

*Review of*

**Paramedic Workshop**

**Organised by Moteclife-UK**

**In Koforidua, Ghana**

**On October 23, 2008**

**By Dr Kofi Amu-Darko**

**Moteclife-UK**



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## **Introduction**

On 23<sup>rd</sup> October 2008, Moteclife-UK held a “Paramedic Workshop” in Koforidua for paramedics, the fire & rescue service, doctors and nurses. This aim of this workshop was to give the first responders a hands-on training in the pre-hospital management of patients.

This event was well attended and the following is the summary and analysis of the feedback from some of the course participants obtained through returned questionnaires.

## **Context & relevance of paramedic workshop**

Pre-hospital care in Ghana is new and rudimentary<sup>1</sup>. Transport-related injuries are the leading cause of injury-related admissions, injuries, deaths and disability<sup>2</sup>.

Prior to the establishment of the Ghana Ambulance Service, in 2003/4, the retrieval and transfer of accident victims and medical emergencies to the hospital had been by untrained members of the public in private vehicles.

Statistics from the National Road Safety Commission of Ghana<sup>3</sup> shows that the fatality rates following road accidents show a downward trend. This show a decrease in accident fatality rate from 31 deaths per 10,000 vehicles in 2001 to 22 deaths per 10,000 vehicles in 2006/7, see Fig 1 & Table 1.

However, increasing population and vehicle numbers means that despite this slow decline, accident related death and disabilities continues to be a significant, but silent, epidemic in Ghana. See the graph in Fig 1 and table 1 below from the National Road Safety Commission of Ghana.

With the setting up of the Ghana Ambulance Service, the opportunity exists now for improving pre-hospital care as a contribution factor to the reduction of accident fatality rate. Hence workshops and educational activities for frontline personnel at this point in time remain very pertinent.

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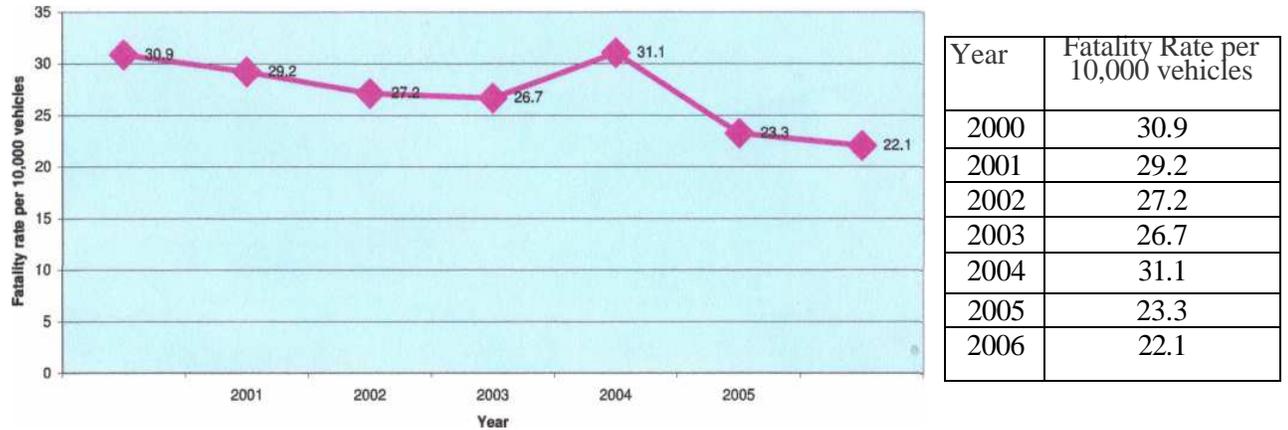
<sup>1</sup> Challoner, Kathryn R.; American Academy of Emergency Medicine. 2007;14(2):21

<sup>2</sup> Mock et al., Am J Public Health, 1995;85:927-931

<sup>3</sup> <http://www.nrsc.gov.gh/statistics/statistics.htm>

**Fig 1.**

**Road Traffic Crash Fatality Rate per 10,000 vehicles (2000 - 2006)<sup>4</sup>**



**Source – Ghana Road Safety Commission**

**Fig. 2 – One of three accidents that occurred within a 3km stretch overnight during Moteclife visit Oct 2008. Other two are shown in earlier pages of this document**



