

REPORT
PTC INSTRUCTOR COURSE and PTC COURSE

Port Moresby, Papua New Guinea
30 August - 1 September 2007

Introduction

The growth of PTC in Papua New Guinea has been exceptional. The first PTC course was held in 2004. By mid-2007, 32 courses had been held in 10 locations. The development of PTC has been driven by visiting and local Emergency Medicine (EM) physicians, under the leadership of Associate Professor Chris Curry from Perth Australia.

In May 2006, four EM trainees (Yongoe Kambue, Sam Yockopua and Vincent Atua from PNG and Kenton Save from the Solomon Islands) attended a PTC Instructor Course in Melbourne, Australia.

To date, all PTC courses in PNG have been supported by visiting Australian instructors. An Instructor Course was held in Port Moresby to increase the number of local instructors and to give them the skills to run PTC courses without outside assistance in the near future.

Summary

A PTC Instructor Course was held in PNG for the first time on 30 August 2007. This was attended by 10 doctors from PNG and one doctor from Solomon Islands.

This was immediately followed by a 2-day PTC Course taught by the newly trained instructors. 29 people, mainly from Port Moresby, attended this course.

The course was immediately followed by the Annual Symposium of the PNG Medical Society (3-5 September), specialty meetings (6-7 September) and an Emergency Life Support course (8-9 September).

Instructor Course Instructors

1. Dr Sam Yockopua
(Local organiser)
EM trainee, Port Moresby, PNG
2. Dr Lucas Samof
Anaesthetist, Alotau, PNG
3. Dr Yongoe Kambue
EM physician, Lae, PNG
4. Dr Kenton Save
EM trainee, Honiara, Solomon Islands
5. Dr Wayne Morriss
Anaesthetist, Christchurch, New Zealand
6. Dr Georgina Philipps
EM physician, Melbourne, Australia
7. Dr Antony Chenhall
EM physician, Melbourne, Australia

8. Dr David Symmons
EM physician, Townsville, Australia

Course Participants

See Appendix 1.

11 doctors attended the Instructor Course. Several travelled to Port Moresby from other parts of PNG and one doctor came from Solomon Islands.

All the newly trained instructors were able to participate in the planning and provision of the 2-day course. The course was very ably coordinated by Dr Sam Yockopua.

Course Programmes

See Appendix 2.

Standard programmes were used for both courses. Local photos were added to the standard PTC slides.

Ideally, more time should have been timetabled for the instructor workshops. We also found that we needed more time for the introductory session – informal introductions by course participants are an important ice-breaker at the start of the course but take a significant amount of time.

Intraosseous needle insertion was also taught during the skill station section.

Venue and Course Presentation

The courses were all held in the lecture theatre, tutorial rooms and board room of the School of Medical Sciences, University of PNG.

A computer data projector, loaned by the school, was used for all courses. Limited equipment was available for skill stations and scenarios.

Participant Feedback

We received feedback from 11 out of 11 Instructor Course participants. Feedback was very positive. Several participants commented positively on the workshops but one found the scenario section confusing. One would have liked more on adult learning and teaching a skill. Two people wanted more time.

We received feedback from 28 out of 29 people who attended both days of the 2-day course. Feedback was also very positive. Some comments:

“Very helpful presentation. Needs all Health workers involved in PTC.”

“Team was well organised, I’ve learned a lot and can manage well.”

“The team was well organised and I feel competent and confidence to practise in my settings.”

“Regular sessions to be held more often.”

“Need more case slide shows for examples.”

“It was very helpful, especially with the scenarios. I have learnt a lot on Primary Trauma Care. This type of course should be done regularly in order for us to prevent secondary injuries.”

Things to Improve

Participant feedback was very positive but there were some parts of the courses that caused confusion.

The scenario slides and workshop of the Instructor Course were problematic (this part has also caused confusion during previous courses). Participants seem to struggle with what a scenario is and also what they are trying to achieve during the scenario workshop. The emphasis becomes how to participate in a scenario rather than how to run a scenario.

Scenarios are a vital part of PTC and I think a larger amount of time needs to be allocated to them in the Instructor Course. I am keen to revise the slides to try and clarify how scenarios should work. I think a demonstration scenario emphasising the “how to” aspects of running a scenario is essential.

