

PTC COURSE HANOI VIETNAM 23-30th November 2005

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A further PTC course was undertaken in Hanoi in November 2005. This course was held coincident with the 14th ASEAN Anaesthesia/Critical Care Congress held for the first time in Vietnam between 23- 26 November. The conference gave opportunity to interface with many health service providers and medical companies. In addition the establishment of a University of Tasmania (Australia) HOC MAI scholarship in association with HOC MAI University of Sydney has commenced . www.hocmai.org

The PTC team received a request at the end of the PTC courses in 2004 to return and provide further course and to evolve PTC to rural / provincial areas over the next 5 years with invitations from Viet Duc University Hospital being received in mid 2005.

During discussions this year with the Anaesthesia , ICU and Surgical teams at Viet Duc it is clear that the problem of neuro-trauma and its management remains one of the greatest clinical problems. The challenges ahead for introduction of preventative measures are profound. Recent implementation of a pilot trauma registry supported by Vietnam Road Safety Project National Traffic Safety Committee and the WHO has occurred.

In addition such pilot studies provide a foothold for the strategic development of data acquisition, interpretation and recommendations which must involve legislative preventative measures to combat the epidemic of neuro trauma Vietnam country faces.

In view of the timing of the course with the ASEAN meeting and the commitments of local PTC co-ordinators who were heavily involved in the ASEAN Meeting only one PTC was possible. This was conducted Two PTC Courses were undertaken in the “ Great Hall” at Viet Duc Hospital. The course was limited to 20 “students” Total student numbers who attended lectures was 64 !

Viet Duc University Hospital

Viet Duc University Hospital is an academic training hospital, was built in 1906 by the French near the centre of Hanoi and is now the largest and most modern centre for surgery and clinical teaching facility for the Medical College of Hanoi in North Vietnam with over 850 staff serving 500 beds and performing 40 major cases per day.

It provides 135,000 consultations, receives 25,000 admissions and performs 20,000 operations per year. For the period 2000-2004 bed occupancy averaged 117%. With a peak of 133% in 2004 !

Trauma Data 2005 Viet Duc Hanoi

Vietnam is a country of nearly 80million with approximately 4 million in Hanoi. EACH YEAR IN HANOI there are approximately 12 ,000 road fatalities and 30,000 injured.

Recent Trauma data made available to our team from Viet Duc again defines the epidemic of Trauma, particularly neuro-trauma that is occurring in Hanoi. In a report by Dr Nguyen Duc Chinh (Trauma surgeon) from Viet Duc and presented to us with notes from a corresponding author Prof Judith Ladinsky it was stated quote : Traffic accidents are the leading cause of death in the developing countries. Vietnam is no exception. At

Viet Duc the major trauma referral centre for Northern Vietnam traffic accidents account for nearly 50% of all injuries treated.

In summary total emergency admissions to Viet Duc between 1999 and 2004 showed a significant trending increase in road trauma patient numbers. The percentage of severe neuro-trauma is considerably higher than in Australia. From 2004, with the implementation of Road Safety preventative principles there has been a fatality reduction in 2004 by 3.7%.

Comparison data

In 1990 Road Traffic accidents world wide were 9th on the leading cause of all mortality worldwide. It is projected that by 2020 road traffic accidents will be number 3 on that list. Since record keeping in 1925, there have been over 169,000 road fatalities in Australia. Cost of crashes has been estimated in the order of \$15 billion per annum '96. Until 2003 the trauma death rate was increasing at an average of 25% pa. In Australia from 1970 until 2002 the motor vehicle fatality rate dropped from 30.4 to 8.8 deaths per 100,000 pop. This reduction has been achieved in spite of a huge increase in motor vehicle use.

The Fatality rate in Hanoi in 2002 was 88 deaths per 100,000 pop. A tenfold difference! In Australia from 1970 to 2002, the motor vehicle fatality rate per 10,000 reg/vehicles has dropped from 8.0 to 1.4. The Fatality rate in Hanoi in 2002 was 11.8 deaths per 10,000 vehicles. With the statistics showing 53% are young people between the ages of 15 and 44 years.