<sup>4</sup> <http://www.nrsc.gov.gh/statistics/statistics.htm>

Table 1 - Changes in National Traffic Fatality Indices<sup>5</sup>

Year	All Accidents	All Casualties	Fatalities	Estimated Population (X106)	Registered Vehicles	Fatalities per 10,000 Vehicles	Fatalities per 100,000 Population	Fatalities per 100 Casualties	Fatalities per 100 Accidents
1991	8,370	9,693	920	14.8	132,051	69.7	6.2	9.5	11.0
1992	6,922	10,030	914	15.2	137,966	66.2	6.0	9.1	13.2
1993	6,467	8,578	901	15.6	157,782	57.1	5.8	10.5	13.9
1994	6,584	8,188	824	16.1	193,198	42.7	5.1	10.1	12.5
1995	8,313	10,132	1,026	16.5	234,962	43.7	6.2	10.1	12.3
1996	8,488	10,952	1,049	16.9	297,475	35.3	6.2	9.6	12.4
1997	9,918	1,448	1,015	17.4	340,913	29.8	5.8	8.9	10.2
1998	10,990	13,201	1,419	17.9	393,255	36.1	7.9	10.7	12.9
1999	8,762	1,438	1,237	18.3	458,182	27.0	6.7	10.8	14.1
2000	11,714	14,664	1,578	18.8	511,063	30.9	8.4	10.8	13.5
2001	11,291	14,833	1,660	19.3	567,780	29.2	8.6	11.2	14.7
2002	10,718	15,075	1,665	19.8	613,153	27.2	8.4	11.0	15.5
2003	10,644	16,247	1,718	20.5	643,824	26.7	8.4	10.6	16.1
2004	12,164	18,436	2,185	21.1	703,372	31.1	10.4	11.9	18.0
2005	1,328	15,838	1,784	21.7	767,067	23.3	8.2	11.3	15.7
2006	1,668	16,348	1,856	22.3	841,314	22.1	8.3	11.4	15.9

Source – Ghana Road Safety Commission

Road incidents cost Ghana about 1.6% of its GDP in 2007<sup>6</sup>. It is in the light of these statistics that Ghana signed up to the Accra Declaration during the WHO-UNECA sponsored conference on African Road Safety in February 2007<sup>7</sup>. Item 5 of the Accra declaration states

“...undertake to

Strengthen pre-hospital and emergency services in order to provide timely and appropriate care to road traffic-injured patients to minimize their effects and long-term disability.”

<sup>5</sup> <http://www.nrsc.gov.gh/statistics/statistics.htm>

<sup>6</sup> [http:// Injury Prevention 2007;13:408](http://InjuryPrevention2007;13:408)

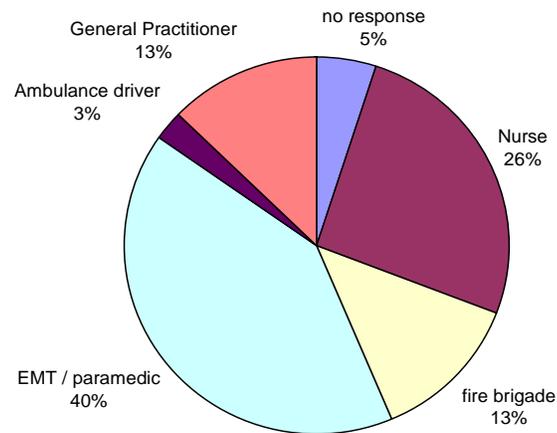
<sup>7</sup> [http://www.uneca.org/eca\\_programmes/nrid/docs/accra\\_declaration.pdf](http://www.uneca.org/eca_programmes/nrid/docs/accra_declaration.pdf)

## Background of participants

The Paramedic workshop was well attended by predominantly emergency medical technicians (EMTs) but also members of the fire and rescue service, doctors and nurses. See Fig. 3 below.

