

**PRIMARY TRAUMA CARE (PTC)  
COURSE**

**INAUGURAL PARTICIPANT AND  
INSTRUCTORS COURSES**

**Yangon, MYANMAR**

**28<sup>th</sup> March – 1<sup>st</sup> April, 2009**

**REPORT**

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## **1. Executive Summary**

### **1.1. Background**

Trauma is emerging as a key cause of mortality and morbidity in Myanmar, heightened by the recent overwhelming human casualties resulting from Cyclone Nargis. The Myanmar Medical Association (MMA) provides continuing medical education for all doctors and has been instrumental in highlighting the need for a comprehensive trauma system including widespread education for first responders and clinicians in Myanmar. At the request of the MMA and Myanmar Orthopaedic Society, the PTC Foundation was invited to introduce the PTC program to Myanmar, with an expectation that the MMA would take responsibility for the promulgation of PTC Courses throughout the country.

### **1.2 Inaugural Myanmar PTC Program**

From 28<sup>th</sup> March to 1<sup>st</sup> April, an international team of 8 instructors supervised and taught a 5-day PTC program beginning with a 2-day Participant Course, a 1-day Instructor Course, and second Participant Course. The second course was facilitated with the aid of newly trained local instructors who had participated in the initial Participant and Instructor Courses. The aim of these courses was to teach PTC concepts and refresh skills for clinicians, showcase the PTC course with a view to future local ownership, and equip local clinicians with the knowledge and skills to run PTC courses in the future.

The program was funded by the Royal Australasian College for Surgeons, whose representative also accompanied the visiting Faculty.

### **1.3 Overall Success and Implications**

Both the MMA hierarchy and visiting Faculty agreed that the PTC program fulfilled expectations and achieved the aims outlined. Formal feedback from participants in all courses was overwhelmingly positive with some constructive suggestions to improve future courses. Language was highlighted as a key issue, with a current combination of written English and spoken Burmese working most effectively in teaching. A cohort of local instructors exists now to help teach PTC concepts and skills with the strong support and determination of the MMA to continue PTC Courses in the future. Key professional and personal relationships were forged between Myanmar clinicians, RACS and the visiting Faculty through formal and informal meetings as well as a generous social program.

### **1.4 Future Plans and Recommendations**

In order to ensure the success of PTC in Myanmar, the MMA requires support from the PTC Foundation, international instructors and external funders. A follow-up Participant Course is recommended before the end of 2009 with a mix of local and visiting instructors, and two further courses suggested for 2010. The primary aim in the following 2 years should be to establish a core of experienced local PTC instructors with the enthusiasm and skills to take over leadership of the PTC Myanmar program. Translation of all teaching material into Burmese is also encouraged.

The Myanmar clinicians who participated in and hosted the PTC program are to be commended for their excellent support and warm hospitality.

## 2. Background

The Union of Myanmar is a developing nation where traumatic injury is emerging as a key cause of mortality and morbidity. With an estimated population of around 55 million, 30% of which live in urban centres, Myanmar has over 70 Trauma Care Centres (hospitals) centred mostly in the large urban cities of Yangon (population 6.8 million) and Mandalay. Whilst there has been significant and sustained investment by the United Nations (UN) and World Health Organisation (WHO) in tackling key diseases such as malaria, tuberculosis and HIV/AIDS, there has been scant attention paid to trauma. In 1992, a collaborative between the Myanmar National Health Committee and WHO focused on accident prevention, yet recent data confirms injury as the third leading cause of all deaths in Myanmar, and the first leading cause of morbidity.

A National Injury Survey in 25 townships of Myanmar was performed between 2003 – 2007 with the aid of WHO and Professor Kyaw Myint (KM) Naing, senior Orthopaedic Surgeon and current president of the Myanmar Medical Association (MMA). Issues such as lack of a prehospital care system and lack of first aid care were highlighted as major contributors to mortality and morbidity. Injuries were mainly transport related, and in particular from motorcycle use, as well as from falls and assault. Trauma prevalence was higher in the larger cities and predominantly affected the most productive cohort of the population (11-40yrs). As a result of these findings and his own extensive experience, Prof. KM Naing has been attempting to raise the profile of trauma as a significant health issue over recent years, and unsuccessfully attempted to introduce the Advanced Trauma Life Support (ATLS) to Myanmar; cost being the major impediment to this course.

The overwhelming natural disaster of Cyclone Nargis in May 2008, and the resulting deaths and injuries provided a trigger for the introduction of the Primary Trauma Care (PTC) course to Myanmar. Dr James Kong, a Burmese born and Hong Kong based surgeon developed a connection with Prof. KM Naing and other senior members of the MMA and Orthopaedic Society whilst in Myanmar providing care for Cyclone Nargis victims. The need for a sustainable and widespread course to teach basic trauma care skills to health clinicians was apparent. The PTC was developed with the support of WHO to train health care providers to prioritise and treat severely injured patients quickly and systematically, thereby reducing death and disability. Overseen by a not-for-profit Foundation, the PTC course is run at no charge and is designed specifically for resource-poor environments; emphasising flexibility and quality early trauma care within local limitations. With the emphasis on a basic systematic approach and the longer term aim of devolving responsibility for co-ordinating and teaching courses to local clinicians, the PTC program was immediately attractive to the senior Myanmar doctors. A formal invitation through James Kong to the Royal Australasian College of Surgeons and PTC Executive to bring the PTC course to Myanmar was extended. Dr Rob McDougall (PTC Executive) and James Kong subsequently worked over the remaining months to secure funding and assemble a team of instructors for the inaugural PTC Courses to commence in Yangon in late March 2009.

The MMA is the only professional organisation for doctors in Myanmar. As a non-government organisation which generates its own budget, the MMA is responsible for all continuing medical education (CME) activities amongst the medical profession. Surgical and medical specialties are represented through societies within the MMA;

one of the most prominent being the Orthopaedic Society, which is the specialty responsible for trauma care in Myanmar. Bringing the PTC program to Myanmar was strongly supported in its inception by both the hierarchy of the MMA and the Orthopaedic Society, in particular Prof. KM Naing and the president of the Orthopaedic Society, Brigadier General Tun Tun. The expectation of eventual local ownership of the course and widespread promulgation under the auspices of the MMA has been present since the initial planning for the PTC in Myanmar.

