

**REPORT**  
**PTC INSTRUCTOR REFRESHER COURSE**  
**PACIFIC REGIONAL PLANNING MEETING**  
**2-DAY COURSE**  
**Lautoka, Fiji**  
**24-27 March 2009**

**Executive Summary**

1. *What is the problem?*

Trauma is a major cause of death and disability in many developing countries, including countries in the Pacific region. The Primary Trauma Care course was developed to train health care workers to effectively and systematically manage trauma patients. PTC courses have been successfully run in a number of Pacific countries but there is still a need for ongoing PTC training led by local doctors.

2. *What did we do?*

We assembled a group of key regional PTC instructors representing eight Pacific countries (Papua New Guinea, Solomon Islands, Vanuatu, Fiji, Kiribati, Samoa, Tonga, Cook Islands) and Australia and New Zealand. We held the following:

24 March	Instructor refresher course
25 March	Trauma update and regional planning meeting
26-27 March	2-day PTC course at Lautoka Hospital

We reviewed PTC teaching in the Pacific, updated knowledge and put this into practice during the 2-day course. In addition, we discussed the objectives and roles of PTC in the Pacific and planned a number of courses in the Pacific region, to be taught mainly by local or regional instructors.

3. *What happens next?*

Funding is available from the Pacific Island Project (AusAID) for a number of courses in the region. We plan to run the following before the end of 2009:

- Fiji                      1-2 courses for divisional and subdivisinal MOH staff
- Samoa                    Courses in first week of August
- Tonga                     2-day course late July / early August
- Vanuatu                 21-25 September
- Marshall Is             Dates and instructors to be confirmed
- Kiribati                 December

In addition, regular courses will continue to be held in PNG, Solomon Islands and in Fiji (twice-yearly courses for final year medical students).

#### 4. *What help will be needed?*

We are grateful for the generous assistance of the Pacific Island Project (PIP) but more help will be required. PIP has earmarked funding for the courses in Samoa, Vanuatu, Marshall Is and Kiribati, and will hopefully also be able to help with the course in Tonga. This should pay for the expenses of regional instructors and some other costs, eg, printing. PTC courses are relatively very cheap to run and we now have a pool of very experienced local and regional instructors, so transport costs can be minimised.

We will still require the support of the Ministries of Health in individual Pacific countries:

- Recognizing the importance of PTC as a system for managing seriously injured patients and as an educational model for health workers.
- Modest financial and administrative support for ongoing PTC courses, eg, course catering cost, venue, local travel and accommodation for participants.

It is important that PTC instructors discuss the benefits of PTC with their Ministries of Health so that PTC funding can be included in yearly budgets.

### **Introduction**

There are 14 independent Pacific countries (including PNG and excluding Australia and New Zealand). PNG has a population of over 6 million people, Fiji has a population of 1 million, and the populations of other countries range from about 600,000 (Solomon Islands) down to two thousand (Niue). The region has limited resources and major transport and communication problems because of the distances between countries.

Trauma is a major cause of death and disability in the region, especially amongst younger age groups. The pattern of trauma varies from country to country; for example, car crashes are the leading cause of serious injury in Fiji, while assaults are the leading cause in PNG.

The Primary Trauma Care course was developed with the backing of the WHO to train health care providers to prioritise and treat severely injured patients quickly and systematically, thereby reducing death and disability. The course is specifically designed for health care providers working in developing countries and takes into account the resource shortages in these countries. The very first PTC course was run in Fiji in 1997, but PTC is now being taught in many parts of the world, including many countries in Africa, South America and Asia.

In the Pacific, twice yearly courses have been run by the Fiji School of Medicine for final year medical students since 2002. PTC is also well established in PNG (coordinated by Dr Yongoe Kambue) and Solomon Islands (coordinated by Dr Kenton Sade). PTC courses have also been run in Samoa, Tonga, Cook Islands, Palau and Kiribati.

PTC courses fulfil a number of roles in the Pacific in addition to teaching a system for managing seriously injured patients. Many PTC principles can be applied to patients with other medical problems. The course also teaches teamwork between specialties and other health care workers. It also provides an excellent model for teaching and continuing medical education.

