

PTC NEWS

Edition 28

CONTACT DETAILS

Primary Trauma Care Foundation
313 Woodstock Road, OXFORD OX2 7NY
Tel: +44 (0)1865 220621
Fax: +44 (0)1865 220846
Email: admin@primarytraumacare.org
Web: www.primarytraumacare.org
Registered Charity Number: 1116071



SEPTEMBER 2010

THIS EDITION

In this edition, we feature:

- **PTC Course - Rarotonga, Cook Islands**

Primary Trauma Care 2 Day Instructor Course Rarotonga, Cook Islands 28-30 June 2010

Executive Summary

1. What is the problem?

Trauma is a major cause of death and disability in many developing countries. The main causes of injury in the Cook Islands are car and motorbike crashes, and falls. The **Primary Trauma Care** course was developed to train health care workers to effectively and systematically manage trauma patients. Trauma management exercises have been held in the Cook Islands for the last 6 years but, until this visit, there had been no full 2-day course or instructor course.

2. What did we do?

A one-day Instructor Course and 2-day **PTC** course were held in Rarotonga. 16 people attended the Instructor Course and an additional 19 people attended the 2-day course. The aims of the courses were to reinforce knowledge and skills for local instructors and participants.

A locally-run one-day **PTC** course is being held on Aitutaki on Monday 4 July.

3. What happens next?

The Cook Islands has an enthusiastic group of **PTC** instructors; it is important that we continue to use their knowledge and skills to improve trauma management in the Cook Islands. The local instructors plan to run another course in Rarotonga before the end of the year. In order to reinforce knowledge and maintain skills, it will be important to run at least yearly courses.

4. What help will be needed?

We are very grateful for the support of **AusAID** and the **Cook Islands Ministry of Health**. **PTC** courses are relatively cheap to run but the future sustainability

of **PTC** in the Cook Islands will depend on the enthusiasm of the local instructors and the ongoing support of the **MOH** (e.g. transport costs, catering costs). It should be possible to run most courses using only local instructors but occasionally it will be helpful for an overseas instructor to help. An airway training manikin is needed and I will discuss this with **PIP / AusAID**.

Introduction

The Cook Islands is a self-governing nation situated in the south Pacific about 4 hours flight northwest of New Zealand. It comprises 15 islands spread over a very large area of ocean. The population is 19,000. The main island, Rarotonga, has a population of 14,000.

Most injuries in the Cook Islands are caused by car or motorbike crashes. Contributing factors are drink-driving, and low rates of seatbelt and helmet use.

The **Primary Trauma Care** course was developed with the backing of the **WHO** to train health care providers to prioritise and treat severely injured patients quickly and systematically, thereby reducing death and disability. The course is specifically designed for health care providers working in low income countries and takes into account the resource shortages in these countries. The very first **PTC** course was run in Fiji in 1997 but **PTC** is now being taught in many parts of the world, including many countries in Africa, South America and Asia.

Apart from teaching a system for managing trauma patients, **PTC** has a number of other benefits:

- **PTC** principles can be applied to non-trauma patients.
- The course teaches teamwork and communication between doctors, nurses and other healthcare workers.
- The course develops teaching skills and encourages ownership by local healthcare workers.

Trauma management exercises involving first responders and health workers have been held annually in the Cook Islands for the last six years. This was the first time an instructor course (“train the trainer”) or full 2-day course has been held in the

country.

Local Organisers

Rangi Tairi, Chief Public Health Nurse, played a vital role in organising the courses, including venue, printing, liaison with the Ministry of Health, and selection of participants. **Helen Sinclair** also provided vital assistance.

Course Instructors for Instructor Course

Dr Wayne Morriss - Anaesthetist
Christchurch, New Zealand

Dr Mary Tuke - Anaesthetist
Rarotonga Hospital, Cook Islands

Dr Deacon Teapa - Surgical Trainee
Fiji School of Medicine, Suva, Fiji

Dr Ron Pereira - Anaesthetist
Christchurch, New Zealand

Dr Sue Pereira - Anaesthetist
Christchurch, New Zealand

Instructors for 2-Day Course

The course was coordinated by **Dr Deacon Teapa** and was taught by the newly trained instructors. See Appendix 2.

Course Participants

See Appendices 1-2

16 people attended the instructor course. Most were from Rarotonga with two from Aitutaki, one from Mangaia and one from Pukapuka. There were 2 doctors, 8 nurses, 2 police officers, one Red Cross coordinator, one ambulance officer and two fire service officers.