### **3. Preparation**

A great deal of preparation and planning was required to bring the PTC to Myanmar. Given the communication and access difficulties between Myanmar, Hong Kong and Australia, the key liaison work was done by Dr James Kong and his wife Jane Brooks who were travelling often between Myanmar and Hong Kong. James acted as both the local course co-ordinator as well as co-instructor for the course and Jane was instrumental in networking with the local clinicians, potential other supporters and organising the social program.

#### **3.1. Myanmar**

Within Myanmar, the key co-ordinator was Prof KM Naing and Brigadier General Tun Tun, with the aid of their senior colleagues. After receiving essential information about the program through James Kong (**APPENDIX 1**), the MMA selected candidates for all courses, provided the venue and organised catering.

An effort was made to ensure interdisciplinary participation in the courses, which is known to contribute to local PTC sustainability, rather than have only a single discipline (orthopaedic surgery) involved. Thus, anaesthetists, general surgeons, obstetricians, paediatricians and general practitioners were combined with orthopaedic surgeons as participants in both provider and instructor courses. Clinicians representing key urban areas in Myanmar were also chosen, so that not all participants were from Yangon, but also came from Mandalay, Magwe, and the Delta region. The MMA also distributed the PTC Participant Course Manuals well in advance of the courses, so that candidates could read and prepare.

The MMA team also worked hard to gain support for the PTC program at a higher level within the Ministry of Health. This ensured that the local participants were able to obtain leave from their workplaces to attend for 2, 3 or even 5 days of the course. Importantly for the visiting instructors, obtaining entry visas and work permits and ease of passage through customs with teaching and medical equipment was straightforward thanks to the efforts of the MMA, members of which also met us at the airport on our arrival.

Transport was facilitated by the provision of an MMA minibus, and a welcoming social program was also arranged

#### **3.2. External**

Work to secure funding and source instructors for the Myanmar PTC began in mid-2008. Rob McDougall and James Kong used professional and personal networks to select a team of experienced and available clinicians representing emergency medicine, surgery and anaesthetics. Some instructors had extensive PTC experience in China, Vietnam and the Pacific region, and all had rich expertise in teaching, adult

learning principles and skills-training. A true international contingent of 8 instructors was finalised; coming from Hong Kong, Australia and East Timor.

Utilising email and teleconferences, the programs for the first provider course and subsequent instructor course were finalised, along with dissemination of teaching materials and suggestions on tone and style of presentations and small group work. Details of equipment required and what each instructor was to bring to Myanmar were also finalised.

Passports from the East Timor and Australian contingent were sent to Hong Kong for visa obtainment, which was rapid and uncomplicated thanks to the work of James Kong. Each instructor made their own travel arrangements under the guidance of James, and forwarded details of arrival and departure times.

The Royal Australasian College of Surgeons (RACS) was instrumental in providing the impetus and funding for this inaugural course. The External Affairs division of RACS under the directorship of Daliah Moss has a highly regarded and comprehensive strategic framework and infrastructure for supporting skills-training and capacity building in developing nations, and a precedent for funding PTC courses in the Pacific region. Whilst much of the Pacific work that RACS performs is funded through the Australian government (AusAID), the College Council agreed to fund the Myanmar PTC program from its own budget, in accordance with its principles of building professional networks, capacity and improving skills for doctors in the Asia-Pacific region. Given the significance of the PTC course and the substantial investment from RACS, Daliah Moss accompanied the international team of instructors and contributed to the course and equipment preparation discussions. Teleconferences between the instructors were organised through the RACS office.

### **3.3. Instructors**

The international team of instructors were:

#### Hong Kong

Dr Tsun-Woon (TW) Lee – anaesthetist, hospital CEO

Professor Sydney Chung – surgeon

Dr Tai-Wai Wong – emergency physician

Dr Anthony Ho – anaesthetist, intensivist

Dr James Kong – surgeon, health informatics consultant  
(Local Co-ordinator and Liaison)

#### East Timor

Dr Eric Vreede – anaesthetist

#### Australia

Dr Antony Chenhall – emergency physician

Dr Georgina Phillips – emergency physician  
(Visiting Course Director)

Many of the international instructors had not met or worked with each other prior to the Myanmar PTC. The first meeting of all instructors was on Friday 27<sup>th</sup> March, the

day before the course started, where final planning and preparation was confirmed. It is a testament to the experience, professionalism and enthusiasm of all the instructors that the planning and implementation of the PTC program was smooth and uncomplicated. Discussion was robust without rancour, which added to the energy and success of the course.

The newly trained local instructors who taught during the second provider course are listed below. All who were available and willing to teach in the second course were included, some only for a day rather than the entire course.

#### Yangon

Dr Kaung Myat – Orthopaedic Surgeon

Dr Aye Aye Aye – Anaesthetist

Dr Soe Lwin – Anaesthetist

Dr Zaw Min – Orthopaedic Surgeon

Dr Thet Oo – Orthopaedic Registrar

Dr Aung Thein Htay – Orthopaedic Surgeon

Dr Saw Phone Ni – Orthopaedic Surgeon

Dr Vijay Kumar – Family Medicine

Dr Kyaw Thu – Family Medicine

#### Magwe

Dr Zaw Min Han – Orthopaedic Surgeon

#### North Okkalapa

Dr Ei Phyu Lwin – Paediatrician

### **3.4. Equipment and teaching materials**

Almost all of the course equipment was brought in to Myanmar by the visiting team, with the underlying principle of not depleting the host country of limited resources underpinning this decision.