**Fig. 3**

**Professions attending Paramedic Workshop**



As a reflection of the EMT service in Ghana, most of the participants were male and below the age of 35 and male. See fig. 4 & 5

**Fig 4**

**Gender Distribution at Paramedic Workshop**

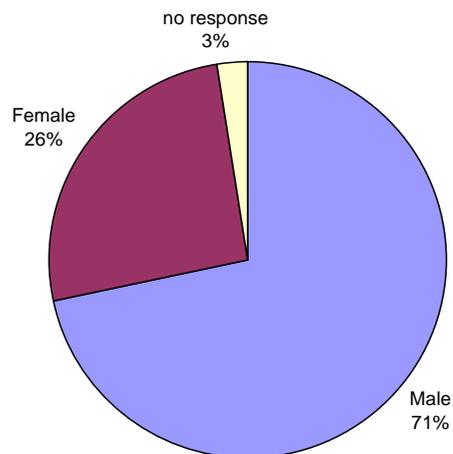
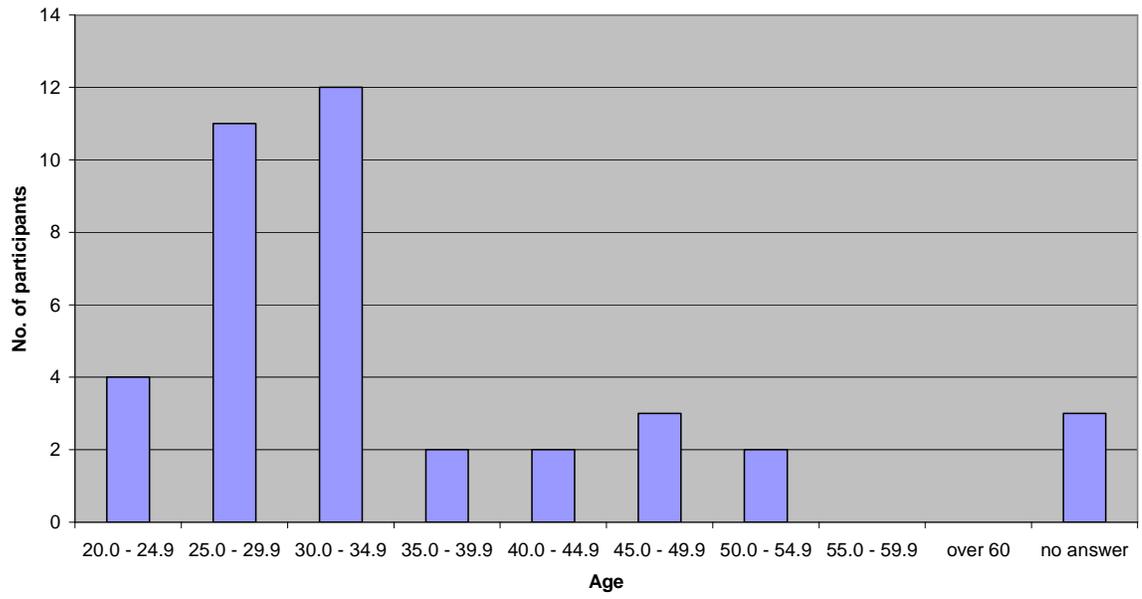


