

PTC NEWS

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THIS EDITION

In this edition, we feature:

- **PTCF Introduction**
- **Chapter Reports from the 1st PTC Regional South Asia Meeting - Lahore**

PTCF INTRODUCTION

Following the June 2007 edition of PTC News which featured the First Regional South Asia Meeting in Lahore, we are pleased to present in this edition, Regional Chapter Reports that were presented at that meeting.

Our thanks go to all those involved for their invaluable input

Primary Trauma Care Foundation



PTC FIRST REGIONAL SOUTH ASIA MEETING

REGIONAL CHAPTER REPORT - INDIA DELHI

The first PTC course in Delhi was run from 16th to 18th September 2005 at the Apollo Hospital, with a visiting faculty made up of members of the Sindh PTC faculty and the UK. The presentation was made by Dr Raj Prasad on behalf of the Delhi faculty.

As background detail, it was pointed out that Mortality and Morbidity in India due to trauma has dramatically increased: from 1971 to 1996 total road length has increased by 168.6% and vehicle numbers have increased by 1711.5%. In 1991, 60,000 people were killed in RTA's as against 24,600 in 1980.

Morbidity has increased by about 150%.

In India 1 out of 6 trauma victim dies, while in the USA this figure is 1 out of 200. Over 80% of the world's total RTA mortality and morbidity rates is in the developing nations: India alone accounts for 10% of this.

Of all lives lost in India due to road accidents, it is estimated that 1/3rd could be saved if timely quality emergency were available.

In Delhi the vehicular density is higher than that of the three metros put together. This has contributed to the rising trend of RTA's in the city.

In Delhi about 2000 lives are lost every year due to RTA's alone. Pedestrians are the most vulnerable group (48.6%) followed by cyclists (24.4%) and motorcyclists (24.2%).

Emergency service provision is limited: according to an epidemiological study conducted in Delhi, 92.8% of RTA victims get treatment only after six hours from the time of the accident. Centralised Ambulance and Trauma Services (CATS) has around 21 ambulances in different locations of Delhi which are used by RTA victims only in 30.56% of the cases, while around 19.72% avail of the services just to return home after being discharged from the hospital.

There is a need for a minimum of 350 standardized accident and trauma ambulances : there are just 200 ambulances in Delhi at present.

In Delhi so far 4 PTC courses have been run, and at the time of the conference there were 80 Providers & 44 Instructors.

A 5th PTC course was due to be run in January 2007, and a 6th course in Bangalore in February 2007. The distinctive feature of the course is that 38% of the time is spent on didactic sessions and 62% of the time on hands on workshops and simulated trauma scenarios.

REGIONAL CHAPTER REPORT - VELLORE

(Professor Rebecca Jacob)

PTC was first introduced to India in Vellore in 1998. A 3 day workshop was held and 5 surgeons and 5 anaesthetists were trained as instructors. Of these original instructors eight have continued actively. A one day workshop was held at the South Asian Confederation of Anaesthetists in Chennai in 1998. Subsequently a few three day meetings were held, though there were difficulties in running these, with problems getting leave and conflicts with other courses and meetings. There were also difficulties with skill mix in the groups and with language. Many trainers are good at didactic lectures but less keen on running scenarios. Instructor fatigue with repeated workshops.

In view of these issues the group in Vellore has concentrated on prevention of injury and training of first responders in schools, the police, bus and ambulance drivers and a one day course introduced into the curriculum for third year medical students, repeated for final year students at the start of their internship.

Trauma Care has also been "piggy backed" onto other large meetings such as the Asian Society of Paediatric Anaesthesia.



REGIONAL CHAPTER REPORT SRI LANKA - (Dr Ranjith Ellawalla)

Sri Lanka has a considerable exposure to Trauma, and is ranked consistently as the highest cause of admission to hospitals since 1991. 11% of hospital deaths there are due to trauma. During the past 24 years there has also been massive trauma resulting from the war zone and elsewhere, but also road, train and other injuries are frequent.

In the Island there are 124 consultant surgeons, 80 consultant anaesthesiologists, as well as 8683 Medical Officers and 203,332 nurses. There is a network of 18 general and other hospitals, and further smaller hospitals, Rural Hospitals and

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Peripheral Units.

