

REPORT
PRIMARY TRAUMA CARE (PTC) COURSES

PTC INSTRUCTOR COURSE

Ulanbaatar, Mongolia

9th to 15th June, 2010

Executive Summary

1. *What is the problem?*

Trauma is a major cause of death and disability in many developing countries, including Mongolia. The Primary Trauma Care course was developed to train health care workers to effectively and systematically manage trauma patients. PTC courses have been held in many parts of the world. Two previous courses have been held in Ulanbaatar.

2. *What did we do?*

A 2-day PTC course and one-day PTC Instructor Course were held in Ulanbaatar. These courses were immediately followed by a second 2-day course organised and taught by the newly trained local instructors. 8 people attended the first 2-day course, 8 new instructors and two experienced instructors joined the instructor course, and 13 attended the second 2-day course. The aim of these courses was to teach trauma management knowledge and skills to course participants and also to train and develop the skills of local PTC instructors.

3. *What happens next?*

There is now a strong group of local PTC instructors who have the equipment, knowledge and skills to run future PTC courses in Ulanbaatar. A PTC committee has been formed and plans are under way to hold a follow-up course in late 2010.

4. *What help will be needed?*

This course was funded by The PTC foundation with the overseas instructors self funding flights and accommodation. PTC courses are relatively cheap to run but the future sustainability of PTC in Mongolia will depend on the enthusiasm of the local instructors and the ongoing support of the Ministry of Health hopefully in collaboration with The World Health Organisation. Courses in the capital Ulanbaatar will require less resources than courses in the regions..

Introduction

Mongolia is a large country land locked between China and Russia. The population is about 3.0 million with about 1 million living in the capital Ulanbatar.

Trauma deaths account for about 15% of deaths in Mongolia making it the third most common cause of death with a significant number of these deaths occurring in younger age groups. It also contributes to significant disability. Road traffic accidents, horse riding accidents and burns are the main causes of trauma. Factors contributing to car crash injuries are alcohol use, lack of seatbelt use, vehicle

overcrowding and poor vehicle maintenance. Burns are caused by cooking fires used indoors in the felt Ger due to the climatic conditions.

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 with the backing of the Australian Society of Anaesthetists, but PTC is now being taught in many parts of the world, including many countries in Africa, South America and Asia.

Apart from teaching a system for managing trauma patients, PTC has a number of other benefits:

- PTC principles can be applied to non-trauma patients.
- The course teaches teamwork and communication between doctors, nurses and other healthcare workers.
- The course develops teaching skills and encourages ownership by local healthcare workers.

Local Organisers

Dr Ganbold Lundeg President of the Mongolian Society of Anaesthetists organised the venue and participants. He also liaised with and arranged meetings with representatives from the Ministry of Health and W.H.O.

Dr Ariuntungalag Myagmar (Tungaa) also assisted with pre-course organisation, instructing on the first course and was course Director during the second 2 day course conducted in Mongolian.

Course Instructors for First 2-Day Course

(and Instructor Course*)

1. Dr Tungaa
(Local organiser)
Anaesthetist Maternal and Child Health Research Centre
2. Dr. D Kenneth Brownhill
(Overseas Organiser)
Anaesthetist, Melbourne Australia
3. Dr Wayne Morriss
Anaesthetist, Christchurch, New Zealand
4. Dr Stephen Swallow
Anaesthetist, Hobart, Australia
5. Dr. Ganbold
Anaesthetist and President of the Mongolian Society of Anaesthetists.

Instructors for Second 2-Day Course

1. Dr. Tungaa
Anaesthetist, Ulanbaatar
2. Dr. Burmaa
Anaesthetist, Ulanbaatar
3. Dr. Nurbek
Resident Emergency Medical Service
4. Dr. Odgerel
Anaesthetist, Ulanbaatar
5. Dr. Onigerel
Director, Emergency Medical Service
6. Dr. Tsoomoo
Anaesthetist, Mongolian Army
7. Dr. Zulaa
Anaesthetist, Ulanbaatar

Course Participants

See Appendices 1-3

Course Programmes

See Appendices 4-6.

Overall, the timetables worked well, although some of the skill stations and scenarios felt rushed. Timekeeping was excellent during the second 2-day course!

All teaching was done in Mongolian during the second 2-day course.



Venue, Presentation, Catering

All courses were held at The Mongolian Anaesthetists Society offices. This was excellent venue with a central location. The lectures were held in the offices with a mounted projector available. The scenarios were held in a nearby hall provided for the occasion.

Catering was arranged by Dr Tungaa with food bought in from local outlets.

Teaching Materials

Dr Tungaa who translated the manual with the help of colleagues organised printing of all manuals in Ulanbaatar. With some manuals printed in English including the Instructors manual. A print run of 500 manuals in Mongolian was also arranged. The manuals were of good quality, printing costs to be met by the Primary Trauma Care foundation.