Large items such as airway mannequins were borrowed from hospital teaching facilities in Hong Kong (adult) and Melbourne (paediatric). RACS funded the purchase of an additional adult airway mannequin with the aim of gifting this to the MMA as a sign of goodwill and to add to the sustainability and ease of future PTC courses in Myanmar. Smaller items and consumables, such as oxygen masks, intravenous cannulae and cervical collars were mainly brought in from Melbourne. All of these things were left in safe storage with the MMA for the purposes of re-using in future PTC courses. The MMA provided 4 hospital trolleys and IV drip stands, and frozen chicken legs for one of the skill stations (interosseous access) in both provider courses.

The basic PTC course PowerPoint slides were provided well in advance to all visiting facilitators, who subsequently added pictures and additional slides to supplement their lectures. Two data projectors and multiple laptop computers were brought in by the visiting facilitators and RACS representative, Daliah Moss. Other stationary such as



large paper, pens etc as ‘back-up’ were brought in by the Visiting Course Director, whilst a whiteboard was supplied by the MMA. All modes of teaching were utilised during the courses: PowerPoint slides, whiteboard notes and diagrams and brainstorming with pens and large paper.

Approximately sixty Course Manuals were shipped to Yangon from Melbourne many weeks before the course, picked up and distributed by the MMA. The Instructor Manuals were brought in by the team from Melbourne, and some additional copies printed in Yangon to ensure all trained instructors had a copy. Certificates were printed in Melbourne by the Visiting Course Director, and these, as well as feedback forms and other paperwork were brought in to Myanmar (rather than rely on excessive printing and photocopying in-country).

### **3.5. Venue and catering**

The MMA headquarters near Kandawgyi Lake proved an excellent venue for the course. Their smaller hall (capacity 150 people) was set up initially for the opening ceremony with seating for around 60 people in rows and a formal podium at the front, but was rapidly transformed to a spacious hall with room for 24 participants seated in a semicircle, instructors and observers to sit unobtrusively in the back and then small group and skill station work in each corner. Acoustics were difficult, so a microphone system was used without undue fuss to ensure that everyone could hear each other clearly and discussion was enhanced. Lighting and air-conditioning was adjusted so that visibility and comfort was maximised. Tables were set up at the back of the room and outside along a breezeway to accommodate morning and afternoon refreshments and lunch.

In response to the request to provide catering, the MMA had organised for local drug company funding. A different company sponsored each day, and various posters for drugs were fairly unobtrusively displayed around the hall. There was no overt spruiking from the companies, and their presence was minimally noted. On the final day, a large sit-down lunch was provided in the large MMA hall by a drug company, although, again, there was minimal signage and no overt advertising. Drug companies were also utilised to fund some of the organised MMA social events. Key staff oversaw all of the catering requirements and ensured that all were generously provided with more than enough food and drink.

## **4. PTC Participant Course 1**

The aim and pitch of the first provider course was debated at length by the visiting instructors prior to commencing the program. As the selected candidates were clearly experienced clinicians, although not all directly involved in the management of trauma, it was a delicate balance to provide an opportunity to teach skills yet not insult the local clinicians. During the introduction section at the start, and also throughout the course, the dual aims of providing an opportunity to refresh some skills in trauma care, as well as showcasing the PTC with a view to the current participants becoming the future teachers and leaders of this course in Myanmar was emphasised.

The 5 day PTC program was officially opened with a brief formal Opening and Welcome Ceremony attended by around 50 people, including instructors, participants, MMA representatives and media. Prof. KM Naing performed the formal welcome and opening remarks, and Daliah Moss spoke on behalf of the sponsors, RACS.

The course then commenced after a breakfast for all attendees to the Opening Ceremony. For details of the course participants and program with instructors, please see **APPENDIX 2 (Participant list – all programs) and 3 (Course programs)**. Prof. KM Naing delivered the ‘local trauma perspective’ session and gave a comprehensive insight into the issue of trauma in Myanmar, some of which has provided the background context for this report. His excellent presentation was valuable both for the visiting instructors to hear about local challenges, but also to highlight the importance of the PTC course to the Myanmar doctors attending. Prof. KM Naing generously made his talk available in printed format to all those interested.

The participants were engaged and interactive right from the start. As the teaching materials were all in English, and none (except for James Kong) of the visiting instructors spoke Burmese, the course was delivered entirely in the English language. It was apparent that the written material was clearly understood (as much of the undergraduate medical course and texts used in Myanmar are in English). Whilst an effort was made to speak clearly and not use jargon, it was possible that some of the spoken teaching was not entirely understood by all participants. This did not deter the participants who responded to direct and open questions during the lectures, and certainly participated vigorously in the small group sessions.

A variety of teaching methods was modelled by the visiting instructors during the course; ranging from formal didactic lectures using PowerPoint slides, facilitated discussion style lecturing using questions and freeform teaching using minimal slides and the whiteboard. The skills stations were popular, especially due to the enthusiasm of the instructors and the relatively novel use of airway mannequins. Whilst the participant numbers were large (6 in each small group), the presence of 2 facilitators per group ensured all were engaged in teaching and learning interactions. The scenario teaching in the afternoon was entertaining and well received.

The morning session of Day 2 was heavily laden with lectures; all large topics to cover in a short time period. For both the instructors as well as the facilitators, this was the least enjoyable aspect of the course, however considered important to cover. Potential solutions for future courses would include starting earlier (and extending the length of the course) or adding one of the lectures to the end of the first day. This would require careful consideration in future planning. Subsequent workshops and further scenario teaching were well received.

The ‘disaster’ session was also the subject of vigorous discussion and planning between the visiting instructors. From past PTC courses in other countries, it is known that drawing on the participants’ experience of disasters in their own region is a valuable teaching tool in this session. Yet it was decided against using the Cyclone Nargis as a model in Myanmar, as it was of such magnitude that the message of prioritising within the PTC system may be diluted. A realistic but much smaller scale disaster featuring a petrol tanker crash into a crowded street and school was used as a trigger for the participants to break into small groups and discuss their overall management plan as well as a triage exercise of selected victims utilising the PTC system. This session was well received by the participants and led to some stimulating insights and discussion.

Fifteen Multiple Choice Questions (MCQs) adapted slightly from those in the Instructor Manual were used as an assessment tool at the beginning and end of the course. The same questions were used both times and the scores improved as expected

at the end of the course. Details of MCQ scores are found in **APPENDIX 4 (MCQ results, pre and post courses 1 and 2)**.