The first PTC course was run in Colombo in January 2003, with an instructor course training twenty senior surgeons and anaesthetists, and a subsequent course was run in Jaffna.

Since then courses have been run in 25 centres, with 25 participants per course.

5 centres teaching, with regular programs in Colombo, Colombo North Teaching Hospital, Kandy and Galle. In all over 1300 doctors have now been trained. In Colombo, Galle and Colombo North Medical School separate workshops are being carried out for nurses.



Dr Shirani Hapuarachchi described the training that has been set up in Colombo, arising out of PTC, to set up a First Responder service in the city.

She and her colleagues have started training for fire service trainees (since there is no paramedic job description as such) who underwent training for nearly a year, with basic training and then clinical attachments to cover physiology/anatomy/pharmacology, blood management, CSSD, wards and operating theatres. They then proceed to their fire service training.

The city-wide ambulance service has been established with a standard telephone number, and radio control of the vehicles. The Sri Lankan authorities are now looking at legislation about the training.

REGIONAL CHAPTER REPORT - NEPAL (Dr Rajesh Gongal)

PTC first began in Nepal under auspices of Dr Charlie Collins, an Anaesthetist from the UK: a PTC course and instructor course were run in Nepal in April 2003 with the involvement of Dr Bruce Lister from Australia.



Since then there have been 5 courses a year in Katmandu and one out of the city, and a second instructor course was run in May 2004. Overall there have been 27 PTC courses with four instructor courses, and 500 doctors, plus 58 paramedics and nurses, have been trained. 10 PTC courses have been held outside Kathmandu, and there is one regional centre which can run PTC courses independently.

PTC in Nepal is in the process of registering as a non-profit making NGO, with an executive committee. Instructors are voluntary and unpaid, and this has introduced problems of sustainability. A charge of Rs 500 (£3.50) is made for the course, which covers tea and snacks, and a small amount saved from each course supports the running of a course outside Kathmandu once a year. A decision not to accept pharmaceutical sponsorship has been taken.

Future plans include

- Development of more regional centres, at Pokhara, Tansen, Hetauda and Dharan Bazaar
- To work with other stakeholders to develop emergency medical services

REGIONAL CHAPTER REPORT INDONESIA - (Dr Eddie Rahardjo)

Indonesia is the largest single tropical country extending 5000 km on equator - a ninth of the world's circumference. Its population is 220 million (annual growth 2.5%), with a per capita income of USD 1000. There are 200,000 MDs and 400,000 nurses, with 1700 hospitals of more than 200 beds

PTC was introduced in Jakarta in March 2001, and since then there have been 58 courses to date, including ones held with international participants in the 13th Asian Conference in October 2003 in Surabaya, and there have also been courses in the international area at Dili in East Timor in 2003 and 2004. The total participation has been 1485 doctors and 152 nurses.



There are difficulties in running courses throughout Indonesia: there are 13,000 inhabited islands, many separated by open seas, and land transportation involves long and difficult journeys.

Experience in running PTC courses in Indonesia has led to some changes in teaching style: Dr Rahardjo comments that Indonesians are shy and reserved and do not readily participate in skills and other teaching: for this reason visualization and manikin practice play very important roles. The Indonesian PTC faculty have made a number of modifications to the course, to improve understanding, skill acquisition and courage to apply the skills and knowledge subsequently, and to enhance pride for successfully completing the course.

They have introduced more pictures in the lecture slides using LCD projectors and Power Point slides - now, of 407 slides, 290 incorporate images. They make extensive use of manikins, skill stations with hands-on tricks and scenarios. Participants are provided with a workbook with Power Point hand-out and a Handbook for some basic procedures they can refer to at later date.

Future developments:

- More participants (400+) are queuing for coming PTC courses
- RACS will support 2 more courses in West Timor due April 2007
- More Government bodies are considering PTC.
- In first semester 2007, 100 doctors and nurses from east Java province will go for training
- The Airlangga University Medical Faculty has recommended PTC for final year medical students (200 participants per year)

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