Dear All,

As we come to the end of another busy year, I am acutely aware that there are many people, often not mentioned, who have worked so hard to promote the principles on the PTC Charitable Foundation. To those who have worked to promote trauma training, empowering clinicians and encouraging health professional world wide to work with what they have to the best of their capacity, we are very grateful, and send best wishes and peace to you all at this time. 2007 stands to be a busy year, with the first South Asia PTC summit in Pakistan in early January, and hopefully the start of the joint China MOH/PTC programme which are in addition to our ongoing programmes in South America, Africa, and South Pacific.

A blessed Christmas to you all.

Douglas

PTC INSTRUCTOR COURSE
MELBOURNE 2006

EXECUTIVE SUMMARY

On the 5th May 2006 a PTC Instructor Course was held at Rydges Hotel, North Melbourne, Victoria, Australia. The objective of this course was to increase the number of trained instructors in the Pacific region, with the aim of reinforcing existing programs and developing new programs in the Asia Pacific region. The standard PTC Instructor Course was delivered to 23 doctors, who came from a variety of medical backgrounds.

The course also gave the opportunity for senior PTC instructors to meet in person, assess the new Instructor course and discuss general PTC issues.

He has been involved with trauma training since 1990 and has been involved with PTC from its beginnings when he teamed up with Dr Doug Wilkinson.

He has interests in hyperbaric medicine, prehospital and aeromedical retrieval and is a certified medical examiner with the civil aviation authority and holds a private pilots licence.

He is currently expanding the Vietnam PTC programme with Dr Nguyen Huu Tu and is actively seeking funding to sustain PTC in the Australasian region for at least the next 5 years.
Feedback from participants was almost universally positive. In particular, the small group teaching sessions proved very popular, although feedback was strongly positive for the lectures. There was criticism of the space at the conference venue and the quality of the lunch. It is clear that the criticisms of the space were well founded but this did create a realistic PTC feel to the course.

Feedback from the instructors was also extremely positive. The instructors were extremely impressed with the enthusiasm of the participants and by the suitability of the participants as potential PTC instructors. Some adjustments to the program have been suggested. These changes would allow more time for the workshop sessions.

Overall, the course ran very well and we now have a relatively large instructor base which will be useful for consolidating PTC in Vietnam, China, PNG, Solomon Islands and the rest of the Pacific. The new instructors have been encouraged to look at introducing PTC to their regions of involvement. Already efforts are being made to introduce PTC to Mongolia (following a small course in 2005) and Laos.

**FUTURE PTC INSTRUCTOR COURSES IN AUSTRALIA**

This course was oversubscribed and it would be possible to run further courses here, however, it is not currently necessary as we now have enough instructors for the time being.
ACKNOWLEDGMENTS

PTC is extremely grateful to the ASA for the administrative and organisational support for the course. In particular, special mention must be made of Cassandra Hargreaves and Crystal Whitemore. Dr Chris Curry is to be especially thanked for organising our visiting participants and the funding from ACEM for three of them.

PARTICIPANT LIST

Georgina Phillips  Emergency Specialist  Melbourne
Vincent Atua  Emergency Specialist PNG
Terry Loughnan  Anaesthetist Frankston
Suzi Nou  Anaesthetic Registrar Melbourne
Gavin Earles  Surgeon Launceston
David Krieser  Emergency Specialist Melbourne
Chris Bowden  Anaesthetist Frankston
Haydn Perndt  Anaesthetist Hobart
Frances Page  Anaesthetist Gosford
Yongoe Kambue  Emergency Specialist PNG
Anthony Chenhall  Emergency Specialist Melbourne
James Roberts-Thomson  Surgeon Burnie
Minh Tran  Anaesthetist Sydney
Thomas Tan  Anaesthetist Melbourne
Sathi Seevanayagam  Anaesthetist Melbourne
Ken Brownhill  Anaesthetist Melbourne
Ed Oakley  Emergency Specialist Melbourne
Kenton Sade  Emergency Specialist Solomon Islands
Marcella Seve  Emergency Specialist PNG
Sam Yockopua  Emergency Specialist PNG
Prue Keith  Surgeon Wangarrata
Tom Mohler  Anaesthetist Hobart
Elizabeth Prentice  Anaesthetist Melbourne