The new instructors also attended the 2-day course, along with 19 participants (17 from Rarotonga and two from Atiu). There were 7 nurses, 1 doctor, 2 ambulance officers, two Red Cross representatives, 2 police officers, two airport security officers, two fire service officers and a media representative.



Participants Instructor Course



Course Programmes

Overall, the timetables worked well. Timekeeping was excellent during the locally-run 2-day course!

Venue, Presentation, Catering

The courses were held in the ESR Room, **MOH**. This was an excellent venue (despite the large group) with room on the decking outside for skill stations and scenarios. A data projector and laptop was provided by the **MOH**.

Catering was arranged by Rangi. This was also excellent although two participants stated they didn't get enough!

Teaching Materials

2-day course manuals were printed locally. The instructor manuals were printed in Christchurch.

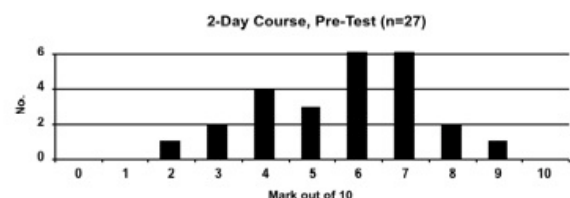
Copies of all teaching materials, manuals and other documents were copied and CDs were given to all new instructors.

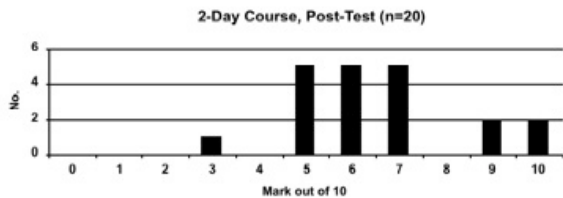


Demo scenario!

MCQs

MCQs were asked at the beginning and end of the 2-day course. There was some improvement in knowledge as demonstrated by the rightward shift of the graphs.





Publicity / Liaison

A 5-minute item about the course was shown on the local TV news programme on 29 June. Both **AusAID** and the **MOH** were acknowledged during the item.

Deacon Teapa and **Wayne Morriss** met with **Mr Tupou Faireka** and **Mr Kiki Maoate** to discuss the future of **PTC** in the Cook Islands. We discussed the planned course in Aitutaki and another course in Rarotonga before the end of the year, and the need to hold at least yearly **PTC** courses to reinforce knowledge and maintain skills.

Participant Feedback

Overall, participant feedback was very positive for both courses. Many participants thanked the instructors and there were good comments about the content of the lectures and the interactive sessions.

A few people found the medical terminology difficult and there were two requests for the 2-day course to be taught in Cook Islands Maori. Several people asked for the course to be held over three or more days.

Information from feedback forms is presented in Appendix 5.

Financial

The courses were very generously supported by **AusAID** through the **Pacific Island Project (PIP)**, and the **Cook Islands Ministry of Health**.

Of note, a total of six participants were flown from the outer islands to Rarotonga.

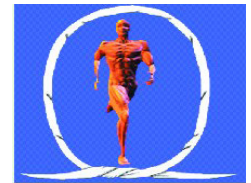
The **MOH** provided the venue free of charge

Success and Relevance of the Visit

Local health workers and emergency service personnel have been running trauma training in the Cook Islands for the last six years. The main objectives of the visit were:

- To demonstrate a **PTC** instructor course and a **PTC** 2-day course
- To reinforce **PTC** concepts and skills
- To develop instructor skills and provide appropriate teaching materials

Both the instructor course and 2-day course were successful. Participants were very positive about the lectures as well as the practical sessions.



Many participants already had an excellent knowledge base and we were able to build on this and reinforce key concepts. The health and emergency workers worked very well together.

We were able to develop a range of teaching skills during the instructor course, including giving a lecture, running a discussion group, teaching a skill, and running a scenario. These were immediately put into practice during the 2-day course.

An immediate measure of the success and relevance of the visit was that a group of instructors ran a one-day **PTC** course in Aitutaki on the Monday immediately following the Rarotonga courses.

Recommendations

1. Regular courses

It is important that courses are run at least annually to maintain the knowledge and skills of both instructors and participants. **PTC** courses are cheap to run but some financial support will be required from the Ministry of Health (e.g. transport and catering costs).

I have received an email stating that the course on Aitutaki went very well and there are plans to run another one-day course in Rarotonga before the end of the year.