Fig 5

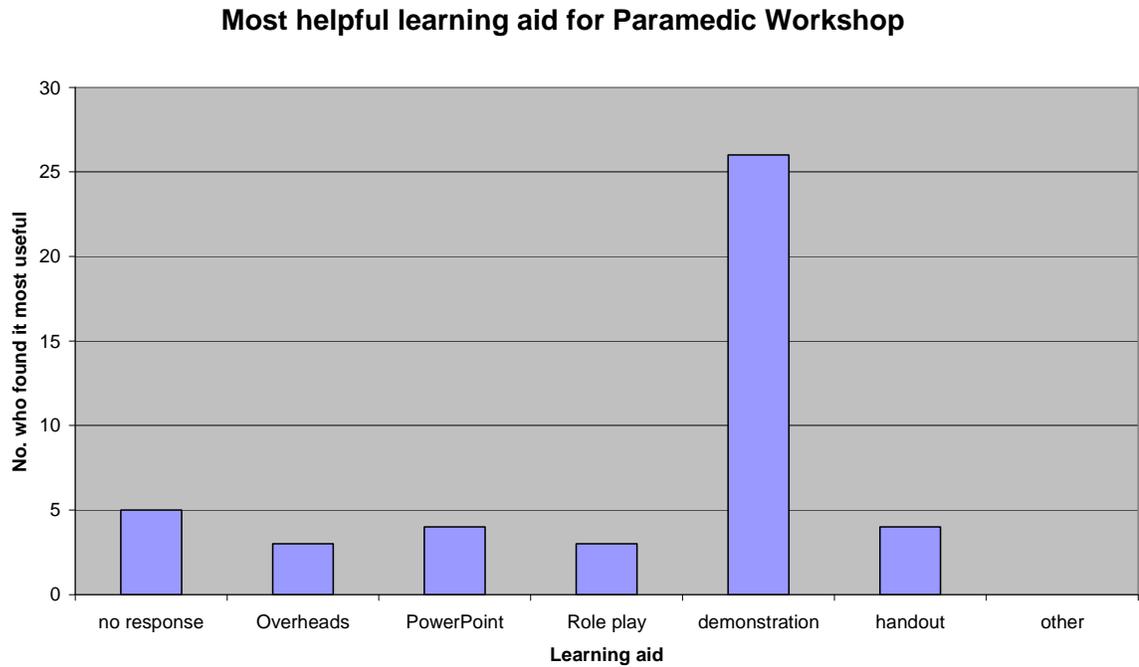
### Age distribution at Paramedic Workshop



## Workshop presentation

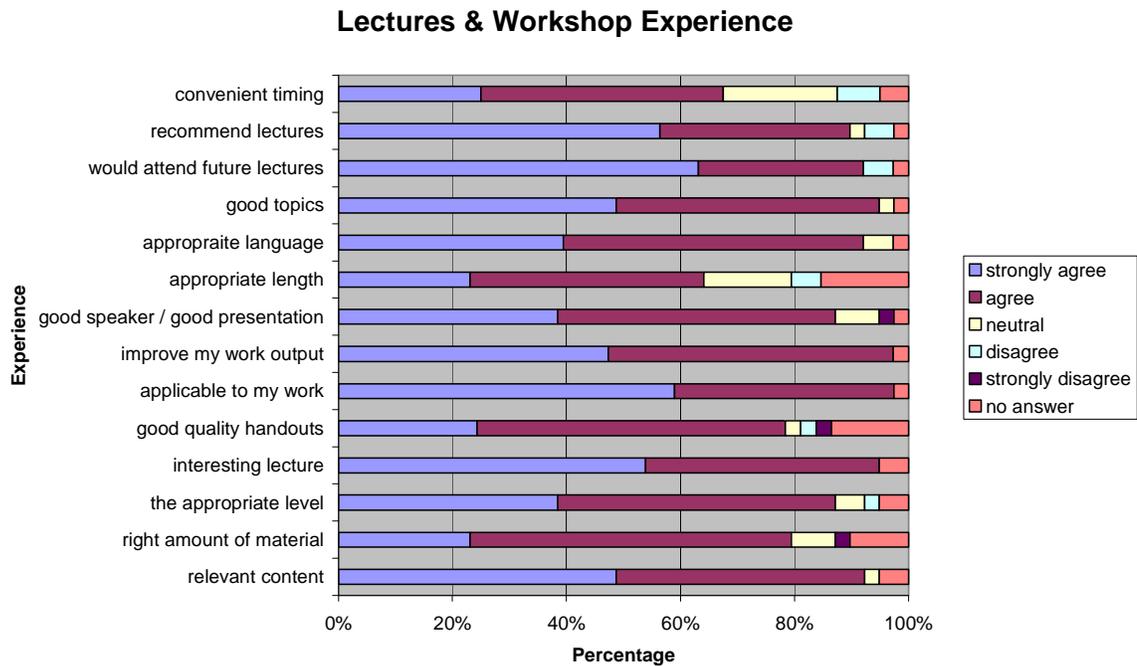
Most of the attendants at the workshop found the demonstration and practical aspect to be most helpful learning aid. There was particular enthusiasm for and good comments about the C-spine protection and basic life support. See Fig 6.