Road traffic injuries in men aged 15-44 years constitute the second highest cause of ill health and premature death worldwide currently second only to HIV/AIDS. Worldwide, the WHO reports that 38,848,625 injuries were received by people involved in MVA's in 1998. 80 per cent of those deaths and injuries take place in the developing countries and 90 per cent of the child casualties belong to these countries. This is the pattern that is seen in the statistics in Hanoi. Head injury alone accounts for 45% of all injuries.

Provincial Services

The statistics collated in Dr Chinh's report from 51 provinces in 2004 shows that mortality from traffic accidents dominated again with an 26.7 / 100,000 population. Still 3 times that of Australia.

The rural facilities are overburdened with injured patients.

Funding for PTC in Vietnam

The PTC Foundation is grateful to the ASA who have funded the 2005 course.

Key Personnel involved in Trip Planning and Coordination

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PTC Course

All course materials including manuals (in Vietnamese) and certificates, amenities and facilities were all arranged by Dr Tu. Administrative support was required to assist in contacting and organizing the attendees. Dr Tu arranged for his “ PTC instructors to carry much of the didactic lecture programme. Anita Harris an Australian 5th Year medical student on the Hoc Mai bursary recipient also attended.

The PTC Manual has been translated and given to the students. The program for the courses is enclosed There were 60 participants in total. A list of the participants also appears in the appendix.

The first PTC course was taught predominantly in Vietnamese with English presentations being translated using Dr Tu and Dr Chinh as translators. The MCQ translated was given at the end of the course. This was by Dr Tu. All candidates completed the course to the satisfaction of the instructors. There were two excellent candidates who have been identified for future training.



PTC Courses in Hanoi

The facilities provided for the courses were identical to 2004. Dr Tu, provided secretarial staff. The course venue was most suitable. Both courses were attended by a mixture of junior and senior staff.. We were particularly interested in the doctors from regional areas. As mentioned all candidates completed the course to the satisfaction of the instructors.

There appeared to be a good understanding of the role that PTC could play in trauma teaching in Vietnam, particularly by Dr Tu. The support of administration is vital if the PTC program is to succeed, as instructors will need time away from their normal duties to run courses.

The distribution of candidates from “rural” and regional Vietnam holds well for the future of teaching in these areas and using them as potential instructors.

The Future of PTC in Hanoi

As Viet Duc Hospital is one of the major teaching hospitals in Vietnam and therefore the major referral centre for trauma in the north of Vietnam it has within its staff a cadre of highly trained and experienced staff who are keen to evolve PTC. . Additionally, it has many of the heads of the various Vietnamese medical societies on staff. The senior members of staff and administration appear to have an excellent understanding of what PTC has to offer and enthusiasm for the program.

PTC now has a solid foundation in Hanoi thanks mainly to the hard work of Dr Tu and the support of his team. It is clear that he has an excellent standing in the facility with good contacts for the implementation of future Hanoi and Rural courses.

Future success depends on a number of factors, both logistical and financial. Further sourcing of funding is clearly necessary.

We are returning to Hanoi and then provincial to Hii Phong in July 2006.

PTC 2006 and beyond:

The challenge in spreading trauma management training to all health workers in Vietnam has been made. We have defined a five year programme to implement the course in designated “provincial” areas and attempting to attract funding for this.

As mentioned in the 2004 report added to this is the whole area of teaching the pre-hospital primary carers in trauma management.

Acknowledgements

Without the excellent and enormous work of Dr Tu in co-ordinating , translating and organizing the course this would not be possible. I am indebted to the visiting instructors Dr Minh Duc Tran, Mr Allan Panting and Mr John Dunbar for their camaraderie, teaching excellence and critique of the medical education standards of the course of a high quality.

The financial support of the ASA is of course vital and greatly appreciated.



PTC Course - Nov 2005
Viet Duc University Hospital
Hanoi Vietnam