

PTC NEWS

Edition 25

CONTACT DETAILS

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MAY 2010 (TIMOR)

THIS EDITION

TIMOR UPDATE

In this edition, we feature:

- PTC Course Report Suai, Timor - March 2010
- PTC Course Report Baucau, Timor Leste - April 2010

Primary Trauma Care (PTC) Course Report - Suai, Timor 12th-13th March 2010

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Purpose of the visit

This visit had two main aims.

1. Deliver training in trauma care to the staff of the Referral Hospital Suai. This was identified as an area that needed addressing by **Dr Irene**, the Director General of Referral Hospital Suai.

2. For the team from Dili (RACS and NHGV ED staff) to become better acquainted with the staff and needs of Referral Hospital Suai with a view to providing ongoing support.

Executive summary

A two day PTC course was run at the Suai Referral Hospital in Timor Leste on March 12th and 13th. There were 11 participants, all of whom worked at Suai Hospital. 1 participant was a Timorese 'GP' doctor; 3 participants were ED nursing staff; 5 participants were anaesthetic techs; an ambulance officer; and 3 health staff not directly related to emergency care.

The standard 2 day **PTC** course plan was followed with the following variations. Burns was done as a small group activity rather than a lecture. The final MCQs were not done and instead a discussion with the faculty, the course participants and hospital administrators was held on the barriers to implementing PTC in Suai, and what the next steps should be.

Facilities were adequate for teaching and the proximity of the ED to the teaching area allowed some teaching to be done in the ED which worked well.

The course was well received. Evaluation was completed. All aspects of the course were rated as good or above by participants. Comments were generally positive (more time, do again, etc).

The course organiser will continue to liaise with Suai hospital medical staff and a second visit to Suai is planned in about six months.

Key staff involved in planning and co-ordinating

Dr Irene, Director General of Hospital Referral, Suai

Dr Antony Chenhall, Long Term Advisor, Emergency Department, Dili, Timor Leste

Dr Eric Vreede, Long Term Advisor, Anaesthetics, Dili, Timor Leste

Mr Sarmiento Corea, logistic support, RACS office at NHGV Dili.

**Professional aspects of the visit*****Two day PTC participant course***

Meeting with hospital staff including; course participants (which included most of the ED staff), Director General, Director of Nursing, to discuss the situation at the hospital and supports that we may be able to offer.

Dinner meeting with **Dr Irene** (DG) and **Dr Abel**

Course participants

Dr Abel D. de A.F. Lay (General Practitioner, referral hospital, Suai)

Cailito S. Belo (nurse in charge, ED)

Cipriano Freitas (anaesthetic tech, OT)

Estanislau Carvalho (ambulance officer)

Francisco de Araujo (anaesthetic tech, OT)

Lucinda Mendonca (nurse, ED)

Marcos da Silva (dental tech)

Maria de Fatima Amanal (nurse, ED)

Odete da Costa Noranha (lab tech)

Patricio do Caimo (anaesthetic tech, OT)

Victor S. Barreto (anaesthetic tech, OT)

Carmen de Jesus Gusmau (midwife) (day one only)

Natrino Barreto Dos Santos (medical student) (day two only)

Course Instructors

Dr Antony Chenhall (Emergency Physician) Long Term Advisor, Emergency Department, Dili, Timor Leste

Dr Eric Vreede (Anaesthetist) Long Term Advisor, Anaesthetics, Dili, Timor Leste

Dr Stephen Watson (Emergency Medicine Registrar) Darwin, Australia

Francisco Borges (Staff Nurse) Emergency Department, Dili, Timor Leste.

Details of activities***Two day PTC participant course***

Meeting with hospital staff including; course participants (which included most of the ED staff), the Director General of Referral Hospital Suai and Director of Nursing, to discuss the situation at the hospital and supports that we may be able to offer.

Subsidiary activities

Dinner meeting with **Dr Irene** and **Dr Abel**

Contents of the Primary Trauma Care course***Day 1***

Introduction

Local trauma perspective and MCQ

ABCDE of Trauma and Primary survey

Airway and Breathing

Circulation and Shock

Skill stations Airway

Cervical spine

Secondary survey

Scenarios (done in the ED using the equipment actually available in ED on the day)

Overview and summary

Day 2

Chest injuries

Abdominal injuries

Paediatrics and Obstetrics

Workshops Burns

Transportation

Paediatrics

Demonstration Scenario (done in ED using a real patient)

Scenarios

Summary and evaluation

The following topics were not covered in specific lectures but were all covered during workshops and scenarios

Limb injuries

Head and Spinal injuries

Evaluation of the success and relevance of the visit

The visit was a qualified success.