Feedback from the participants at the end of this course was overwhelmingly positive, with a common general sentiment that the interactive and small group teaching styles were much more popular and useful. Some constructive suggestions were also made. For a detailed analysis of the feedback from this course, see **APPENDIX 5 (Participant Feedback – all programs)**. The visiting instructors were also enthusiastic and positive about the first course, agreeing that it had been a successful introduction to PTC for these first Myanmar participants.

## **5. PTC Instructor Course**

All participants who attended the first provider course were also participants in the one-day Instructor Course. This was a decision made by the MMA well in advance of the program, and an expectation of the participants. Therefore, although the numbers for this course were larger than ideal, and enthusiasm for the course varied between participants, all were included equally in this Instructors Course.

It was not clear at the commencement of the course which participants would be instructing in the subsequent provider course, although a brief show of hands at the start indicated that around half were likely to be available. The visiting instructors had been asked to observe and note who of the participants showed particular enthusiasm and aptitude for the PTC program during the initial provider course, and were also given the same task during the Instructor Course. It was hoped that those who were collaboratively identified by the instructors as particularly talented would be asked to teach on the second course. This was also a request by the MMA hierarchy that were observing the course. As it turned out, the selection of new instructors for the second course was based primarily on availability rather than aptitude, although there were certainly talented people within this group. For the sake of parity within the course, all participants received equal opportunity to practice teaching skills, regardless of whether they were teaching in the next course or not.

Whilst it was clear that the MMA were keen to develop as large a cohort of new PTC instructors as possible after this initial program, it may have been better to have selected a smaller number for the Instructor Course prior to the commencement of the program. Also, prior identification and notification of a smaller number of new instructors to teach in the second course may have enabled more focussed teaching and preparation in the Instructors Course. This risks a learning opportunity for others, and inappropriate selection of new PTC instructors. As the PTC principles embody flexibility and adaptability, the visiting instructors were happy to leave the course as open as possible and let the new instructors “self-select” whilst also making an effort to identify talented participants who could be encouraged to instruct in future courses.

The program itself ran smoothly. At the participants request from the previous day, the course commenced an hour early at 8am, which ensured an early afternoon finish. Again, the visiting instructors made an effort to model different styles of teaching, yet maintain the overarching structure taught in the PTC. During the morning sessions as the adult learning theory was discussed, it became clear that some of the Myanmar medical curriculum uses these principles and many of the course participants were familiar with the concepts. Many of them also were experienced teachers and lecturers in their own workplaces, so were able to provide additional insights into these sessions.

Due to the large number, not all participants were able to practice every teaching style. To avoid confusion, candidates had already been allocated two tasks to practice (lecture and skill, or discussion group and scenario), and a range of topics from the PTC course was provided in advance for them to choose the content of their teaching practice.

The practical afternoon sessions were aided by the support of the MMA hierarchy who observed the course. As the intent of eventual local ownership of the PTC in Myanmar was clear, and the likelihood of future courses ensured, the discussion covering 'How to run a PTC Course' had greater meaning.

Planning for the second provider course followed, and candidates were encouraged to volunteer for each lecture and small group teaching task. Eleven participants were available to teach in the second course, and all were included in the program, some for only one day, according to availability. It was decided not to discourage anyone from teaching if they desired to do so, but rather support and guide them in their allocated tasks. All visiting instructors worked enthusiastically over the ensuing 2 days to help the new instructors deliver a successful course.

A list of participants from this Instructors Course showing particular enthusiasm and aptitude for the PTC program is found in **APPENDIX 6**. Importantly, all who have been part of this PTC program who subsequently show interest and enthusiasm for future teaching should be included in future courses.

Feedback from the Instructors Course can be found in **APPENDIX 5**.

## **6. PTC Participant Course 2**

Participants for this course were again pre-selected by the MMA, and represented a range of medical specialties alongside the majority of orthopaedic surgeons (**APPENDIX 2**). Many of these clinicians were actively involved in trauma care and were clearly engaged by the PTC program. For this course, the dual aims of providing a quality course (and learning opportunity) as well as allowing the new instructors to gain valuable teaching experience was held in tension. Similar to the first course, the idea of allowing the participants to refresh some skills as well as showcasing the PTC course with a view to future teaching was explained at the start of the course.

The program followed the same structure as for the first provider course, with newly trained local instructors delivering all of the lectures, and paired with visiting instructors for all of the small group work (**APPENDIX 3**). Visiting instructors met at 8am (an hour prior to starting time) with the new instructors to go through their presentations and assist preparation. Instructors were paired according to the topics they were lecturing / had lectured on, so that insights and resources could be shared. The basic set of PTC course PowerPoint slides had been provided to the new instructors, who had also received their Instructor Manual the previous day. They were encouraged to insert pictures if desired.

Whilst the teaching materials were all supplied in English, the new instructors were encouraged to use the basic English language slides, but use their own Burmese language to explain points or discuss issues. From the initial sessions it was clear that the new instructors struggled to deliver a sophisticated lecture using their non-native English, and were initially reluctant to use Burmese. The visiting instructors rapidly adapted to this situation by giving a joint summary and question session at the end of each lecture, which was well received. Some of the participants were frustrated by the

simplicity of the course, and desired a more detailed trauma update. Once the core aims of the PTC course were again explained and endorsed by one of the MMA hierarchy observing the course, the participants were satisfied to re-engage enthusiastically with the program. The new instructors gained more confidence with each lecture, and by the end of the course were alternating smoothly between English and Burmese to deliver the key content of the course.

Consistent with all PTC courses, the small group work was popular and highly engaging. The new instructors were more at ease during the skill stations, and excelled themselves during the demonstration scenarios. With the aid of the visiting instructors, the scenario sessions were interactive and well received.

The disaster session on the second day followed a similar model and same scenario to the first course, although was shorter due to exclusion of the disaster triage exercise. An unplanned but welcome addition at the end of this session was a short and moving presentation on the Cyclone Nargis experience by Dr Aung Thein Htay.