**Fig 6**



# Educational experience

Fig. 7



More than 95%, of those attending the paramedic workshop, found the lecture interesting and the contents of the workshop relevant to their work. About the same proportion felt the topics covered were good for them. More than 80% of workshop participants felt that the presentations and the language were at the appropriate level. 90% were of the view that the speakers and or their presentation style were good. Refer to Fig. 7.

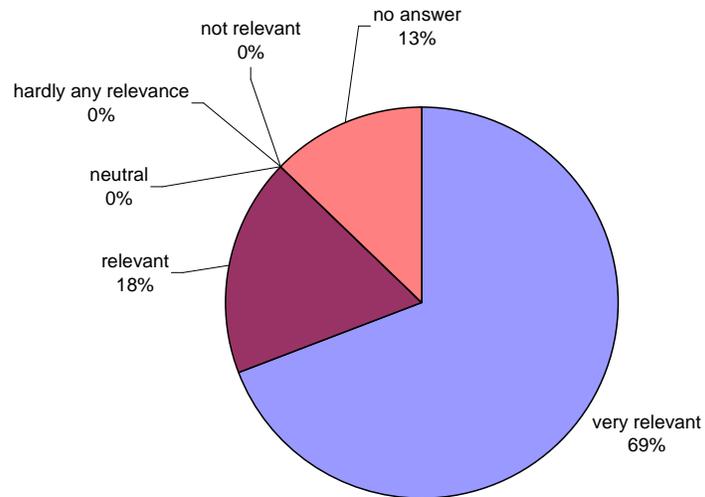
About 98% were of the view that they would not only be able to apply what they had learnt to their work but would also be able to do their work better. Even more significant with this acknowledgement is the fact that the remaining 2% really did not disagree with these sentiments but left the question unanswered.

More than 90% of participants would come to future Moteclife lectures and would recommend such lectures to their friends.

Just fewer than 80% were happy with the quality of handouts they received. About 65% - 70% were of the opinion that the lengths of the lectures were appropriate or the timing was convenient. These sentiments were reflected in the free text comments received

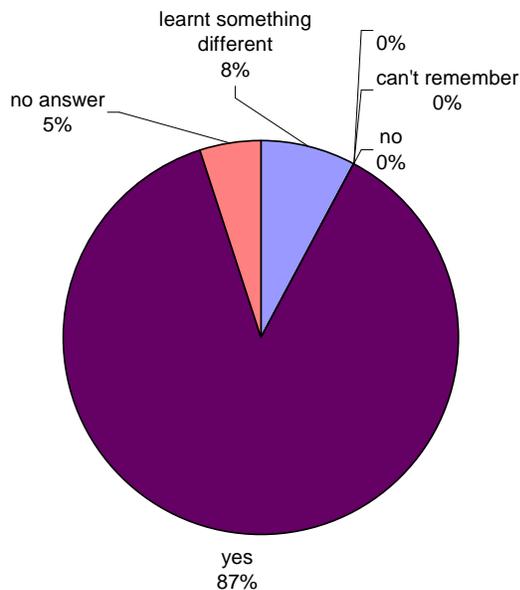
87% of surveyed participants rated the topics presented as either relevant or very relevant to their work. See Fig. 8 below