## Local Organisers

Dr Mara Vukivukiseru (Anaesthetic Registrar, Lautoka Hospital) was the local coordinator and also did a great job running the 2-day course at Lautoka Hospital. He was supported by Dr Jemesa Tudravu (Manager of Clinical Services, Lautoka Hospital) and Dr Maloni Bulanauca (Surgical Registrar, Colonial War Memorial Hospital, Suva) and Dr Luke Nasedra (Anaesthetist, Labasa Hospital).

## Financial

This was a relatively expensive meeting to run, given the number of regional instructors and countries represented. Lautoka was chosen as the venue because it is situated close to Nadi, one of the main regional transport hubs.

The meeting was very generously supported by AusAID through the Pacific Island Project. PIP met the costs of the majority of the regional instructors and catering costs.

The PTC Foundation paid for Dr Lucas Samof's return airfare from PNG. Attendance by Fijian-based staff was supported by the Fijian Ministry of Health and the Fiji School of Medicine.



Regional Meeting: Back – Loudeen Lam, Bernard Tuinuku'afe, Bauro Tematang, Basil Leodoro, Mara Vukivukiseru, Kolini Vaea, Maloni Bulanauca, Suzi Nou, Rob McDougall, Dudley Baerodo, Pesa Une, Lito De Silva, Yongoe Kambue, Willie Tokon, Georgina Phillips. Front – Wayne Morriss, Kenton Sade, Bryce Curran, Luke Nasedra, Deacon Teapa, Lucas Samof, Dyxon Hansell

## **INSTRUCTOR REFRESHER / REGIONAL PLANNING MEETING (24-25 MARCH)**

### **1. Participants (see Appendix 1)**

22 regional instructors attended the meeting:

- 3 from Papua New Guinea
- 2 from Solomon Islands
- 2 from Vanuatu
- 4 from Fiji
- 3 from Samoa
- 2 from Tonga
- 1 from Cook Islands
- 1 from Kiribati
- 2 from New Zealand
- 2 from Australia

This represents excellent coverage of the larger Pacific countries. Most key PTC instructors were able to attend.

Lito De Silva, Project Manager, Pacific Island Project, Royal Australasian College of Surgeons also attended both days of the meeting. His advice was very valuable during the planning meeting.

### **2. Meeting Content (see separate pdf file)**

#### **5.1. Instructor Refresher**

- A 1-day instructor course programme was followed. The refresher was highly interactive given the experience of the participants.
- Roles of PTC in the Pacific
  - System for managing trauma
  - Improved patient care
  - System applies to other patients
  - Improved teamwork and communication between health care providers
  - Improved teaching
  - Highlights the importance of continuing education for all health care workers
  - Improves the standing of educators
- Discussion regarding PTC teaching materials
  - Value of interactive teaching, especially scenarios
  - Need for separate equipment for scenario teaching (ie, not absorbed into general hospital equipment pool)
  - One size does not fit all. PTC course must be adaptable to different health care environments. The current course is not always suitable for non-medical participants. Teaching materials need to be adapted.
  - The slides need to be reworked so that they have a more standard format, some slides are removed, and the language in other slides is simplified. The group suggested more case scenarios in the slides. The Head Trauma lecture is particularly problematic.

- Production of trial PTC slides
  - Participants were placed in smaller groups and worked on an improved version of the Head Trauma lecture. The groups came up with a number of suggestions.
  - Following on from this group exercise, Rob McDougall and Wayne Morriss revised the entire set of PTC slides for trial use in the Pacific. The trial slides have been simplified with clear objectives and summaries, case scenarios and questions have been added, and illustrative photos and diagrams have been added.

### **5.1. Trauma Update and Regional Planning Meeting**

- Presentations on a number of topics, including paediatric trauma, fluid resuscitation and damage control surgery. Case presentations illustrating some of the difficulties of managing trauma in the Pacific.
- Planning future courses in the Pacific (see **Appendix 2**)
  - Emphasis on detailed planning of a number of courses before the end of the year, including dates, instructor numbers and availability, equipment needs and funding
  - Courses planned for Fiji, Samoa, Vanuatu, Tonga, Kiribati, Marshall Islands. Ongoing courses in Solomon Islands and PNG.
  - The majority of funding for these courses has been included in the PIP budget (AusAID) but they will also need support from individual country Ministries of Health.
  - Emphasis on using local instructors as much as possible to limit costs and build self-sufficiency, with 1-2 additional instructors coming from other Pacific countries or Australia or NZ.