The same MCQs were used for this second course, and again showed improvement at the end of the course (APPENDIX 4). Participant feedback of this course was again strongly positive with some constructive comments on how to adapt the material for future courses given (APPENDIX 5). Some particularly engaged participants from this course who could be targeted for future Instructor Courses are listed in APPENDIX 6.

A semi-structured Closing Ceremony formally ended this course and the PTC program for the week. Thanks were extended to the MMA, Orthopaedic Society, all instructors and participants by the Visiting Course Director, RACS representative; Daliah Moss formally presented the new adult airway mannequin to the MMA, and Prof KM Naing made closing thanks and remarks prior to the presentation of certificates.

## **APPENDIX 7 (Formatted Schedule and summary as given to participants)**

### **7. Meetings**

#### **7.1. Formal**

On Sunday 29<sup>th</sup> March, at the completion of the initial Participant Course, the MMA hosted a formal dinner for the visiting instructors and RACS. Prior to the commencement of dinner, a short meeting was held, chaired by Prof KM Naing, as president of the MMA. The main aims of that meeting was to explain the roles of the MMA and confirm its' commitment to promulgation of the PTC program throughout Myanmar. Former MMA president Professor Myo Myint also spoke. Formal thanks and gifts (including honorary membership of the MMA) from both the MMA and Orthopaedic Society were given to the visiting instructors and Daliah Moss.

During the morning of the second Participants Course, whilst the skill stations were running, Daliah Moss, the Visiting Course Director; Dr Georgina Phillips, and Associate Professor Zaw Wai Soe met to discuss the future of PTC in Myanmar. Practicalities such as timing and sites of courses until 2011, as well as number and profile of visiting and local instructors were discussed. Drs TW Lee, Eric Vreede and James Kong also joined in this discussion and planning meeting.

In the afternoon of Tuesday 31<sup>st</sup> March, Georgina Phillips, Daliah Moss and Jane Brooks met with the Australian Government AusAID representative in Myanmar; Bernard Pearce. The purpose of this meeting was to introduce the PTC concept to AusAID, explain the need and commitment to this program from within Myanmar, and source potential funding for future courses until 2011. A proposal from RACS to AusAID will follow as a result of this successful meeting.

## **7.2. Informal**

Throughout the duration of the 5 day PTC program, certain senior members of the MMA and Orthopaedic Society observed the courses, ate with the instructors and had many informal discussions about the details of the course and ideas for future courses. These highly engaged key observers gave a power endorsement of the PTC to all participants, and at times gave brief talks to participants, reiterating the hope that these inaugural candidates would be the teachers and leaders of PTC in Myanmar in the future. The observers included:

A/Prof Zaw Wai Soe – Orthopaedic Surgeon and Secretary General of the Orthopaedic Society

Prof Myint Thaung – Orthopaedic Surgeon and Secretary General of the MMA

A/Prof Christopherson Ah Mg – Orthopaedic Surgeon

Prof KM Naing – president of the MMA

Prof. Tin Myint - intensivist and anaesthetist

Other opportunities for informal discussion about the PTC program with these and other senior MMA and Orthopaedic clinicians occurred during the dinners hosted by the Orthopaedic Society, the MMA and the Australian Ambassador.

## **8. Media**

At the Opening Ceremony of the PTC program a number of media representatives were present. Interviews were given to the Myanmar Health Digest and many photos taken with the intention of articles in this journal as well as the MMA newsletter.

Articles both in the Burmese language and English language versions of ‘The New Light of Myanmar’; a daily newspaper, were published with pictures of Daliah Moss and Prof. KM Naing the day following the opening of the program.

## **9. Social Schedule**

A busy social schedule had been organised for the visiting instructors and RACS representative, who were all overwhelmed at the warmth and generosity of their hosts.

The Orthopaedic Society hosted a dinner on the eve of the PTC program (27<sup>th</sup> March) at the Royal Garden Restaurant, and the MMA a dinner at the Traders’ Hotel on Sunday 29<sup>th</sup> March.

James Kong and Jane Brooks hosted the entire team at their house on the Pun Hlaing Golf Estate on 28<sup>th</sup> March, and their close friend Pat hosted a dinner for everyone at her house nearby on Tuesday 31<sup>st</sup> April. An informal night of “street food” was enjoyed by the team on Monday 30<sup>th</sup> April.

The Australian Ambassador to Myanmar; Michelle Chan, generously hosted the entire PTC team of visiting instructors and Daliah Moss, as well as Jane Brooks and five of the senior MMA and Orthopaedic Society doctors at the Ambassadorial Residence on the final evening of the program, Wednesday 1<sup>st</sup> April. This provided an excellent and relaxed environment for all guests to exchange ideas and feedback about the PTC program and to enlighten the Australian Ambassador about the value of this course to Myanmar.

## **10. Overall feedback and success of course**

### **10.1. Myanmar**

The general consensus from the Myanmar clinicians was that the PTC program had been a long-awaited and much anticipated success, and fulfilled their expectations. Clearly the participants rated the course well in the formal feedback forms (APPENDIX 5), although were naturally disinclined to give overly negative feedback.

Whilst not formally gathered, the senior MMA and Orthopaedic clinicians were delighted with the program and the visiting instructors. Given their determination to accept the PTC, own it and promulgate it throughout Myanmar, the course was always going to appeal to these clinicians. The additional flexibility and adaptability that is a hallmark of the PTC program is also a naturally attractive feature, and was well noted by the future drivers of this Myanmar course.

In the context of the Myanmar PTC program objectives, which were to teach PTC concepts and refresh skills for clinicians, showcase the PTC course with a view to future local ownership, and equip local clinicians with the knowledge and skills to run PTC courses in the future, all of these objectives were fulfilled.