**Grade the relevance of the topic to your work**



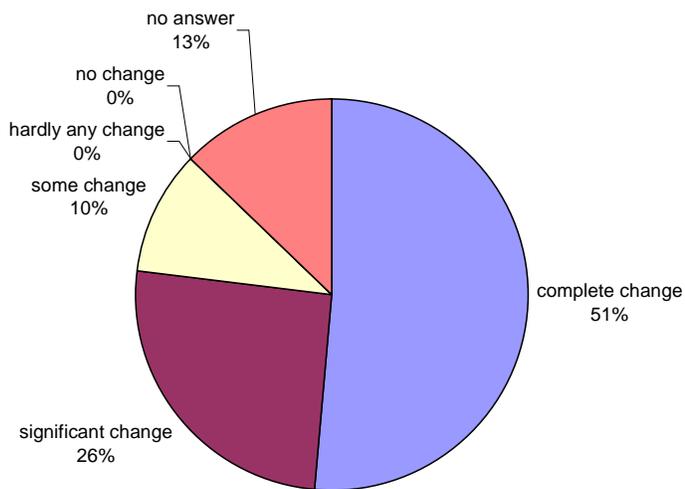
The workshop met the learning objectives of 87% of surveyed participants and another 8% said that they learnt something else. See Fig. 9 below

### Were your learning objectives for this course were met?



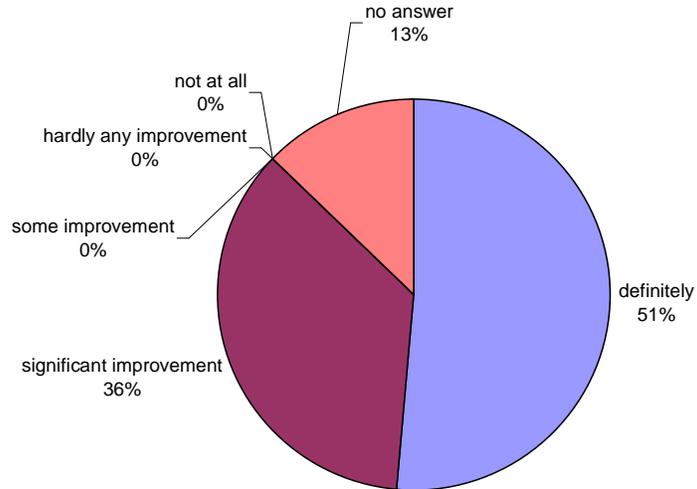
51% of surveyed expected their work to change completely after the workshop and another 26% expect significant changes in their work. 10% said that their work would have “some changes”. See Fig. 10. below

### how your practice would be changed by presentation



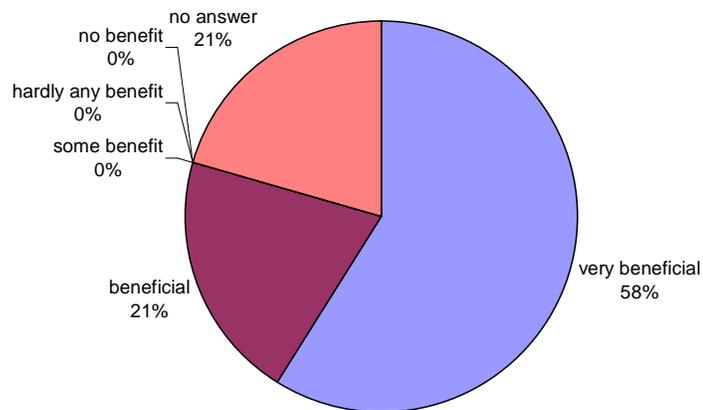
87% percent are expecting definite or significant improvement in the way they worked after attending the workshop. See Fig. 11 below

### my practice would be improved by presentation



When asked how the workshop had been of overall benefit to them 58% of surveyed said it had been “very beneficial” and 21% said it had been “beneficial”. No-one said it had been of no benefit although 21% of questionnaires drew no response to this question. See Fig. 12 below.

### How beneficial has this presentation been overall



## **Comments from participants**

### **On workshop**

Most of the people surveyed made no comments or suggestions about the workshop or topics they would like to be included in future lectures. The most frequent comment was to the effect that either the time for the workshop was too short and / or they should be more frequent i.e. a workshop every three to six months. One person suggested handouts for every lecture and another suggested the lectures being placed on "disc" for the use of staff members. One person suggested smaller group sizes for the demonstrations.