### **3. Venue**

The instructor meeting was held at the Tanoa Waterfront Hotel in Lautoka. The staff were very helpful and accommodation was excellent. The conference room was small but adequate for our group.

### **4. Publicity / Liaison**

The Fiji Times is doing a feature on the meeting and PTC in general. This will hopefully be published during the week 30 March.

We were also visited by Ms Paulini Matavewa from the AusAID office in Suva. We discussed the role of PTC in the Pacific and Paulini observed some scenario teaching during the 2-day course.

### **5. Participant Feedback**

Forms from 19 participants

#### *5.1. What did you like?*

- Everybody said that they liked the opportunity to meet other colleagues / network. Chance to share ideas and learn from each other. Enjoyed meeting people from all around the Pacific.
- Good to meet experienced instructors, learn teaching tips and new skills
- Informal interaction, many comments about usefulness of discussion and two-way interaction

- Several people commented on the enthusiasm of the group. Value of planning courses in different parts of the Pacific.
- Discussion on teaching materials – need to improve these for different audiences
- Case presentations, trauma updates – several very positive comments
- “Takes PTC to a new level”
- “Empowers me to drive the course in my country”
- Many positive comments about the food.

#### *5.2. What didn't you like?*

- Not enough time for shopping (2)
- Shared accommodation (3)
- The bus ride to Natadola (2), “scary but adventurous”

#### *5.3. How could it be improved?*

- More case presentations (good for both presenter and participants) and discussions
- Larger conference room (2)
- Send out Instructor Manual in advance
- One participant suggested all countries should prepare a report before the meeting – help with sharing ideas, allocating budget.

#### *5.4. Other comments?*

- Several participants asked for a regular regional meeting, either yearly or every two years.
- “Great meeting”, “wonderful experience”,
- “I can't believe this is the first time something like this has happened. It's such an important regional networking and learning opportunity – more please!”
- Possibly develop a website for Pacific PTC?

## **2-DAY PTC COURSE, LAUTOKA HOSPITAL (26-27 MARCH)**

### **1. Instructors**

This course was coordinated by Dr Mara Vukivukiseru (Lautoka Hospital), assisted by Dr Yongoe Kambue (PNG) and others. The instructors from Australia and New Zealand were able to take a “back seat”!

Almost all the instructors who attended the planning meeting also participated in teaching during the 2-day course.

### **2. Participants (see Appendix 3)**

There were 25 participants (21 doctors and 4 nurses) from the Western Division, representing Lautoka Hospital and a number of subdivisional hospitals. This course was notable for the good coverage of acute care staff in the Western Division.

### **3. Course Programme (see Appendix 4)**

A standard 2-day course timetable was used. The instructors made up some time during the lectures, allowing more time for the practical sessions.

### **4. Venue**

The 2-day course was held in a tutorial room in the Fiji School of Medicine building at Lautoka Hospital. This was a good sized room for 20-25 participants. Four bedrooms next to the tutorial room were used for the skill stations, discussion groups and scenarios. Overall, this was an excellent venue for the course.

A data projector was borrowed from Lautoka Hospital.

### **5. Teaching Materials**

Half the manuals were printed in Christchurch and half were sent from the PTC Foundation in Oxford.

### **6. Participant Feedback**

15 forms received. Most rated all sessions 4 (good) or 5 (very good). 2 participants gave the skill stations a 3 (average), 2 participants gave the MCQs a 3 (average).

#### *Best parts?*

- Scenarios (13), practising what has just been taught
- “Short clear presentations”
- “Getting a Pacific perspective”

