

Primary Trauma Care (PTC) Course Report

Baucau, Timor Leste, 9th – 10th April 2010

- 1 Purpose of the visit
- 2 Executive summary
- 3 Key staff involved in planning and co-ordinating
- 4 Professional aspects of the visit
- 5 Course participants
- 6 Course instructors
- 7 Details of activities
- 8 Subsidiary activities
- 10 Contents of the Primary Trauma Care course
- 11 Day 1
- 12 Day 2
- 13 PTC Course evaluation forms
- 14 Summary of multiple choice questionnaire scores before and after the course
- 15 Evaluation of the success and relevance of the visit
- 16 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
- 17 Details of any teaching or other material provided
- 18 Acknowledgments

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.
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 Sarmento 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 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
Claudio Xiemenes AMK
Deolindo Ornai Ximenes
Genoveva Soares
João Osorio da Costa Ribeiro
Julietta 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 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

Dates and Location	Baucau 9th and 10th April 2010						
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 provider 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. Feed back 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).