MELBOURNE PTC INSTRUCTOR COURSE

Friday 5 May 2006

Session 1 - Introduction to PTC and Teaching how to teach

0800- 0820 Coffee and Registration
0820 – 0830 Introduction  Rob McDougall
0830 - 0845 PTC in one interesting country Fiji  Wayne Morriss
0845 - 0900 PTC in another interesting country Vietnam  Marcus Skinner
0905 - 0920 How adults learn  Diane Wilkinson
0920 - 0935 Asking Questions  Diane Wilkinson
0935 –10 00 Feedback  Diane Wilkinson

Session 2 How to give presentations

1030 – 1050 General Introduction  Stephen Swallow
1050 – 1110 Lecture  Stephen Swallow
1110 – 1130 Discussion Group  Diane Wilkinson
1130 – 1150 Teaching a skill  Rob McDougall
1150 – 1210 Running a scenario Wayne Morriss and Marcus Skinner

Session 3 Workshops

1300 – 1500 Discussion group  Diane Wilkinson and Stephen Swallow
Teaching a skill Tim Gray and Rob McDougall
Scenario Wayne Morriss and Marcus Skinner

Session 4 How to run a PTC course

1530 - 1700 Language Issues  All Instructors
Personnel – Director, Instructors, Local course Coordinator, Course participants, Support staff, Health and Safety
Hotel services Transport, Accommodation, Meals, Visas and Venues
Equipment Resuscitation equipment, Slides, Overheads,Whiteboard and Projector
Finance and publicity
Write a report
Paperwork PTC Manuals, Instructor manuals and slides
Course programme
Instructor course programme and rotations
Equipment list
Course request form and course evaluation form
Instructor details and certificates

Ken Brownhill - teaching a skill

PTC NEWS

DECEMBER 2006

page 3
Julius Plinduo is M.Med EM Year 2. He has completed Part 1 and is awaiting the arrival of a surgeon to relieve him of surgical duties so he can take on paediatrics.

Felix Pakop has been elevated from OPD and ED MO to acting DMS while hospital administration issues are being resolved.

Participants
These came from rural health centres (one from 3 hours away), from St Mary’s Hospital at Vunapope, from anaesthetic training and OPD at Nonga. They were community health workers, health extension officers, nurses in OPD, anaesthetic sciences trainees and anaesthetic technical officers (ATOs). There were no doctors on this course. Three medical students just arrived from Monash University in Melbourne joined in.

<table>
<thead>
<tr>
<th>No.</th>
<th>Name</th>
<th>Position/Role</th>
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<tbody>
<tr>
<td>1.</td>
<td>Wesley Vincent</td>
<td>Anaesth Tech Officer (ATO)</td>
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<td>2.</td>
<td>James Roberts</td>
<td>ATO</td>
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<tr>
<td>3.</td>
<td>Anne Iniauma</td>
<td>Registered nursing officer (RNO)</td>
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<td>4.</td>
<td>Patricia Kauli</td>
<td>RNO</td>
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<td>5.</td>
<td>Johnson Gabare</td>
<td>NO</td>
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<tr>
<td>6.</td>
<td>Elizabeth Taliah</td>
<td>Community health worker (CHW)</td>
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<tr>
<td>7.</td>
<td>Mabatha Podi</td>
<td>NO, Dip anaesth sciences trainee</td>
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<tr>
<td>8.</td>
<td>Dessie Upai</td>
<td>NO, Dip anaesth sciences trainee</td>
</tr>
<tr>
<td>9.</td>
<td>Theresia Yaigom</td>
<td>(HEO), OPD</td>
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<td>10.</td>
<td>Othello Zao</td>
<td>HEO, Kerevat health centre</td>
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<tr>
<td>11.</td>
<td>Annette Timothy</td>
<td>HEO, AOPD and A&amp;E Vunapope</td>
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<tr>
<td>12.</td>
<td>Felicitas Baule</td>
<td>RNO, OPD Vunapope</td>
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<td>13.</td>
<td>Janice Ikave</td>
<td>CHW, Gelagela sub-health centre</td>
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<td>14.</td>
<td>Andrew Pipingan</td>
<td>CHW, Gelagela sub-health centre</td>
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<td>15.</td>
<td>Clement Kulepak</td>
<td>HEO, Warangui health centre</td>
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<tr>
<td>16.</td>
<td>Irima Goigoi</td>
<td>NO, Tapipi health centre</td>
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<tr>
<td>17.</td>
<td>Elsie Buka</td>
<td>HEO, Tapipi health centre</td>
</tr>
<tr>
<td>18.</td>
<td>Raymond Kaitok</td>
<td>CHW, Napapar sub health centre</td>
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<tr>
<td>19.</td>
<td>Michelle Hendel</td>
<td>medical student Monash</td>
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<tr>
<td>20.</td>
<td>Simon Hendel</td>
<td>med student Monash</td>
</tr>
<tr>
<td>21.</td>
<td>Carlee Thomas</td>
<td>med student Monash</td>
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PROGRAM
DAY 1. 09.00 – 16.00
Opening Felix Pakop, acting DMS
Introduction Chris Curry
Local perspective Julius Pliduo
ABCDE, Primary survey Chris Curry
Airway, Breathing Julius Pliduo
Circulation and shock Julius Pliduo
Skill stations
  airway
  spinal injuries
  scenarios
Skill stations
  airway
  spinal injuries
  scenarios
Secondary survey
Chest trauma

