

# PTC NEWS

Edition 13

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**OCTOBER 2008**

## THIS EDITION

In this edition, we feature:

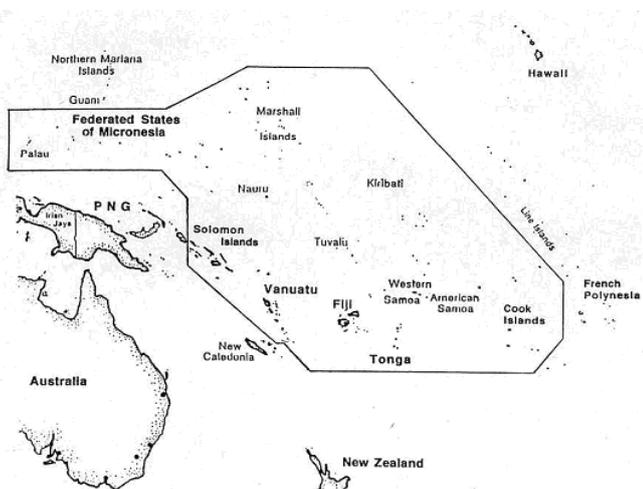
- **Boost for Pacific PTC**
- **PTC Course Report - MSF Bruxelles, October 2008**
- **REMINDER - 2008 Regional Conference in Sri Lanka**

## BOOST FOR PACIFIC PTC

PTC in the Pacific is going from strength to strength – more countries are asking for PTC courses and there has been an increase in funding from the Australian government.

Funding for courses has largely come from AusAID (the Australian Agency for International Development) through the Pacific Island Project (PIP). PIP delivers specialist surgical and medical services to 11 Pacific Island countries. In recent years, the importance of educational courses, including PTC, has been increasingly recognised.

AusAID also funds the Papua New Guinea Project, the PNG equivalent of the Pacific Island Project. The PNG Project has also helped fund PTC courses. The growth of PTC in PNG has been phenomenal, driven largely by an enthusiastic group of Emergency Medicine doctors.



The Ministries of Health in individual Pacific Island countries (PICs) prioritise their own specialist service and educational requirements. It is very pleasing that seven countries have requested PTC courses

before the end of 2009: Fiji, Kiribati, Marshall Islands, Samoa, Solomon Islands, Tonga and Vanuatu.

To date, courses have been held in Tonga and the Solomon Islands. In June 2008, two 2-day courses and an instructor course were held in the Tongan capital, Nuku'alofa. In August 2008, a 2-day course and an instructor course were held in Honiara, the capital of the Solomon Islands, followed by a 2-day course in Gizo, Western Province. Gizo was briefly in the news in April 2007 when a tsunami struck a number of villages and killed over 50 people.

One of our goals in the Pacific, as in other parts of the world, is to make PTC self-sustaining. This can be difficult, because of relatively small and dispersed populations, and difficult transport and communication. One cost-effective solution is to use local instructors to organise and teach courses in neighbouring countries. As an example, Luke Nasedra from Fiji and Kenton Sade from the Solomon Islands took a leading role in the Tongan courses.

We will be busy during the next 15 months. I am hoping that a course in Kiribati will be organised and taught by staff at the Fiji School of Medicine. We are also planning to run an instructor course in Fiji, possibly combined with a regional instructor meeting. Courses are also planned for Vanuatu, combined with a meeting of the Pacific Society of Anaesthetists. Other courses haven't quite made it to the drawing board yet!

We are very fortunate to have the support of AusAID and the individual Pacific Island governments. Thanks also to all the instructors in the Pacific region who are contributing to the ongoing success of PTC.



**Wayne Morriss**  
Pacific Coordinator  
Primary Trauma Care

**REPORT ON PTC COURSE  
AT MSF HEADQUARTERS,  
RUE DUPRÉ, 94 1090 BRUXELLES**



**Introduction**

This is a brief report on the recent PTC course at MSF-OCB Headquarters in Brussels, from 1st to 3rd October 2008.

MSF Belgium, through their staff member Dr Nathalie Civet, had made contact with PTC HQ to request a course, the aim of this being to provide a PTC course and subsequent instructor training to group of MSF expatriate medics and nurses who can then teach the course in their locations, especially Haiti, Brazil and Pakistan. (Dr Civet, on her departure from MSF, handed over responsibility to Miguel Trelles who, in turn, handed over to Gianfranco De Maio since he had to depart at short notice just before the course to an emergency in the Congo).