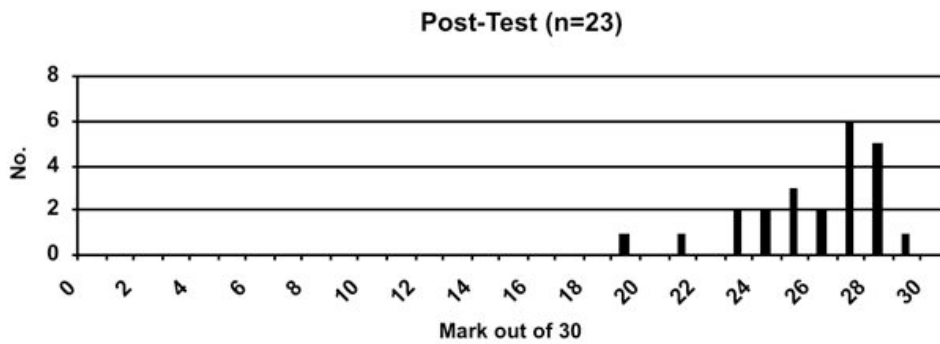
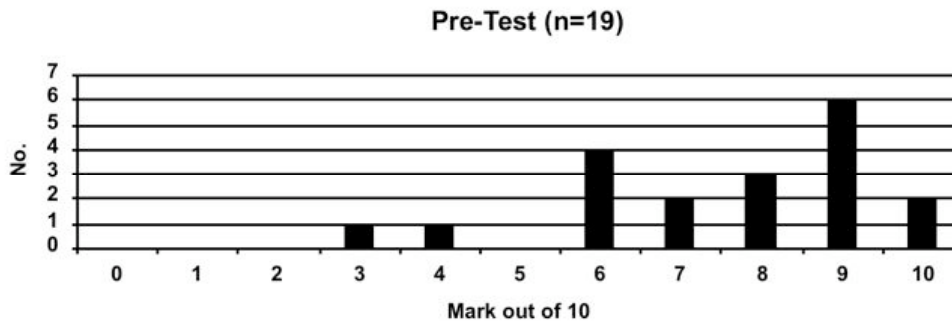
#### *Change?*

- MCQs (2)
- Nothing (2)
- “Myself, in handling trauma injury cases”

- Some more complicated scenarios, eg, attending to two or more patients at the same time.
- More variety of scenarios

## 7. MCQs

10 MCQs were asked at the beginning of the course and 30 were asked at the end of the course. Overall, scores were high.



## **Success and Relevance of the Visit**

In my view, this was a very successful meeting. Some of the highlights were:

- The enthusiasm and hard work of the participants.
- The opportunity for key PTC instructors to share ideas and learn from each other.
- The opportunity to refresh knowledge and skills.
- Discussion regarding the difficulties in running courses in the region, and how to overcome these.
- Revision of teaching materials for trial use in the Pacific.
- The support of the Pacific Island Project, the PTC Foundation and regional health ministries.
- The very well organised and well run 2-day course at Lautoka Hospital.

## **Plans for the Future**

The meeting will be truly successful if it leads to regional instructors taking ownership of PTC in their countries. PTC is now well established in PNG and Solomon Islands. It is also being run regularly for final year medical students in Fiji, but there is also a need for PTC courses to be run for Ministry of Health staff.

In other Pacific countries, some additional assistance will still be required to establish regular courses.

## ***Recommendations***

- 1. Courses as outlined in Appendix 2. Some courses will require 1-2 regional instructors.**
- 2. Maintenance of a pool of experienced regional instructors.**
- 3. Discussion between regional PTC instructors and their respective Ministries of Health regarding the benefits of running regular PTC courses (at least annually) and to include these courses in annual budgets. Once established, course costs are minimal – mainly catering and possibly transport and accommodation costs for local participants.**
- 4. Development of a pool of PTC teaching and scenario equipment in each country. External funding may be required for larger items, eg, airway manikins.**
- 5. Use of trial slides for a one year period, then review.**
- 6. A follow-up regional instructor meeting in 1-2 year's time.**

## **Acknowledgements**

Thank you very much to Lito De Silva, Pacific Island Project, for all his organisational work. His presence at the meeting was also very valuable.

Thank you to all the meeting participants for their hard work and enthusiasm. Thanks to Dr Jemesa Tudravu for his support and Drs Luke, Maloni and Mara for their help as local organisers.

Thank you to the PTC Foundation and the Ministries of Health of the individual Pacific countries for their support.