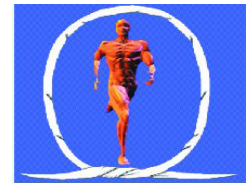
We delivered a 2 day **PTC** course to 11 participants, which included one Timorese resident doctor and three ED nursing staff. We had good engagement from the participants during the course, particularly for the small group activities. The participants evaluated the course positively. The final discussion involving hospital administrators (DG and Director of Nursing) was a worthwhile innovation and identified some of the barriers to actually implementing **PTC** principles in Suai. The meeting

with **Dr Irene** and **Dr Abel** following the course identified further barriers.

By running some parts of the course in the ED we were able to highlight to the ED staff the deficiencies in their current set up, most of the required equipment was available in the hospital (often in theatre) but many things were not readily available in ED. Following the course some suggestions were made as to how the set up could be improved and we plan to follow this up.

Staffing levels in the ED on any given shift are one or two nurses and one Dr (on call). As such team work with other departments (OT staff/ward nurses) is necessary in any major trauma case. However a number of the identified long term problems in Suai related to problems with teamwork and co-operation between different hospital departments and staff (with some longstanding issues underlying this). 'Teamwork' was emphasised in the Suai PTC course, however, due to the local situation, the PTC course alone is unlikely to significantly improve teamwork.

Only three of the ED nursing staff attended the course.



Summary of multiple choice questionnaire scores before and after the course

Due to language constraints the MCQs were done as a group activity using power point. This was useful as an icebreaker and to gauge the level of knowledge of the group. The MCQs were not repeated at the end of the course as we elected to use this time for a group discussion including course participants and some of the senior administrators at the hospital. We discussed the barriers to applying the PTC principles in Suai, the way forward and where we (RACS/the ATLASS program) might fit into that. We aim to have some MCQs translated into Tetun by the next Timor PTC.

Observations and recommendations for future visits in your speciality and suggestions as to how such visits could be modified to contribute further to the projects objectives

A subsequent visit is planned in approximately 6 months time. One purpose of this visit will be

PTC Course evaluation forms

Number of Participants 11

	1 Very Poor	2 Poor	3 Average	4 Good	5 Very Good	Number of responders	Mean Response
Local trauma perspective	0	0	1	9	1	11	4
The ABCDE of trauma and Primary Survey	0	0	0	2	8	10	4.8
Airway and breathing	0	0	0	5	6	11	4.55
Circulation and shock	0	0	0	6	5	11	4.45
Workshops/Skills stations (day 1)	0	0	1	7	3	11	4.18
Secondary Survey	0	0	0	9	2	11	4.18
Scenarios (day 1)	0	0	1	7	3	11	4.18
Chest Injury	0	0	1	8	2	11	4.09
Abdominal trauma	0	0	1	7	3	11	4.18
Trauma in Children and Pregnancy	0	0	2	6	2	10	4
Burns	0	0	0	3	7	10	4.7
Workshops/skill stations (day 2)	0	0	0	7	4	11	4.36
Scenarios (day 2)	0	0	0	7	4	11	4.36
MCQs	0	0	1	7	2	10	4.1

Summary of comments from the evaluation forms

Comments were consistently favourable. There were suggestions for the more time to be available, particularly for more time to be spent of the workshops and skills stations. It was also suggested that more time could be spent on paediatrics.

to follow up how the PTC principles are being applied, how the ED set up has been improved and if anything further needs to be done. I also plan to deliver further training during this follow up visit. A number of areas of need came up during the end of course discussion; better training in suturing, fracture

management and also training in emergency care for paediatric patients. The type of training delivered at the next visit will be arranged in close consultation with **Dr Irene** (the DG at Suai hospital).

Details of any teaching or other material provided

The team (RACS) also donated a number of text books to the hospital on subjects related to surgery and anaesthetic at the district hospital level.

Acknowledgments

Director of Nursing, Referral Hospital Suai, for arranging the venue and refreshments.

Dr Abel, for assistance with translation.



2. For the team from Dili (RACS and NHGV staff) to become better acquainted with the staff and needs of Referral Hospital Baucau with a view to providing ongoing support.

Executive summary

A two day **PTC** course was run at the Baucau Referral Hospital in Timor Leste on April 9th and 10th. There were 14 participants. 3 participants were doctors from Baucau Hospital. The remaining participants were nursing staff from the Baucau hospital ED. The course was well supported by the hospital. Organisation was good, the teaching facilities were adequate, and the snacks were excellent.