The faculty team arrived a day early to allow them to meet together and with the local co-ordinators Gianfranco De Maio and Nathalie Van Meerkeerk (both of whom also participated in the course) and to see the location where the course would be taught and to set up and prepare for it. Nathalie had sourced a good range of equipment for the course, with the exception of an intubation mannequin, and so the course was rescheduled and redesigned to take this into account. Accommodation was provided in a Hotel (where most of the participants also stayed) very close to MSF HQ.

**PTC Instructors**

- **Dr James de Courcy**, Consultant Anaesthetist, Cheltenham, UK (**Course co-ordinator**)
- **Dr Jeanne Frossard**, Consultant Anaesthetist, UCLH, London
- **Paul Borgdorff**, Consultant Anaesthetist, Utrecht, Netherlands
- **Jean O'Sullivan**, Consultant in Emergency Medicine, Dublin, Eire

**Participant Group**

- Natalie van Meerbeeck** (Nurse Midwife, MSF Staff)
- Anne Koudiacoff** (Emergency Department Nurse)
- Gabriele Rossi** (Paediatrician: going to MSF Haiti)
- Pierre Gielis** (Senior MSF Surgeon)
- Jadoon Abid Niaz** (Nurse practitioner, MSF National Staff, Islamabad, Pakistan)

- Joseph Wesly** (Surgeon, MSF National staff, Haiti)
- Virginie Cauderlier** (ITU/Emergency department nurse)
- Gianfranco de Maio** (Neurologist, MSF Rome staff)
- Marco Sarboraria** (Emergency physician and anaesthesiologist)
- Joseph Aseem** (Nurse practitioner, MSF National Staff, Islamabad, Pakistan)
- Daniel Fiandeiro** (Physician, MSF Brazil)
- Patrick Derilus** (Physician, MSF National staff, Haiti)

**Course Programme and Notes**

**Day 1 – 1st October 2008**

TIME	TOPIC	Instructor
0830-0845	Welcome and Introduction	<b>all</b>
0845-0905	Introduction and PTC overview	<b>James</b>
0905-0935	MCQ and Local trauma perspective MSF	<b>all</b>
0935-1005	ABCDE of Trauma and Primary Survey	<b>James</b>
1050-1110	TEA BREAK	
1005-1050	Airway and Breathing	<b>Paul</b>
1110-1155	Circulation & shock	<b>Jeanne</b>
1155-1225	Chest Injuries	<b>Jean</b>
1225-1330	SKILL STATIONS (rotation)	
	Airway (basic and advanced)	<b>Paul/Jeanne</b>
	Chest drains/needle thoracocentesis	<b>Jean/James</b>
1330-1410	LUNCH BREAK	
1415-1430	Demo. Scenario	<b>all</b>
1430-1545	Scenarios (in groups)	<b>all</b>
1545-1610	Secondary Survey and demo	<b>Paul</b>
1610-1640	Head and Spinal Injuries	<b>Paul</b>
1640	Overview and Summary	<b>James</b>

The day started rather later than planned due to late arrival of course participants at MSF HQ, but it proved possible to catch up by the end of the morning.

A good range of equipment of the same type that would be used in the field by MSF was available and was used in the practical skill stations and scenarios: in addition we had access to two sections of sheep ribcage which were very useful in the



chest trauma skills teaching. It not been possible to obtain the use of an intubation mannequin, so the timetable was adjusted to give equal time for the two stations: the Cervical Spine and Logroll station was subsumed into a demonstration during the secondary survey demo, and the other two skill stations run with two instructors each.

In retrospect we felt that the demonstration scenario should have been earlier in the day – this positioning had arisen during the rearrangement of the programme during planning. The Secondary Survey session was done as a demonstration – arguably this made the slides which were then used redundant.

### **Day 2 – 2nd October 2008**

TIME	TOPIC	Instructor
0900-0920	Abdominal injuries	<b>Jean</b>
0920-0940	Limb injuries	<b>Jeanne</b>
0940-1010	Burns	<b>James</b>
1010-1025	TEA BREAK	
1025-1055	Paediatrics and Obstetric	<b>James</b>
1055-1235	Workshops (rotation)	
	Analgesia	<b>Paul</b>
	Transportation	<b>Jeanne</b>
	Neurological Assessment	<b>Jean</b>

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1235-1335	LUNCH BREAK	
1335-1405	Disaster management	<b>Paul/MSF/all</b>
1405-1535	Scenarios (in groups)	<b>all</b>
1535-1550	TEA BREAK	
1550-1620	MCQ's, Summary and evaluation	<b>all</b>
1620-1630	Discussion of instructor day	<b>James close all</b>

Due to delayed arrival of participants there was a slightly late start on day 2 but we managed a rapid catch-up. Only one room and the coffee area outside it were available and so the paediatrics discussion group was shelved (and more material was covered in the lecture in the light of this) and the other three groups were run at 25 minutes each, two in the main room and one in the coffee area (though this proved rather noisy). There were sufficient rooms in the afternoon to run three scenario groups, which were enjoyed by the participants.