### **10.2. Visiting Faculty**

The visiting instructors and RACS representative also rated this inaugural PTC program a great success, and were delighted by the warm reception, high level endorsement and enthusiastic participation of the Myanmar clinicians. Some formal feedback from the visiting faculty was obtained at the end of the final day of the program with the following key results:

#### Strengths (“what worked well”)

- Well organised and smoothly run course, highly experienced and enthusiastic instructors who worked well as a team
- Enthusiastic and engaged participants and high level support from the MMA

#### Suggestions and issues for future courses (“to do differently next time”)

- More time and resources for the new instructors to prepare, including suggesting breaking up the 5 day program to allow for an extra time prior to commencing the second course
- Language issues need addressing
- Minimisation of didactic teaching and more time and emphasis on small group work, skill stations and scenarios
- Practical issues such as clearer name tags, more mingling during breaks between visiting faculty and local participants
- Careful selection of participants and new instructors

## **11. Implications**

### **11.1. Relevance**

The relevance of the PTC course for Myanmar is evident from previous discussions in this document. We taught a wide variety of skilled clinicians in the PTC principles, course content, and course instructing and management techniques. Only the Myanmar clinicians and MMA will have a clear insight as to which of these clinicians are the most relevant and likely to continue as PTC drivers and Instructors in the future. The MMA has a long term strategic vision of the PTC course reaching beyond all doctors in Myanmar to nurses and other first-line health care providers. This is in accordance with the underlying intent and principles of the PTC philosophy. Initially, the intent is to train all medical specialists in PTC, then all General Practitioners (more than 10,000 members) before including nurses. The vision of the MMA is that the PTC has a future extending beyond the professional lives of the current senior MMA and Orthopaedic leadership. This is indeed a grand vision for PTC in Myanmar, and should be encouraged by as much international support as possible.

### **11.2. Future Plans**

The next step from an international perspective is to follow-up this inaugural program with a second Participant Course program before the end of 2009. The general consensus was that 2 internationally supported courses were required for the years 2009 – 2010, and at least one in 2011. The nature of the courses is open to discussion, although running a whole second Instructor Course was less favoured than multiple provider courses to give the already trained local instructors plenty of opportunity to practice leading and teaching PTC courses. The instructor mix between international and local is also open to discussion, although a faculty of 8 visiting instructors for future courses was thought to be unnecessary after this inaugural program.

Within Myanmar, the newly trained instructors were charged with the task of keeping their PTC knowledge and skills fresh by utilising the Manuals for informal and formal teaching opportunities in their own environments. For example, using scenario-based teaching for their own staff was encouraged as a way of practising skills and building up a body of locally adapted PTC teaching material.

A/Prof Zaw Wai Soe is planning to translate all of the PTC teaching material into Burmese for future courses. Naturally, he was encouraged in this task and advised to liaise with the PTC administration for support and guidance with his translation. For future PTC courses involving international instructors, the mix of English language teaching materials and Burmese language spoken teaching is likely to be the most effective combination.

## **12. Financial Issues**

Whilst RACS generously funded this entire PTC course program from within its' own budget, future courses will require an external source of funding. The approximate cost of this program was AUS\$ 20,000, and this covered instructors travelling expenses, accommodation, some meals, teaching materials and the airway mannequin which was given to the MMA. Some international instructors were able to access their own continuing medical education funds for the travel expenses, which enabled RACS to support such a large visiting Faculty. Sources from within Myanmar funded the venue, daytime catering and the participants' time and travel.



Whilst future courses are unlikely to be as costly, to ensure international support for establishing PTC in Myanmar, courses involving visiting instructors should be funded until 2011. The estimated cost of a further 4 courses up to this date is around AUSS\$ 70,000. It is hoped that an external government (eg; AusAID or other country aid program) or non-government organisation will contribute to the funding of this important program in Myanmar.

### **13. Recommendations**

In light of the highlighted relevance and need for the PTC course in Myanmar, as well as the reflections and feedback on this inaugural program, the following recommendations are made:

- That a second course be planned to occur before the end of 2009, and the dates, instructor mix and venue to be determined in consultation with the nominated MMA representatives
- That 2 further courses in 2010 and one in 2011 be planned to involve a mix of visiting and local instructors and in a mix of major urban centres.
- That the emphasis in early future courses be on Participant Courses and providing a teaching and organising opportunity for local instructors trained in this inaugural program
- That future Participant Courses be restricted to 20 participants, and if future Instructor Courses are planned, that the number be limited to even less than this and candidate selection carefully considered
- That future instructor combinations involve around half visiting and half local (aiming for an ideal total of 8 overall instructors), and that a core of visiting instructors be sourced from the original 8 who taught in this inaugural course, but that an opportunity to build up a bank of international instructors with experience in Myanmar is advised
- That the Myanmar clinicians be encouraged to adapt the PTC course to local environments, local equipment issues and local language requirements and be supported in this task
- That secure funding for future collaborative and internationally supported PTC Courses be sourced
- That beyond the PTC Courses, professional networks and friendships between Myanmar, Hong Kong and Australian clinicians is encouraged through organisations such as the MMA, various speciality Societies, the RACS and other professional bodies, as well as personal contacts.

### **APPENDIX 8 (Contact List and Availability of International Instructors)**

### **14. Acknowledgements**

Warm and deep thanks must be extended to Prof KM Naing, A/Prof Zaw Wai Soe, Prof Myint Thaug and other MMA representatives who welcomed and hosted the visiting team with grace, good humour and wide generosity. The future success of PTC in Myanmar will be as a result of the strong support these people have given to the program. Special thanks also to the local liaison and co-ordinators, James Kong and Jane Brooks, who were endlessly helpful, full of energy and a fountain of knowledge for the visiting team who were new to Myanmar.

The course would not have been possible without the tireless advocacy and generous funding from RACS and Daliah Moss, who was an absolute delight to have as part of the team, and was full of encouragement and sage advice.

The PTC Foundation through Rob McDougall provided solid and wise support and was essential in ensuring the Manuals and other teaching materials and resources were available to all.

It was a great privilege to work with such eminent, professional, talented and creative instructors. The enthusiasm of TW Lee, Sydney Chung, Anthony Ho, Tai-Wai Wong, Eric Vreede and Antony Chenhall was greatly appreciated and the energy created by the team was instrumental in ensuring a successful and memorable course.