Copies of all teaching materials, manuals and other documents were copied and CDs were given to all new instructors.

MCQs

MCQs were asked at the beginning and end of each course

Participant Feedback

Overall, participant feedback was very positive for all three courses. Of those who participated on the instructors course and taught on the second 2 day course Dr. Onigerel from the Emergency Doctor/Ambulance Service and Dr. Tsoomoo from the Mongolian Armed Forces expressed that they would be very keen to have the course taught to all staff within their respective services.

Financial

All overseas instructors self funded their flights and accommodation .The Mongolian Society of Anaesthetists very kindly provided the venues. The World Federation of Anaesthetists provides a resuscitation manikin which was brought by Dr. Morriss and was donated to the Mongolian Society of Anaesthetists for future courses.

There was agreement from the Primary Trauma Care Foundation that some funds would be available for the course though it was not possible to submit a budget prior to the visit as the main expenses printing the manuals had not been costed.

The costs of printing and course catering will be submitted shortly.

Success and Relevance of the Visit

The main objectives of the visit were:

- To teach PTC concepts and skills to relevant health providers
- To give a group of local instructors the knowledge and skills to run more PTC courses in the future.

We were able to teach PTC concepts and skills to relevant health providers in both 2-day courses.

There was a good mix of healthcare providers during both 2-day courses from a range of medical services.

The instructor course and subsequent 2-day course were very successful. The newly trained instructors were extremely well organised, very enthusiastic and were very effective teachers. They ran the course with almost no assistance from the external instructors.

Plans for the Future

There are two main challenges:

- For PTC instructors and participants to apply PTC principles to the management of patients on a day-to-day basis.
- For PTC instructors to run more PTC courses.

To do this, they will need ongoing support from senior clinicians, the Ministry of Health and hopefully the World Health Organization.

During our visit Drs Ganbold, Morriss and I had a very constructive meeting with Ms. S Tugsdelger the Director of the Department of Public Health Policy Implementation and Coordination. She was keen to learn about PTC and over the next period will consider whether PTC should be one of the approved courses aimed at improving the management of Trauma in Mongolia.

Drs Ganbold and Swallow also met with the local WHO representative. Dr Swallow will report on that meeting separately.

Acknowledgements

Special thanks to Dr Ganbold for doing all the preparatory work, and to Dr Tungaa for her work in translating the manuals and slides, organising printing and catering and Directing the team of new instructors on the second 2 day course. Thanks very much to the other overseas instructors, Dr. Stephen Swallow and Dr. Wayne Morriss.

Dr Ken Brownhill
Overseas Coordinator PTC Mongolia 2010

Appendix 1: Participants, First 2-Day Course

- | | |
|----------------|---|
| 1. Tsoomoo B | Anaesthetist, Mongolian Army |
| 2. Batbayar Ts | Surgeon, Trauma Hospital |
| 3. Enkhzul G | Anaesthetist, Number 1 Hospital U.B. |
| 4. Zorigt L | Anaesthetic Resident |
| 5. Nurbek B | Surgeon, Emergency Medical/
Ambulance Service |
| 6. Onigerel L | Director, Emergency Medical/
Ambulance Service |
| 7. Odgerel B | Anaesthetist, Childrens' Hospital U.B. |
| 8. Kherlen P | Anaesthetic Resident |

Appendix 2: Participants, Instructor Course

1. Tungaa
2. Zulaa

3. Onigerel
4. Nurbek
5. Burmaa
6. Tsoomoo
7. Odgerel

Appendix 3: Participants, Second 2-Day Course

1. **Byambaa Batbayar, Orkhon Province, Anaesthetist**
2. **Choibaatar Boldbaatar, Dorno-gobi Province, Anaesthetist**
3. **Lkhagvasuren Baigal, Medical University, Nursing School educator**
4. **Batbayar Sainzaya, Anaesthesiology resident**
5. **Chuluun Enkhtuul, Medical University, Nursing School educator**
6. **Enkhat Solongo, Anaesthesiology resident**
7. **Batsaikhan Enkhzul, Anaesthesiology resident**
8. **Khadkhyi Oyunsuvd, Anaesthesiology resident**
9. **Regzedmaa Orgilmaa, Medical University, Nursing School educator**
10. **J Nyamaa, Arkhangai Province, Anaesthetist**
11. **Sandan Enkhsaikhan, Zavkhan Province, Anaesthetist**
12. **Batsuren, Anaesthesiology resident**
13. **Lkhagvaa Altanzul, Anaesthesiology resident**
14. **Ganbold Ariunbold, Anaesthesiology resident**
15. **Anjaa Odmaa, Anaesthesiology resident**
16. **Tumurbaatar Otgonjargal, Anaesthesiology resident**
17. **Yanjmaa Enkhjargal, Medical University, Nursing School educator**

Appendix 4:

PTC 2-Day Course, 9-10 June 2010 MSA Training Center, UB, Mongolia

DAY 1

0900-1000	Introduction Local Trauma Perspective MCQs	Ganbold /Wayne Ganbold/Tungaa	
1000-1030	ABCDE, Primary Survey	Ken	
1030-1100	<i>Morning tea</i>		
1100-1130 1130-1200	Airway and Breathing Circulation	Tungaa Stephen	
1200-1300	Skill Stations	Airway 1 Airway 2 Cervical Spine Chest Drain	Tungaa Ken Wayne Stephen
1300-1345	<i>LUNCH</i>		
1345-1415	Demonstration Scenarios	All	
1415-1530	Scenarios (four)	All	
1530-1545	<i>Afternoon Tea</i>		
1545-1615 1615-1645 1645-1700	Secondary survey Chest Trauma Day 1 Summary	Ken Wayne Ken	

DAY 2

0830-0900 0900-0930 0930-1000	Abdominal and Pelvic Injuries Head and Spinal Injuries Paediatric and Obstetric Trauma	Ken Stephen Tungaa	
1000-1030	<i>Morning Tea</i>		
1030-1100	Burns	Wayne	
1100-1215	Workshops	Analgesia Transportation Paediatrics Neuro assessment	Stephen Ken Tungaa Wayne
1215-1300	<i>LUNCH</i>		
1300-1400	Disaster Management	All	
1400-1515	Scenarios	All	
1515-1530	<i>Afternoon tea</i>		
1530-1615	MCQs and discussion	All	
1615-1630	Feedback, close	Ken/Wayne	

Appendix 5: PTC Instructors' Course

PTC Instructors' Course, UB, Mongolia

11 June 2010

Session 1: Introduction and Teaching Basics

0830-0840 Stephen	10 mins	Introduction	Wayne /
0840-0855	15 mins	PTC in Mongolia	Tungaa
0855-0910	15 mins	How adults learn	Stephen
0910-0925	15 mins	Asking questions	Ken
0925-0945	20 mins	Feedback	Ganbold
0945-1015	<i>Break</i>		

Session 2: How to Give Presentations and Workshops

1015-1035	20 mins	General introduction	Wayne
1035-1055	20 mins	Giving a lecture	Tungaa
1055-1115	20 mins	Running a discussion group	Ken
1115-1215	60 mins	Workshops <ul style="list-style-type: none">• Lecture• Discussion group	
		Divide into two groups, 30 mins each workshop	
1215-1315	<i>Lunch</i>		

Session 3: How to Give Presentations and Workshops

1315-1335	20 mins	Teaching a skill	Stephen
1335-1400	25 mins	Running a scenario	Wayne
1400-1500	60 mins	Workshops <ul style="list-style-type: none">• Skill• Scenario	
1500-1530	<i>Break</i>		

Session 4: How to Run a PTC Course

1530-1700	90 mins	Discussion of issues <ul style="list-style-type: none">• Language• Personnel• Equipment• Paperwork	All
		Planning for 2-day course	
		The future of PTC in Mongolia	
		Course evaluation	

Appendix 6:

PTC 2-Day Course, 14-15 June 2010

MSA Training Center, UB, Mongolia

DAY 1

0900-1000	Introduction Local Trauma Perspective MCQs		Ganbold Tungaa
1000-1030	ABCDE, Primary Survey		Zulaa
1030-1100	<i>Morning tea</i>		
1100-1130 1130-1200	Airway and Breathing Circulation		Onigerel Nurbek
1200-1300	Skill Stations	Airway 1 Airway 2 Cervical Spine Chest Drain	Burmaa / Tsoomoo Odgerel / Zulaa Onigerel / Tungaa Nurbek / Bayaraa
1300-1345	<i>LUNCH</i>		
1345-1415	Demonstration Scenarios		All (Tsoomoo)
1415-1530	Scenarios (four)		All
1530-1545	<i>Afternoon Tea</i>		
1545-1615 1615-1645 1645-1700	Secondary survey Chest Trauma Day 1 Summary		Odgerel Bayaraa Tungaa

DAY 2

0830-0900 0900-0930 0930-1000	Abdominal and Pelvic Injuries Head and Spinal Injuries Paediatric and Obstetric Trauma		Tsoomoo Bayaraa Burmaa
1000-1030	<i>Morning Tea</i>		
1030-1100	Burns		Nurbek
1100-1215	Workshops	Analgesia Transportation Paediatrics Neuro assessment	Zulaa / Tungaa Onigerel / Tsoomoo Burmaa / Nurbek Odgerel / Bayaraa
1215-1300	<i>LUNCH</i>		
1300-1400	Disaster Management		Tsoomoo / All
1400-1515	Scenarios		All
1515-1530	<i>Afternoon tea</i>		
1530-1615 1615-1630	MCQs and discussion Feedback, close		All Tungaa / Ganbold