2. Course content

The instructors discussed course content before the Aitutaki course. Given the mix of healthcare and emergency workers and one-day format, we felt it appropriate to concentrate on Primary Survey topics in the morning with scenario teaching and disaster planning in the afternoon.

It may also be very useful to run short case-based scenarios in the Emergency Department at Rarotonga Hospital.

3. Airway management trainer

An airway trainer is needed to teach basic and advanced airway management. I will investigate funding by **PIP** or the **PTC Foundation**.

4. Liaison

The local instructors have the knowledge and skills to run regular courses. Occasionally it may be helpful to have the input of an overseas instructor and **Dr Ron Pereira** is very happy to help with this.

Acknowledgements

Special thanks to **Rangi Tairi** for her good humour, great communication and organisational skills. Thanks to **Ron, Sue, Mary and Deacon** and all the team of new instructors for doing such a great job.

Thanks to the **Cook Islands Ministry of Health** for its support. Special thanks also to **Mr Tupou Faireka** for his hospitality and to **Helen Sinclair** for her organisational help.

Thanks also to **Lito de Silva** and the team at the **Royal Australasian College of Surgeons**, and to **AusAID** for its continuing financial support for PTC in the Pacific region.

Dr Wayne Morriss
PTC Regional Coordinator

28 July 2010

Appendix 1: Participants, Instructor Course

1	Rangi Tairi	Chief Public Health Nurse, MOH
2	Nga Manea	Nurse, A&E
3	Kura Ioane	Charge Nurse, Aitutaki
4.	Willie Tetu	Ambulance Officer
5	Mary Kata	Nurse, A&E
6	Vaine Pirangi	Nurse, A&E
7	Elizabeth Iro	Quality Manager and Midwife
8	Tungane Barrett	Nurse Practitioner, Puka Puka
9	Mark Case	Nurse, A&E
10	Dr Koko Lwin	Doctor, Aitutaki
11	Dr Dawn Pasina	Doctor, Mangaia
12	Charlie Numanga	Red Cross
13	Johnny Hosking	Police
14	Inano Matapo	Police
15	Sonny Pureau	Rescue Fire Service
16	George Nicholls	Rescue Fire Service

Appendix 2: Participants, 2-Day Course

1	Patricia Puna	Nurse, A&E
2	Saula Atera	Ambulance Office
3	Mokatose Apera	Public Health Nurse
4	Maru Tangatapotu	Nurse Practitioner, Atiu
5	Dr Ziwawur Aye Maung	Medical Officer, Rarotonga
6	Teina Windy	Charge Nurse, Atiu
7	Ngatokotoru Glassie	CITV/Herald representative
8	Joseph Puruha Emmanuela	Ambulance Officer



9	Denney Teremoana Manavaroa	Public Health Nurse
10	Rongo Ingaua	Public Health Nurse
11	Teio Kea	Public Health Nurse
12	Oropai Mataroa	Red Cross
13	Mata Hetland	Red Cross
14	Epii Poila	Police
15	Ngaeikura Taere	Police
16	Teaukura Ponini	Airport Security
17	Benjamin Maxwell	Airport Security
18	Willie Hagai	Rescue Fire Service
19	Amosa Tobia	Rescue Fire Service

Appendix 5:

Analysis of Participant Feedback

Instructor Course

14 forms received.

What went well?

- Lectures “short and sweet” (several comments), “very clear in content”, “not boring at all”
- Practical sessions, interactive, especially scenarios
- “It was good to finally go through some PTC training which identified some new ideas to use when implementing training.”

What didn't go so well?

- Too much “hospital treatments”
- Not enough time (several comments)
- “A bit long for first day”
- A/C too cold
- Not all equipment available for scenarios

Change?

- More time but majority did not want to change anything

Comments?

- “Was an eye opener and being exposed to this course made me appreciate the importance of continued education in relation to my profession.”
- Awesome course!

2-Day Course

17 forms received.

What went well?

- “Instructors very clear”, well prepared

- Teaching indoors and outdoors, learning new things, having to interact with different health workers

- Very positive comments

What didn't go so well?

- Some words hard to understand, medical terminology (several comments)

- Room is too small (3)

- Course duration too short

- Some of the lecturers should have been presented by medical personnel

- Lunch (2)

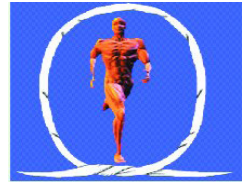
Change?

- More practical time

- Teach in Maori (2)

Comments?

- “Please can we have more of these workshops in the future”



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



Participants and instructors, 2-day course

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