Lastly, the enthusiasm and courage of the participants and new local instructors was the essential ingredient for the success of this inaugural PTC program. Thank-you to all who gave of their time, knowledge and energy to ensure that the PTC principles will be taught in Myanmar to the benefit of all those injured and affected by trauma.

**Dr Georgina Phillips**  
**Visiting Course Director**  
Melbourne  
April 2009

# APPENDIX 1

## Preparatory document sent to Myanmar co-ordinators (PDF)



### Central Medical Practice

1501 Prince's Building  
10 Chater Road, Central  
Hong Kong SAR  
Tel: +852 2521 2567  
Fax: +852 2868 1238  
Dir: +852 3973 8168  
30 January 2009

**Professor Dr Kyaw Myint Naing**  
President, Myanmar Medical Association  
**Brigadier General Tun Tun,**  
President, Myanmar Orthopedic Society  
Myanmar Medical Association

### Primary Trauma Care Program (MYANMAR) 2009

*Dear Professor Kyaw Myint Naing & Brigadier General Tun Tun,*

Thank you all kindly for making time to meet and discuss the various preparatory issues with you all.

I have submitted a report to the International Affairs Director of the Royal Australasian College of Surgeons (RACS). At the next COUNCIL meeting, we should receive formal final approval from the College Executive Council. The Program we will conduct then shall be as we have discussed. I write to confirm the following:-

#### 1. Candidates Selections

Please select a total of 44 candidates for the courses... (with a shortlist of reserve candidates).

1. Course I = 24
2. Course II = 20
3. Instructors' = 20 (maximum = 24)

#### Selection Guidelines

- Interested clinicians (senior to middle grade)
- Willing to learn skills
- Keen teach and train
- Multi-disciplinary (Ortho, Anesthesia, Surgeons, ObGyn, Paediatrics)

#### 2. Venue

I would suggest that the smaller hall (for 150 persons) at the Myanmar Medical Association Headquarters at Kandawgyi, should be satisfactory. Please arrange for...

- Table (x1) at the Registration Area
- For the 2-4 skill stations... 4 tables or patient trolleys on which a *patient* can lie down
- The candidates will form 4 groups for their breakout sessions.
- Table(s) at the rear for coffee/tea refreshments
- Lunch arrangements: please note that time is limited to **40 minutes** only

#### Catering

Please arrange catering for morning coffee, lunch and afternoon tea break for

1. Course I = 34 persons
2. Course II = 30 persons
3. Instructors' = 30 persons (maximum = 34)

[james.kong@centralmedicalpractice.com](mailto:james.kong@centralmedicalpractice.com)

OR

[james.kong@asiahealthcareinternational.com](mailto:james.kong@asiahealthcareinternational.com)

**APPENDIX 2**  
**Participant List – all programs**

**Primary Trauma Care Skill Training (Course 1 + Instructor Course)**

Name	Post	Department
Dr. Aye Thidar	Senior Consultant OG	OG Ward, North Okkalapa General Hospital University of Medicine (2), Yangon
Dr. Aye Aye Tint	OG specialist	Central Women's Hospital University of Medicine (1), Yangon
Dr. Aung Thein Htay	Consultant Orthopaedic Surgeon	Yangon General Hospital
Dr. Kaung Myat	Lecturer/Consultant Orthopaedic Surgeon	Department of Orthopaedic, University of Medicine (1), Yangon
Dr. Kyaw Zeya	Lecturer/Consultant Orthopaedic Surgeon	Department of Orthopaedic, University of Medicine (1), Yangon
Dr. Kyaw Thu	Trainer in Family Medicine	EC, General Practitioners' Society, MMA
Dr. Aung Maw	Trainer in Family Medicine	EC, General Practitioners' Society, MMA
Dr. Saw Hpone Ni	Lecturer/Orthopaedic Surgeon	Department of Orthopaedics, University of Medicine (2) Yangon
Dr. Thet Oo	Senior Registrar/Orthopaedic	Insein General Hospital
Dr. Zaw Min	First Assistant Orthopaedic Surgeon	Thingangyun Sanpya Hospital
Dr. San Hlaing	Consultant Orthopaedic Surgeon	Magwe Hospital
Dr. Zaw Min Han	Orthopaedic Surgeon	Department of Orthopaedics, University of Medicine , Magwe
Dr. Soe Lwin	Consultant Anesthesiologist (Accident & Emergency)	Yangon General Hospital
Dr. Aye Aye Aye	Consultant Anesthesiologist (Accident & Emergency)	Yangon General Hospital
Dr. Than Win	Lecturer/Consultant Orthopaedic Surgeon	University of Medicine, Mandalay
Dr. Sithu	Lecturer/Consultant Orthopaedic Surgeon	University of Medicine, Mandalay
Dr. Aung Myo	Specialist AS, Orthopaedics	Mandalay Orthopaedic Hospital
Dr. Daw Kyin Htwe	Specialist	Defence Services Orthopaedic Hospital

Name	Post	Department
Dr. Thein Soe Oo	Specialist	Defence Services Orthopaedic Hospital
Dr. May Lwin	Lecturer/Consultant Paediatrician	Yangon Children Hospital
Dr. Ei Phyu Lwin	Lecturer/Consultant Paediatrician	North Okkalapa General Hospital
Dr. Thein Myint	Associate Professor	Department of Surgery, University of Medicine (2) Yangon, Thingangyun Sanpya Hospital
Dr. Myint Maung	Surgeon	Ward 7+8, Yangon General Hospital
Dr. Vijay Kumar	Trainer in Family Medicine	EC, General Practitioners' Society, MMA