The standard 2 day **PTC** course plan was followed with the following variations. Burns was done as a small group activity rather than a lecture. The final MCQs were not done and instead a discussion with the faculty, the course participants and senior hospital doctors was held on the barriers to implementing **PTC** in Baucau, and what the next steps should be.

The course was well received. Evaluation was completed. All aspects of the course were rated as good or above by participants. Comments were generally positive – would like more time, should do this course with other staff (ambulance staff, major health centre staff).

The course organiser will continue to liaise with Baucau hospital medical staff and a second visit to Baucau is planned in about six months.

Key staff involved in planning and co-ordinating

Dr Cesaltino, Director General of Hospital Referral, Baucau

Dra Celia, Clinical Director of Hospital Referral, Baucau

Dr Antony Chenhall, Long Term Advisor, Emergency Department, Dili, Timor Leste

Mr Sarmiento Corea, logistic support, RACS office at NHGV Dili.

Professional aspects of the visit

Two day **PTC** participant course

Meeting with hospital staff including; course participants (which included most of the ED staff), Director General and Clinical Director, to discuss the situation at the hospital and supports that we may be able to offer.

Dinner meeting with **Dr Celia** (Clinical Director at

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Purpose of the visit

This visit had two main aims.

1. Deliver training in trauma care to the staff of the Referral Hospital Baucau. This was identified as an area that needed addressing by **Dr Cesaltino**, the Director General of referral hospital Baucau.

Baucau), **Dr Liborio**, **Dr Alberto**, **Dr Nilton Tilman** and myself.

Course participants

Dr Cesaltino M.R. Leão

Dr Liborio da Costa Alves

Dr Alberto Guterres

Agusto Pinto

Claudino Xiemenes AMK

Deolindo Ornai Ximenes

Genoveva Soares

João Osorio da Costa Ribeiro

Julieta Maria Filipe Ximenes

Maria Helena Pereira Belo

Mario da Costa Belo Guterres

Nelita de Castro Cabral

Sebastião Teofilo da Costa

Tomas Pereira

Course Instructors

Dr Antony Chenhall (Emergency Physician) Long Term Advisor, Emergency Department, Dili, Timor Leste

Dr Nilton Tilman (Surgical Registrar) NHGV, Dili, Timor Leste

Dr James Fordyce (Emergency Physician) Royal Darwin Hospital, Darwin, Australia

Dra Celia, Clinical Director, Referral Hospital Baucau (translation for AC and JF)

Details of activities

Two day PTC participant course

Meeting with hospital staff including; course participants (which included most of the ED staff), the Director General and Clinical Director of

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Referral Hospital Baucau, to discuss the situation at the hospital, barriers to applying the PTC principles and supports that we may be able to offer.

Subsidiary activities

Dinner meeting with **Dr Celia** (Clinical Director) and other Baucau Hospital doctors.

Contents of the Primary Trauma Care course

Day 1

Introduction

MCQs

ABCDE of Trauma and Primary survey

Airway and Breathing

Circulation and Shock

Skill stations Airway

Cervical spine

Secondary survey

Scenarios

Overview and summary

Day 2

Chest injuries

Abdominal injuries

Head and Spinal Injury

Paediatrics and Obstetrics

Workshops Burns

Transportation

Scenarios

Summary and evaluation

PTC Course evaluation forms

Number of Participants 15

	Very Poor (1)	Poor (2)	Average (3)	Good (4)	Very Good (5)	Number of responders	Mean Response
The ABCDE of trauma and Primary Survey	0	0	2	2	10	14	4.57
Airway and breathing	0	0	1	4	9	14	4.57
Circulation and shock	0	0	2	3	9	14	4.5
Workshops/Skills stations (day 1)	0	0	3	8	3	14	4
Secondary Survey	0	0	3	4	6	13	4.23
Scenarios (day 1)	0	0	2	5	6	13	4.30
Chest Injury	0	0	2	3	7	12	4.42
Head and Neck Trauma	0	0	3	5	5	13	4.15
Abdominal trauma	0	0	2	4	8	14	4.43
Trauma in Children and Pregnancy	0	1	2	5	6	14	4.14
Burns	0	0	3	4	6	13	4.23
Scenarios (day 2)	0	0	3	6	4	13	4.08
MCQs	0	0	4	4	4	12	4



All mean scores 4 (good) or above. Highest scores 'Primary Survey' and 'Airway and Breathing'. Lowest scores 'Skills stations - day 1' and 'MCQs'

Summary of comments from the evaluation forms

What was the best part of the course?

