

PTC course

Nonga Hospital, Rabaul, East New Britain 7,8 March 2006

Venue: Conference Room and Library, Nonga Hospital

Director: Chris Curry

Instructors: Julius Plinduo, Felix Pakop

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.

Provisions:

the hospital provided a small sum for morning and afternoon teas and a light lunch.

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.

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| 1. Wesley Vincent | Anaesth Tech Officer (ATO) |
| 2. James Roberts | ATO |
| 3. Anne Iniauma | Registered nursing officer (RNO) |
| 4. Patricia Kauli | RNO |
| 5. Johnson Gahare | NO |
| 6. Elizabeth Taliah | Community health worker (CHW) |
| 7. Mabatha Podi | NO, Dip anaesth sciences trainee |
| 8. Dessie Upai | NO, Dip anaesth sciences trainee |
| 9. Theresia Yaigom | Health extension officer (HEO), OPD |
| 10. Othello Zao | HEO, Kerevat health centre |
| 11. Annette Timothy | HEO, AOPD and A&E Vunapope |
| 12. Felicitas Baule | RNO, OPD Vunapope |
| 13. Janice Ikave | CHW, Gelagela sub-health centre |
| 14. Andrew Pipingang | CHW, Gelagela sub-health centre |
| 15. Clement Kulepak | HEO, Warangui health centre |
| 16. Irima Goigoi | NO, Tapipi health centre |
| 17. Elsie Buka | HEO, Tapipi health centre |
| 18. Raymond Kaitok | CHW, Napapar sub health centre |
| 19. Michelle Hendel | medical student Monash |
| 20. Simon Hendel | med student Monash |
| 21. Carlee Thomas | med student Monash |

Program

DAY 1. 09.00 – 16.00

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| Opening | Felix Pakop, acting DMS |
| Introduction | Chris Curry |
| Local perspective | Julius Pliduo |

ABCDE, Primary survey	CC
Airway, Breathing	JP
BREAK	
Circulation and shock	JP
Skill stations airway	CC
spinal injuries	JP
scenarios	FP
LUNCH	
Skill stations airway	CC
spinal injuries	JP
scenarios	FP
BREAK	
Secondary survey	CC
Chest trauma	JP
DAY 2	
Head injury	CC
Spinal injury	CC
Abdominal trauma	JP
Limb injuries	JP
Paediatric trauma	CC
Trauma in Pregnancy	CC
BREAK	
Workshops: neurological assessment	CC
trauma in children	FP
transportation	JP
LUNCH	
Burns	CC
Disaster response, esp. volcanoes	JP
Scenarios	CC, JP
BREAK	
Multiple choice quiz	
Summary, Certificates, Close	CC

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