**Dr Wayne Morriss**

**13 April 2009**



Basil Leodoro teaching on 2-day course

## Appendix 1: Participants, Instructor Refresher / Regional Planning Meeting

1. Yongoe Kambue	Emergency Physician, Lae, Papua New Guinea
2. Lucas Samof	Anaesthetist, Alotau, Papua New Guinea
3. Sam Yockopua	Emergency Physician, Port Moresby, PNG
4. Dudley Baerodo	Chief Surgeon, Honiara, Solomon Islands
5. Kenton Sade	Emergency Registrar, Honiara, Solomon Islands
6. Willie Tokon	Anaesthetist & Med Supt, Port Vila, Vanuatu
7. Basil Leodoro	Surgical Registrar, Vanuatu (currently Suva)
8. Maloni Bulanauca	Surgical Registrar, Suva, Fiji
9. Luke Nasedra	Anaesthetist, Labasa, Fiji
10. Suzi Nou	Anaesthetist, Fiji School of Medicine (from Australia)
11. Mara Vukivukiseru	Anaesthetic Registrar, Lautoka, Fiji
12. Bauro Tematang	Surgical Registrar, Kiribati (currently Suva)
13. Dyxon Hansell	Surgical Registrar, Samoa (currently Suva)
14. Loudeen Lam	Surgical Registrar, Apia, Samoa
15. Pesa Une	Anaesthetist, Apia, Samoa
16. Bernard Tuinuku'afe	Anaesthetist, Nuku'alofa, Tonga
17. Kolini Vaea	Surgical Registrar, Tonga (currently Suva)
18. Deacon Teapa	Surgical Registrar, Cook Islands (currently Suva)
19. Rob McDougall	Anaesthetist, Melbourne, Australia
20. Georgina Phillips	Emergency Physician, Melbourne, Australia
21. Bryce Curran	Anaesthetist, Christchurch, New Zealand
22. Wayne Morriss	Anaesthetist, Christchurch, New Zealand
23. Lito De Silva	Project Coordinator, Pacific Island Project, Melbourne

## **Appendix 2: Notes re PTC Courses Before End of 2009**

### **PNG and Solomon Islands**

- Ongoing courses as organised by local instructors
- Discussion with MOH re budgeting for local costs
- Some external support may be required, eg, printing costs

### **Vanuatu**

- Dates: Port Vila on 21-25 September, 2/1/2 format
- Funding available from the Pacific Island Project.
- Week before Pacific Society of Anaesthetists' meeting, so can economise on airfares.
- Willie Tokon is local coordinator
- Probable instructors
  - Basil Leodoro (Suva)
  - Sereima Bale, Suzi Nou, Andy Ilo, Tildena, Luke (in Fiji, all coming for PSA meeting)
  - Wayne Morriss (NZ)
- Willie to check out venue, catering, local transport and accommodation.
- Luke will check out flights from Fiji.
- Adult airway manikin will be required.

### **Fiji**

- Ongoing twice-yearly courses for final year medical students (coordinated by Sereima Bale at Fiji School of Medicine)
- Formation of a core team of PTC instructors (Luke Nasedra, Maloni Bulanauca, Suzi Nou, Mara Vukivukiseru) to organise courses for MOH staff. Luke to discuss with Sereima.
- Discussion with MOH re funding for a PTC course in each of the three health divisions per year (ie, three courses per year).
- Large pool of experienced instructors in Fiji.
- First course will probably be held at Labasa Hospital (Northern Division)

### **Samoa**

- Dates: Apia, first week of August, possibly two 2-day courses.
- Funding available from PIP.
- Local coordinators: Loudeen Lam and Pesa Une, assisted by Tia Va'ai
- Instructors
  - Loudeen, Pesa
  - Lamour Hansell, Aleki (in Samoa)
  - Dyxon Hansell (in Suva), Bryce Curran (NZ), Yongoe Kambue (PNG)
- Funding will required for the three overseas speakers
- Loudeen and Pesa to discuss with Dr Tia Va'ai and Dr Stanley Dean and confirm dates, book venue and discuss funding for local participants.

## **Tonga**

- Dates: Week before or week after Samoa course, probably one 2-day course
- Some funding may be available from the Pacific Islands Project.
- Local coordination: Bernard Tuinuku'afe, assisted by Dr Moana Tupou.
- Probable instructors
  - Moana Tupou, Bernard, other instructors trained June 2008
  - Dr John Roberts (Australia, self-funded)
  - Kolini Vaea (in Suva)
  - Yongoe Kambue (PNG) (in Samoa for courses there)
- Funding will be required for Kolini Vaea and Yongoe Kambue.
- Bernard to discuss check dates and liaise with Loudeen and Pesa in Samoa. To discuss PTC budget with MOH.