Regarding the 2-day course, there is a tendency to present too much information during the lectures. One example is the Head and Spinal Trauma lecture (38 slides). This is a lot of information to present in a relatively short time. Some slides are too detailed and cause confusion for participants with limited English. I realise that instructors are free to reduce the number of slides but, in my experience, this does not happen. As a result, less time may be spent on the more practical parts of the course.

Success and Relevance of the Visit

The courses were successful and enjoyable for a number of reasons.

Firstly, Sam Yockopua did a great job organising the courses, specifically venues, equipment and participants. Chris Curry did a lot of behind-the-scenes work, including getting funding for transport, but was unfortunately unable to attend the courses.

Secondly, the enthusiasm of the local instructors was infectious. All had been involved with PTC courses in the past and many related incidents where PTC had been very helpful in the management of patients in their own hospitals. The newly trained instructors did a great job at planning and running the 2-day course.

Thirdly, there was excellent support from the medical school and local Medical School Support Project (MSSP) and Tertiary Health Services (THS) Project coordinator, Mrs Claire Matainaho.

Plans for the Future

PNG now has a critical mass of well-trained and experienced PTC instructors. It is important that the momentum is continued. We discussed a number of ways to continue the development of PTC in PNG:

- The appointment of a local coordinator to oversee courses and to develop a strategic plan. Sam Yockopua has expressed enthusiasm for taking on this role.
- Printing of manuals and certificates in Port Moresby. We will discuss this and other administrative issues with Claire Matainaho.
- Maintenance of an equipment pool in Port Moresby specifically for PTC skill stations and scenarios. Equipment has recently been purchased for Emergency Life Support (ELS) courses – many of these courses are taught by the same people who are teaching PTC and it should be possible to share the equipment.

It may be possible to arrange transport at minimal cost (similar transport arrangements are in place for another medical course regularly held in PNG).

- Ideally, regular annual courses should be held to maintain skills and allow easier budgeting of time and resources. Possibilities include two 2-day courses in Port Moresby every year (?first half of year) plus a course ran at the same time as the Annual Medical Symposium in September. In addition, other courses could be run in other centres depending on instructors and other resources.
- Discussion with the medical school regarding regular courses for final year medical students. This has proved to be an excellent way of spreading the PTC message in Fiji and the rest of the Pacific.
- These courses were supported by MSSP, THS and PIP. The programmes are currently being reviewed but we should consider submitting a proposal for funding of regular PTC courses in PNG.

Two doctors from Solomon Islands also attended and taught on the courses. There is now a small group of PTC instructors in Honiara and it should be possible to run a PTC course there with minimal outside assistance in the near future.

Acknowledgements

Special thanks to Dr Sam Yockopua for his hard work and excellent organisational skills. Thanks also to Dr Lucas Samof, who helped with organisation before the course. Thanks also to all the instructors for their enthusiasm and hard work.

A/Prof Chris Curry also contributed a great deal to the planning of the course, but was unfortunately unable to travel to PNG.

Special thanks also to Claire and Jerome at the MSSP-THS office for their good humour and hard work at a busy time. Funding was generously provided by AusAID through the Tertiary Health Services Project (transport and accommodation for PNG doctors), Medical School Support Project, and Pacific Island Project (transport and accommodation for Solomon Island doctors). Thanks to Catherine and Tanya at the Royal Australasian College of Surgeons office.

Finally, thanks to Annette and the PTC Foundation.

Wayne Morriss

5 October 2007

Appendix 1: Course Participants

(compiled by Sam Yockopua)

Instructor Course: 30/08/07

	Name	Occupation	Institution
1	Moses Lester	EM Trainee	PMGH
2	Wala Marjen	“	“
3	Desmond Aisi	“	“
4	John Tsiperau	“	“
5	Sonny Kibob	“	PMGH
6	Julius Plinduo	“	Rabaul (Nonga Hosp)
7	Dennis Lee	EM Prospect	Alotau Hospital
8	Charlie Tuharus	Surgeon	Wewak Hospital
9	Jonathan Leslie	Anaesthetist	PMGH
10	Greg Tokabilula	Anaesthetic Trainee	Alotau Hospital
11	Fletcher Kakai	EM Trainee	Honiara-Solomon Islands