Chris Curry
Julius Pliduo
Felix Pakop
Chris Curry
Julius Pliduo
Felix Pakop
Chris Curry
Julius Pliduo
CONTRIBUTIONS

We welcome contributions for forthcoming issues of the Newsletter.

- Course reports and photographs
- Upcoming course details
- Country visits
- All PTC news welcome

Please send items to admin@primarytraumacare.org

DAY 2

Head injury Chris Curry
Spinal injury Chris Curry
Abdominal trauma Julius Pliduo
Limb injuries Julius Pliduo
Paediatric trauma Chris Curry
Trauma in Pregnancy Chris Curry

Workshops: neurological assessment

trauma in children Chris Curry
transportation Felix Pakop

BURNS

Disaster response, esp. volcanoes Chris Curry
Scenarios Julius Pliduo

Multiple choice quiz
Summary, Certificates, Close Chris Curry

COMMENTARY

The Gazelle Peninsula of East New Britain is densely populated by a predominantly subsistence agricultural community. Cocoa and coconut are cash crops. People are widely dispersed rather than living in discrete villages or townships. Rabaul is the harbour town, 15 minutes drive from Nonga Hospital. Built in a caldera with active subsidiary volcanoes, the town was devastated by a major eruption in 1994. The commercial hub has moved to Kokopo, 30km away and reputedly the most rapidly growing town in the Pacific islands. St Mary’s Hospital at Vunapope in Kokopo is a catholic mission hospital that is even less well funded and resourced than is the poorly resourced Government run Nonga Hospital. At the time of the PTC course the Nonga operating theatres were undergoing some restoration so major surgery was being transported to OT at Vunapope and then returned to the ‘ICU’ at Nonga.

The population is served by health centres staffed by health extension officers (HEO) and community health workers (CHW). These have had a three year training and are then unlikely to have had any further training or maintenance of competencies whatsoever. The frequency of major trauma is relatively low; the Gazelle is a matriarchical society and inter-clan and domestic violence are less prevalent than in other parts of PNG. However, falls from trees are frequent, vehicle crashes occur on an extensive road system in one of the wealthiest provincial regions in PNG, and there are assaults. In a highly active volcanic area, the likelihood of a natural disaster is high.

This PTC took principles of trauma care to the ‘grass roots’ of primary care providers in a very widely dispersed population in which transport to a hospital can be a protracted undertaking. Competencies varied widely, which required instructors to pitch the content at the level of a primary course for nurse and paramedic trainees. No knowledge or skill could be assumed, so fundamental physiology and pathophysiology needed to be explained.

Chris Curry
Visiting Professor in Emergency Medicine, University of PNG