yahoo.com		
25	Bibek Ghimire		9849496105	b4bbeck@gmail.com		
26	Kalpana Sitaula	TUTH	9851096049	skss4@hotmail.com		
27	Dr. Sanjeeb Tiwari		9851167722	stiwari1369@hotmail.com		



Training Monitoring/ Evaluation Form

Training Title: Injury/Trauma Management

Training Date(s): 20-22 December, 2015

Venue:

1. What did you like most about the training?

- Training is inclusive.
- Participatory approach.
- most necessary for the trauma management at this circumstances -

2. What aspects of the training could be improved? (Eg: contents, logistics, trainers, participants, etc.)

It is almost good management. Better logistic management with enough training learning materials. Training is seen to be participatory. The time frame to be increased.

3. How would you rate the overall benefit of the training to the participants? (Put ✓ mark)

Poor

Satisfactory

Good

Excellent

4. Any suggestions/feedback:

- Training should cover the remaining health staffs.
- ~~Time~~ Duration of time to be increased.
- Information for the training construction should be as much as earlier.

Name: Bhan Bahadur Basnet

Position: DHO

Signature:

Organization: District Health Office Dehradun

Date: 22 Dec, 2015



Training Monitoring/ Evaluation Form

Training Title: Injury/Trauma Management Training

Training Date(s): 28-30 Dec 2015

Venue: Ramechhap District

1. What did you like most about the training?

clear explanation and interactive
Practically oriented
contents included perfectly.

2. What aspects of the training could be improved? (Eg: contents, logistics, trainers, participants, etc.)

o simplify the content in local languages.
o Involvement of participant in learning process

3. How would you rate the overall benefit of the training to the participants? (Put ✓ mark)

Poor

Satisfactory

Good

Excellent

4. Any suggestions/feedback:

1) More practical sessions; advised to be included
2) slides need to be improved and make more simple
3) Group work using participants.
4) Prepare slides in Nepal language as far as possible.

Name: Dr. Basu Dev Pandey

Position: Director

Signature:

Organization: Leprosy Control Division
(Disability Prevention & Rehab. focal Unit)

Date: 30 Dec 2015



नेपाल सरकार
स्वास्थ्य तथा जनसंख्या मन्त्रालय
स्वास्थ्य सेवा विभाग
पुर्वाञ्चल क्षेत्रीय स्वास्थ्य निर्देशनालय

जिल्ला स्वास्थ्य कार्यालय ओखलढुंगा



पत्र संख्या :- २०७२/७३

मिति :- २०७२/०९/०७

च.नं. :- ३३२

विषय :- तालिम सम्पन्न सम्वन्धमा ।

श्री कुष्ठरोग नियन्त्रण महाशाखा

टेकु काठमाण्डौ ।

प्रस्तुत विषयमा तहाँ महाशाखावाट मिति २०७२/०९/०५ देखि ०९/०७ सम्म यस जिल्ला स्वास्थ्य कार्यालयमा सञ्चालन गरिएको Injury /trauma management सम्वन्धी तालिम सफलताका साथ सम्पन्न भएको व्यहोरा अनुरोध छ ।

ज्ञान बहादुर जम्सेल
(जिल्ला स्वास्थ्य प्रमुख)

कोषार्थ : स्वास्थ्य तथा जनसंख्या मन्त्रालय नेपाल

District Level INJURY TRAUMA MANAGEMENT TRAINING PLAN

SN	District	Initial planned details				HI Monitoring / support Team	GON Monitoring Team
		Initial planned date	Trainer	Organization	Designation		
1	Dolakha	4 - 6 Aug 2015	Dr. Pardip Sapkota	Annandaban Hospital	Orthopaedic Surgeon	HI Project Manager' HI Project Assistant	- Director, DFRU, LCD - DHO, Dolakha
			Ms. Kalpana Sitaula	Teaching Hospital	Nurse		
			Mr. Mansih Dawadi	Nepal Orthopaedic Hospital	Physiotherapist		
2	Makawanpur	7 - 9 Sept 2015	Dr. Surya Bdr Thapa	HRDC	Orthopaedic Surgeon	HI Technical Officer LCD Log / Admin Asst	- Tulsi Dahal, MOHP - DPHO, Makwanpur
			Durga Psd Bhattraai	SIRC	Health Assistant		
			Ganga Shakya	HRDC	Physiotherapist		
3	Gorkha	9 - 11 Sep 2015	Dr. Bandhu Ram Pangeni	Civil Hospital	Orthopaedic Surgeon	HI Project Asst	- Director, NHTC - DHO, Gorkha
			Baidehi Vadhyia	Patan Hospital	Nurse		
			Ganga Shakya	HRDC	Physiotherapist		
	Gorkha revised		Sirjana Manandhar	SIRC	Nurse	HI Physiotherapist HI Project Assistant	
			Bibek Ghimire	SIRC	Physio therapist		
4	Rasuwa	13 - 15 Sep 2015	Dr. Suresh Prasad Nepal	Bir Hospital - NAMS	Orthopaedic Surgeon	HI Project Manager HI Logistic Manager	- Liaison Officer, LCD - DHO, Rasuwa
			Anita Gurung	NOH	Nurse		
			Anu Bhatt	HI	Physio therapist		
	Dr. Pradip Sapkota		Aananda Ban Hospital	9841442925			