- Several positive comments of a general nature.
- Specific positive comments about Primary survey; Secondary survey; chest; and abdomen (one each).

What would you change?

- A couple of requests for repeated/further training.
- One specific request for more training in paediatric trauma/general paediatrics.
- A few requests for more time to be spent on some subjects, in particular chest trauma, paediatrics and trauma in pregnancy.

Summary of multiple choice questionnaire scores before and after the course.

Due to language constraints, the pre-course MCQs were done as a group activity using power point. This was useful as an icebreaker and to gauge the level of knowledge of the group. The MCQs were not repeated at the end of the course as we elected to use this time for a group discussion including course participants and the Director General and Clinical Director of the hospital. We discussed the specific barriers to applying the **PTC** principles in Baucau, the way forward and where we (RACS/ATLASS program) might fit into that. We had trialled such a discussion at the Suai **PTC** course one month previously and found it was a useful course evaluation tool as it provided the instructors with insights into the groups understanding of **PTC** principles. It also focused the group (and senior hospital staff) on the next steps, the need to change practice and what some of the barriers to actually applying the **PTC** principles in Baucau are. At the end of a tight two day schedule, we found this more valuable than repeating the MCQs.

We have not yet translated the MCQs into Tetun.

Evaluation of the success and relevance of the visit

The visit was successful.

We delivered a 2 day **PTC** course to 14 participants, which included 3 Timorese resident doctors and 11 ED nursing staff.

All the Timorese doctors in Baucau and most of the

ED nursing staff in Baucau have now done a **PTC** course.

We had good engagement from the participants during the course, particularly for the small group activities. The participants evaluated the course positively. Feedback during the end of course discussions was positive and there was a commitment from both the ED staff and the senior doctors to implement the **PTC** principles in Baucau.

The day 1 skills stations scored relatively poorly in evaluation compared to scores given for the rest of the course (when usually these skills stations score very highly). This is probably due to the arrival of 2/3 of the instructors, late on the morning of day 1. (Only one instructor was able to travel to Baucau the night before).

We used the revised **PTC** slide set, revised in 2009 by **Dr Rob McDougall** and **Dr Wayne Morris** for use in the Pacific (provided to me by **Dr Wayne Morris**). This slide set worked well in the Timorese setting and we plan to use this set for subsequent Timorese **PTCs**.

Observations and recommendations for future visits in your speciality and suggestions as to how such visits could be modified to contribute further to the projects objectives.

A follow-up visit is already planned for approximately 6 months time. One purpose of this visit will be to follow up how the **PTC** principles are being applied and assess if anything further needs to be done. I also plan to deliver further training during this follow up visit. The type of training delivered at the next visit will be arranged in close consultation with **Dr Cesaltino** and **Dr Celia** (DG and Clinical Director at Baucau hospital).

Pre-hospital care and ambulance transfer of patients to Dili were identified as problems in both **PTC** workshops and in the final discussion.

From my position in the Dili ED I will provide ongoing feedback and support regarding transport of patients from Baucau to Dili.

If further **PTCs** are held in the Baucau district they should include participants from the ambulance staff and staff from the major health centres in the district to address the pre-hospital care/ambulance transfer problems. In addition, most of the ED nursing staff

and all the Timorese GP Doctors in Baucau have now completed a **PTC**.

Further training in paediatrics was also identified as an area of need.

A logistical problem for this **PTC** was that only one instructor (AC) was able to travel to Baucau the night before (for rostering reasons). Two further instructors (NT and JF) arrived at ~ 1130 AM on day 1. This meant that all the lectures on the 1st morning were given by the same instructor (and translator) and that the 1st skills stations were delayed until a little later in the day. We managed to successfully deliver the course, however with a small team of instructors, it would be preferable for all instructors to travel the night before the course commences.

Details of any teaching or other material provided.

The team (RACS) also donated a number of text books to the hospital on subjects related to surgery and anaesthetic at the district hospital level.

Acknowledgments

Dr Cesaltino, Director General Referral Hospital Baucau; for arranging the venue and refreshments. (And for invaluable assistance in arranging for the tire on the RACS Hilux to be fixed).

Dra Celia, Clinical Director Referral Hospital Baucau; for providing translation to Tetun and assistance with arranging and running of the course (especially on the morning of day 1).

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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

(This report is also now available to view online at www.primarytraumacare.org)