2-Day Course: 31/08-01/09/07

	Name	Occupation	Hospital
1	Cynthia Kuanch	Medical Officer-ED	PMGH
2	Mark Raphael	Medical Officer-ED	PMGH
3	Robert Ko	Medical Officer-ED	PMGH
4	Kelly Kep	Medical Officer-ED	PMGH
5	Robert Jones	RMO	PMGH
6	Gary Nou	RMO	PMGH
7	Martha Rapea	NO-COPD	PMGH
8	Hailai Murupa	NO-Surgical ward (3C)	PMGH
9	Ubuna Dat	NO-Surgical ward (3A)	PMGH
10	Dani Irepo	NO-Surgical ward (3C)	PMGH
11	Solomon Divina	Diploma in Anaesthetic Science (DAS) Trainee	UPNG-SMHS
12	Ruma Pepena	“	“
13	Junlyn Amos	“	“
14	Masa Kameso	“	“
15	Bamel Solpa	“	“
16	Henry Kepas	Bachelor of Clinical Nursing (BCN) student-Acute Care	“
17	Pamela Kari	“	“
18	Andy Akebiko	“	“
19	Wilma Sebby	“	“
20	Julie Ume	“	“
21	Thaia R Amana	“	“
22	Charity Kili	“	“
23	Sarah Sailas Kewa	“	“
24	Jennifer Singadan	“	“
25	Viola Prout	“	“

26	Rayleen N Kerepi	“	“
27	Karen Asugum	“	“
28	Benjamin L Manoi	St John’s Ambulance (SJA) Officer: HEO	SJA
29	Lynette Babah	NO HDU	PMGH
30	Josephine Telenge	NO ED	PMGH
31	Rose Olwont	NO ED	PMGH

Appendix 2: 2-Day Course Programme

DAY 1			
08.30	15 minutes	Welcome and introduction	<i>Sam</i>
08.45	15 minutes	Introduction of PTC Course	<i>Sam</i>
9.00	15 minutes	Local trauma perspective	<i>Charlie</i>
9.15	15 minutes	MCQ	<i>Lucas</i>
9.45	30 minutes	ABCDE of Trauma and Primary survey	<i>Julius</i>
10.15	45 minutes	Airway and Breathing	<i>Dennis</i>
11.00	15 minutes	BREAK	
10.15	45 minutes	Circulation and Shock	<i>Desmond</i>
12.00	80 minutes	Skill stations Airway Cervical spine/Log Roll Chest drains Intraosseous Needle	<i>Dennis/Sonny Fletcher/Greg Charlie/Julius Desmond/John</i>
13.20	40 minutes	LUNCH BREAK	
14.00	30 minutes	Secondary survey	<i>Moses</i>
14.30	15 minutes	Demonstration Scenario	<i>Yongoe and Team</i>
14.45	60 minutes	Scenarios	<i>Team</i>
15.45	15 minutes	BREAK	
16.00	30 minutes	Chest injuries	<i>Wala</i>
16.30	15 minutes	Overview and summary	<i>Sam</i>
DAY 2			
8.30	30 minutes	Head Injuries	<i>John</i>
9.00	15 minutes	Spinal Injuries	<i>Sonny/Yongoe</i>
9.15	30 minutes	Abdominal and Limb injuries	<i>Charlie</i>
9.45	15 minutes	Paediatrics	<i>Jonathan</i>
10.00	15 minutes	Obstetrics	<i>Greg</i>
10.30	15 minutes	BREAK	
10.45	30 minutes	Burns	<i>Fletcher</i>
11.15	80 minutes	Workshops Analgesia Transportation Paediatrics Neurological assessment	<i>Jonathan/Flet cher John/Julius Sonny/Greg Charlie/Moses</i>
12.35	55 minutes	LUNCH BREAK	
13.30	30 minutes	Disaster management	<i>Wala/Sam</i>
14.00	30 minutes	Demonstration scenarios	<i>Yongoe and Team</i>
14.30	60 minutes	Scenarios	<i>Team</i>
15.30	15 minutes	BREAK	

15.45	15 minutes	Multiple choice paper	<i>Lucas</i>
16.00	15 minutes	Summary and evaluation	<i>Sam</i>
16.15	15 minutes	Certificates and close	<i>Sam</i>