### **Topics for future educational sessions**

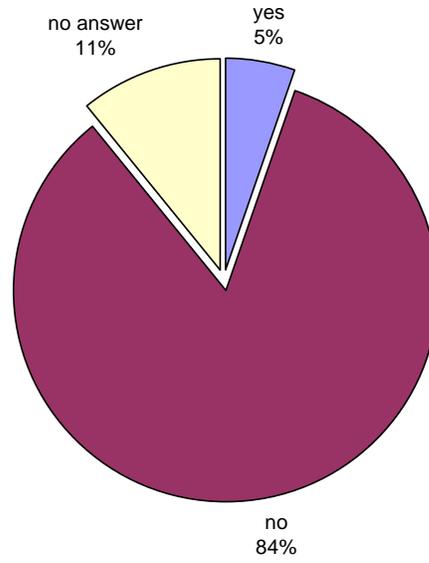
Participants also suggested topics for future education activity. On this issue the training on manual lifting techniques and airway management were very frequent. Requests for lectures on "IV fluids and drug administration" also frequent. One person suggested covering neonatal resuscitation and another demonstrating the use of emergency defibrillator.

One surprising suggestion was for lectures on vehicle maintenance. There was no indication as to who should be the target of such an educational activity.

### **Prior Knowledge of Moteclife-UK.**

Only 5% of respondents knew of Moteclife-UK before the workshop. See Fig. 13

**Have you heard of Moteclife-UK before today**



## Conclusions & Recommendations

The paramedic workshop organised by Moteclife-life UK was timely and necessary. It was well received and significant proportions of participants benefited. Most people admit that it would improve their practice going forward. They would like to attend more educational sessions organised by Moteclife-UK and would recommend such activity to their colleagues. Since the workforce involved was mostly young there is a great prospect that what had been learnt, if regularly updated, would gradually permeate through the frontline personnel and raise their level of competence.

Moteclife-UK members did a great job together and as individuals to facilitate the education and transfer of skills that occurred during the workshop.

Participants suggested topics which they would like to see covered. Provided these areas are covered by Ghanaian legislation and the scope of practice of these frontline workers Moteclife can incorporate these topics into their future educational activities. If covered by the scope of practice, teaching the use of emergency defibrillators and neonatal resuscitation should be considered.

As mentioned above a surprising number of participants requested lecture on “vehicle maintenance”. Perusing the background of the originators of this idea revealed that all of them were emergency medical technicians (EMTs). The high numbers suggesting talks on “vehicle maintenance” by EMTs made this writer wonder if they had the ambulances in mind. From this writer’s personal experience growing up in Ghana, prior to the establishment of the Ghana Ambulance Service, most of the ambulances used to be off the road soon after commissioning because of poor maintenance. On the other hand it may be the EMTs are advocating for a public education since vehicles that are not roadworthy contribute significantly to road accidents. To find out this issue ought to be probed further.

The writer feels that the layout of the questionnaire might have contributed to the lack of response to certain questions. Whereas documents kept in WORD format are easier to alter on most computers, it may be a great idea for Moteclife laptops to have Adobe Professional software installed. This would ensure that once documents are finalised and saved in the PDF format the layout would not be affected on what computer is used to print the document. In

addition it would also enable questionnaires to be altered in the field to address issues that may arise, when conditions on the ground change.

Moteclife should also consider approaching its sponsors for funds to place some of the presentations on discs to facilitate the cascading of its teaching points to the broader workforce. This move would be in line with its stated objective of advancing the education and training of the medical workforce. In Ghana, this would be particularly helpful because although Moteclife places the educational material on its website, internet access is limited in Ghana and most of the few who have it still use dial-up connections which can be rather slow.

In this particular situation of pre-hospital care education discs would go a long way in helping Ghana along in its ambition “achieve a single digit in accident fatality rate by the year 2015”<sup>8</sup>

Dr. Kofi Amu-Darko  
On Behalf of Moteclife Audit team  
26<sup>th</sup> December 2008  
contact: amudee@yahoo.com

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<sup>8</sup> Injury Prevention 2007;13:408