## **Kiribati**

- Course requested by Kiribati MOH – Lito to check
- Dates: December 2009
- Funding available from PIP.
- Coordinated and run by Fiji-based PTC instructors, including Bauro Tematang. Oten also in Suva (doing final year MMed). Georgina also keen to be involved.
- Bauro to talk with Tereira.
- External funding as required for instructor costs.

## **Marshall Islands**

- Course requested by Marshall Is MOH
- Dates: To be determined
- Funding available from PIP.
- Coordinated by Dr Bruce Lister (Brisbane). To discuss with Lito De Silva, Arthur Vartis (who has recently visited Micronesia) and Dr Johnny Hedson (surgeon in Pohnpei)
- Other instructors: Isau Mekoll (Palau), Thome Joel (Pohnpei), Jay (Ebeye)

### Appendix 3: Participants, 2-Day Course, Lautoka Hospital

HOSPITAL	NAME	EDP	DEPARTMENT
LAUTOKA	1. Dr Arun Murari	63882	General Surgery
	2. Dr Colin Brook	64311	General Surgery
	3. Dr Pauliasi Bauleka	63120	Orthopaedics
	4. Dr Mark Rokobuli	63689	Orthopaedics
	5. Dr Pita Sovanivalu	63941	Orthopaedics
	6. Dr Ashna Rafiq	59255	A&E
	7. Dr Mereoni Voce	47039	A&E
	8. Dr Elenoa Raikabakaba	52852	A&E
	9. Dr Iokimi Domonakibau	64310	Medicine
	10. S/N Vani Mocelutu		A&E
	11. S/N Kamleshwar		A&E
	12. S/N Seini Ravu		Trauma Ward
	13. S/N Rita Lew		ICU
SIGATOKA	1. Dr Viliame Matatolu	90289	A&E
	2. Dr Finau Lutubula	90538	A&E
NADI	1. Dr Dave Whippy		Nadi Hospital
	2. Dr Tupou		Nadi Hospital
LAUTOKA/YASAWA	1. Dr Komal K Ram	90298	Natabua H/C
	2. Dr Shayne Prasad	90544	Kese H/C
BA	1. Dr Luse Tinaikui		Ba Mission Hospital
	2. Dr Ranu Anjali	90546	Ba Mission Hospital
TAVUA	1. Dr Ronal R Kumar	90548	Tavua Hospital
	2. Dr Losana Natuva	90537	Tavua Hospital
RAKIRAKI	1. Dr Sefanaia Jikowale	90543	Rakiraki Hospital
	2. Dr Waran Thaggard		Rakiraki Hospital

## Appendix 4: PTC 2-Day Course, 26-27 March 2009, Lautoka Hospital

### DAY 1

0830-0930	Introduction Regional Trauma Perspective MCQs	Mara Mara / Bernard / Yongoe
0930-1000	ABCDE, Primary Survey	Dyxon
1000-1030	<i>Morning tea</i>	
1030-1100 1100-1130	Airway and Breathing Circulation	Willie Bauro
1130-1230	Skill Stations	Airway 1 Airway 2 Cervical Spine Chest drain
		Basil Willie Loudeen Koloni
1230-1330	<i>LUNCH</i>	
1330-1400	Demonstration Scenarios	PNG team
1400-1515	Scenarios (four)	All
1515-1530	<i>Afternoon Tea</i>	
1530-1600 1600-1630 1630-1645	Secondary survey Chest Trauma Day 1 Summary	Kenton Koloni Mara

### DAY 2

0830-0900 0900-0930 0930-1000	Abdominal and Pelvic Injuries Head and Spinal Injuries Paediatric and Obstetric Trauma	Yongoe Loudeen Pesa
1000-1030	<i>Morning Tea</i>	
1030-1100	Burns	Basil
1100-1215	Workshops	Analgesia Transportation Paediatrics Neuro assessment
		Pesa Loudeen Mara Koloni
1215-1315	<i>LUNCH</i>	
1315-1415	Disaster Management	Sam
1415-1530	Scenarios	All
1530-1545	<i>Afternoon tea</i>	
1545-1630	MCQs and discussion	All
1630-1645	Feedback, close	Mara