	Rasuwa revised		Durga Prasad Bhattarai	SIRC	9841493822		
5	Dhading	20 - 22 Sep 2015	Dr. Santosh Paudel	Bir- Trauma (NAMS)	Orthopaedic Surgeon	HI Physiotherapist HI Social Worker	- DRFU Focal Person - Director, Central Regional Health Directorate - DHO, Dhading
	Dhading revised		Meena Gurung	NOH	Nurse		
			Bibek Ghimire	SIRC	Physio therapist		
			Anita Gurung	NOH	9843131212		
			Poonam Pandey	Kanti Bal Hospital	9841925228		
6	Sindhuli	21 - 23 Sep 2015	Dr. Prakash Raj Rajbhandari	NOH	Orthopaedic Surgeon	HI Physiotherapist	- Liaison Officer, LCD - DHO, Sindhuli
	Sindhuli Revised		Kalpana Situal	TUTH	Nurse		
			Shasi Shrestha	SIRC	Physio therapist		
			Dr. Rachit Sharma	NOH	9813966467		
			Srijana Manandhar	SIRC	9843251091		
			Tahera Banu	Patan Hospital	9841210267		
7	Kavre	28 - 30 Sep 2015	Dr. Yagya Ratna Sakya	Dhukhel	Orthopaedic Surgeon	HI Physiotherapist HI Social Worker	- Liaison Officer, LCD - DHO, Kavre
			Sumita Shrestha	HRDC	Nurse		
			Ganga Shakya	HRDC	Physio therapist		
8	Nuwakot	30 Sep - 2 Oct 2015	Dr. Sanjeev Tiwari	TUTH	Orthopaedic Surgeon	HI Rehabilitator Technical Coordinator	- DRFU Focal Person, LCD - DHO, Nuwakot
			Baidehi Vadhya	Patan Hospital	Nurse		
			MS Dikshaya Joshi	HI	Physio therapist		
			Dr. Sailesh Shrestha	Patan Hospital			

	Nuwakot revised		Durga Prasad Bhattarai	SIRC			
			Anu Bhatta	HI			
9	Ramechhap	Nov-15	Dr. Suman Serchan	Kirtipur	Orthopaedic Surgeon	HI Project Assistant	- Director, DFRU, LCD - DHO, Nuwakot
			Mandira Baniya	SIRC	Nurse		
			Tahara Banu	Patan Hospital	Physio therapist		
	Ramechhap revised	28 - 30 Dec 2015	Dr. Bandhu Ram Pangen	Civil Hospital			
			Srijana Manandhar	SIRC			
			Jyanendra Jha	NTC			
10	Sindhupalchowk	Oct	Dr. Kiran Nakarmi	Kirtipur Hospital	Plastic surgeon	HI Project Assistant	- Director, DFRU, LCD - Regional Tuberculosis Focal Person - DHO, Sindupalchowk
			Bindu Grung	Kirtipur Hospital	Nurse		
			Poonam Padey	Kanti Children Hospital	Physio therapist		
	Sindhupalchowk revised	29 - 1 Dec 2015	Dr. Pradip Sapkota	Aananda Ban Hospital			
			Kalpana Sitaula	TUTH			
			Poonam Pandey	Kanti Bal Hospital			
11	Okhaldhunga	Nov	Dr. Piysuh Dahal	Bir (NAMS)	Plastic surgeon	HI Project Assistant	- Nischal Shakya, NHSPP Consultant - DHO, Okhaldhunga
			Sirjana Manandhar	SIRC	Nurse		
			Srijesh Parajuly	Dhulikhel Hospital	Physio therapist		
	Okhaldhunga revised	20 - 22 Dec 2015	Dr. Santosh Paudel	Bir Hospital	Orthopaedic Surgeon		
			Durga Prasad Bhattarai	SIRC	Nurse		
			Suniti Amatya	Handicap International	Physiotherapist		
			Dr. Rachit Sharma	NOH	Orthopaedic surgeon		

12	Bhaktapur	Dec 2015				HI Project Manager	- Liaison Officer, LCD - DPHO, Bhaktapur
	Bhaktapur revised	23-25 Dec 2015	Dr.Pradip Sapkota	Ananda Ban Hospital	Orthopaedic Surgeon		
			Meena Gurung	Nepal Orthopedic Hospital	Nurse		
			Diksha Joshi	Handicap International	Physiotherapist		
13	Lalitpur	Planned: Dec 2015 Actual: 5 - 7 Jan 2016	Dr. Sailash Shrestha	Patan Hospital	Orthopaedic Surgeon	HI Project Manager	- Director, DFRU, LCD - DPHO, Lalitpur
			Tahera Banu	Patan Hospital	Physiotherapist		
			Kalpana Sitaula	TUTH	Nurse		
14	Kathmandu	Planned: Dec 2015 Actual: 11- 13 Jan 2016	Dr. Santosh Paudel	Bir Hospital	Orthopaedic Surgeon	HI Country Director HI Project Manager	-Director, DFRU, LCD - DPHO, Kathmandu
			Baidehi Vaidya	Patan Hospital	Nurse		
			Diksha Joshi	Handicap International	Physiotherapist		
15	Kathmandu	Planned: Dec 2015 Actual: 19- 21 Jan 2016	Dr.Pradip Sapkota	Aananda Ban Hospital	Orthopaedic Surgeon	HI Project Manager	- DPHO, Kathmandu
			Meena Gurung	Nepal Orthopedic Hospital	Nurse		
			Diksha Joshi	Handicap International	Physiotherapist		