### **Instructor Day – 3rd October 2008**

TIME	TOPIC	Instructor
900	Introduction and overview	<b>James</b>
	How adults learn	<b>James</b>
	Questioning and Feedback	<b>James</b>
	Giving presentations - Introduction	<b>Paul</b>
	Lecture	<b>Paul</b>
	Break	
	Discussion Group	<b>Paul</b>
	Teaching a skill	<b>James</b>
	Scenario	<b>Jean</b>
-1230	Language issues	<b>Jeanne</b>
1230-1330	Lunch	
1330-1420	Practical sessions* 1	<b>all faculty</b>
1420-1510	Practical sessions* 2	<b>all faculty</b>
	Running PTC courses and discussion about future courses	<b>all</b>
1610	Feedback and Close	<b>all</b>

\*Practical sessions: participants in two groups: consecutively rotate through lecture/skills and discussion/scenarios.

Introductory theory talks were given by the faculty as listed. Because of the relatively small participant group division into four groups of adequate size for the practical sessions would have been difficult; additionally, because of room availability it was decided to split into two groups and rotate between

discussion groups/lecture and skill teaching/scenario with two instructors to each group.

In the event it transpired that the instructor theoretical material took longer to deliver than the timings in the Instructor manual permitted, and so the timetable was modified during the day to extend this part of the course and to allow both the practical sessions to take place after lunch, thus also allowing time for the participants to think about and prepare their micro-teaching assignments for the afternoon over the lunch period. We felt that it might help to adjust the timings in the model programme given in the Instructor Manual to take this into account.

Following these sessions a discussion about the future of PTC in MSF ensued. This will be the subject of further discussions within MSF.

- Plan to start running PTC courses in Haiti, possibly with further PTC HQ input
- The newly-trained PTC instructors can provide a source of further internal training for their colleagues in MSF, both at headquarters and in Mission locations.
- The possibility in Pakistan to link with the PTC programmes already running in Sindh or Peshawar (which will be discussed further in MSF)
- Possible establishment in Brazil?

One problem is that with the staffing and workload of MSF missions it is logistically difficult to spare people for a two or even one day course. It was felt that a possible approach might be to do the course in sessions over a longer period – while this would not provide the concentration of experience available during a short course, it would still allow the core content to be delivered.



JdeC had some brief discussions during the three days of the course with senior management staff in MSF to inform them of the aims and nature of the



PTC course and PTC Foundation. In addition Dr Pierre Gielis, one of the senior surgeons in MSF, was a participant in the course.

### **Post-Course Feedback and Evaluation**

Evaluation of the course was done both by brainstorming sessions with the participants and faculty and by confidential questionnaires. The results of this were all encouraging, with good comments on the structure, delivery and content of the course and instructor day.

I would like to take the opportunity to thank my fellow instructors for forming such a good team, to Gianfranco and Nathalie for their hard work in supporting the course and to the participant group for their interest and enthusiasm.

**James de Courcy**  
**PTC Course Director**  
**October 2008**

## **REMINDER**

### **2008 REGIONAL PRIMARY TRAUMA CARE CONFERENCE COLUMBO, SRI LANKA**

The Conference is being hosted by the Trauma Secretariat of the Ministry of Healthcare & Nutrition of Sri Lanka.

It will take place 5th - 7th December 2008 and the venue is The Trans Asia Hotel in Colombo.

The key objectives of the Conference are to promote effective trauma care regionally and globally with the aim of saving lives.

The event will be inaugurated by the Hon. Minister of Healthcare and Nutrition of Sri Lanka, Nimal Siripala de Silva and the Chairman of the Executive Board of The WHO.

Countries/Regions participating so far, including the host country, are India, Pakistan, South America, United Kingdom, Saudi Arabia and Australia.

For further information on the conference, please contact:

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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](mailto:admin@primarytraumacare.org)**