## **Primary Trauma Care Skill Training (Course 2)**

<b>Name</b>	<b>Post</b>	<b>Department</b>
Dr. Christina Sein	Specialist AS, OG	OG Ward, North Okkalapa General Hospital University of Medicine (2), Yangon
Dr. Cherry San	Specialist AS, OG	Central Women's Hospital University of Medicine (1), Yangon
Dr. Banyar Aung	Assistant, Orthopaedic Surgeon	Yangon General Hospital
Dr. Chan Mya Ohn	Assistant, Orthopaedic Surgeon	Yangon General Hospital
Dr. Kyaw Min Soe	Assistant, Orthopaedic Surgeon	Yangon Orthopaedic Hospital
Dr. Tin Tin Hla	Trainer in Family Medicine	EC, General Practitioners' Society, MMA
Dr. Yee Yee Myint	Trainer in Family Medicine	EC, General Practitioners' Society, MMA
Dr. Kyaw Kyaw Swe	Senior Assistant Orthopaedic Surgeon	North Okkalapa General Hospital
Dr. Tin Ko Ko	Senior Assistant Orthopaedic Surgeon	North Okkalapa General Hospital
Dr. Sai Zaw Win Naing	Assistant Orthopaedic Surgeon	North Okkalapa General Hospital
Dr. Ni Ni Aye	Doctorate Student (Anesthesiology)	North Okkalapa General Hospital
Dr. Laban Gun Jatt	Specialist AS, Orthopaedics	Mandalay Orthopaedic Hospital
Dr. Min Min Thein	Specialist AS, Orthopaedics	Mandalay Orthopaedic Hospital
Dr. Soe Min	Specialist	Defence Services Orthopaedic Hospital
Dr. Maw Maw Oo	Orthopaedic Surgeon	Hinthada General Hospital, Delta
Dr. Nyo Nyo Win	Paediatric Surgeon	Yangon Children Hospital
Dr. Naing Naing Oo	Lecturer/Consultant Paediatrician	Yangon Children Hospital
Dr. Aung Khine Zan	First Assistant Surgeon (Surgery)	Ward 9+10, Yangon General Hospital
Dr. Thu Ya Lwin	First Assistant Surgeon (Surgery)	Surgical Ward, Thingangyun Sanpya Hospital
Dr. Naing Naing Lin	Specialist AS (Anaesthesiology)	ICU, Yangon General Hospital

## APPENDIX 3 Course Programs

### 2 DAY PTC COURSE PROGRAMME – Course 1: 28<sup>th</sup>-29<sup>th</sup> March

**Instructors:**

Georgina Phillips (GP) – emergency physician  
 Antony Chenhall (AC) – emergency physician  
 Eric Vreede (EV) – anaesthetist  
 TW Lee (TWL) – anaesthetist / intensivist  
 Anthony Ho (AH) – anaesthetist  
 Tai Wai Wong (TWW) – emergency physician  
 Sydney Chung (SC) – surgeon  
 James Kong (JK) - surgeon

#### **Day 1 – Saturday 28<sup>th</sup> March**

TIME	TOPIC	INSTRUCTOR
8.00	30 mins	Registration (breakfast served)
8.30	15 mins	Opening and Welcome ceremony
9.00	15 minutes	Prof. Dr KM Naing
9.00	15 minutes	Georgina Phillips (GP), James Kong (JK) and PTC team
9.15	30 minutes	Introduction
		Local trauma perspective (15mins)
		MCQ (15 mins)
9.45	30 minutes	Prof Dr KM Naing
		AC
9.45	30 minutes	GP
10.15	45 minutes	ABCDE of Trauma and Primary survey
		Airway and Breathing
		TW Lee (TWL)
11.00	15 minutes	BREAK
11.15	45 minutes	Circulation and Shock
		Eric Vreede (EV)
12.00	80 minutes (20mins each)	Skill stations
		Airway – basic
		Airway – advanced (incl. Chest drains)
		Cervical spine / logroll
		Interosseous access
		EV, GP
		TWL, SC
		TWW, JK
		AC, AH
		(timekeeper, co-ordinator : GP)
13.20	40 minutes	LUNCH BREAK
14.00	30 minutes	Secondary survey
		JK
14.30	15 minutes	Demonstration Scenario
		All team
14.45	60 minutes (15mins each)	Scenarios (break into 4 groups)
		Group 1
		GP, TWL
		AC, JK

		Group 2 Group 3 Group 4	EV, AH TWW, SC (timekeeper, co-ordinator: GP)
15.45	15 minutes	BREAK	
16.00	30 minutes	Chest injuries	SC
16.30	15 minutes	Overview and summary	GP
<b>Day 2 – Sunday 29<sup>th</sup> March</b>			
9.00	30 minutes	Head and Spinal trauma	AH
9.30	30 minutes	Abdominal and Limb trauma	AC
10.00	30 minutes	Trauma in Children and Pregnancy	TWW
10.30	15 minutes	BREAK	
10.45	30 minutes	Burns	JK
11.15	80 minutes (20mins each)	Workshops    Analgesia  Transportation  Paediatrics  Neurological assessment (GCS, basic neuro etc.)	EV, GP  AC, JK  TWW, TWL  AH, SC  (timekeeper, co-ordinator: GP)
12.35	55 minutes	LUNCH BREAK	
13.30	60 minutes	Disaster management (2 groups)	GP All team
14.30	80 minutes (20mins each)	Scenarios (4 groups)	EV+TWW, AC+GP, TWW+SC, AH+JK (group each) Timekeeper, supervisor: GP)
15.50	15 minutes	BREAK	
16.05	15 minutes	Multiple choice paper	AC
16.20	15 minutes	Summary and evaluation	GP
16.35	15 minutes	Certificates and close (around 1700hrs)	GP, JK and team



# 1 DAY PTC INSTRUCTORS' COURSE PROGRAMME

**Monday 30<sup>th</sup> March**

Instructors:

Georgina Phillips (GP) – emergency physician

Antony Chenhall (AC) – emergency physician

Eric Vreede (EV) – anaesthetist

TW Lee (TWL) – anaesthetist / intensivist

Tai Wai Wong (TWW) – emergency physician

Sydney Chung (SC) – surgeon

James Kong (JK) - surgeon

TIME		TOPIC	INSTRUCTOR
8.00	10 minutes	Introduction and teaching basics	GP
8.15	15 minutes	Setting up PTC in the region	TW Lee
8.30	15 minutes	How adults learn	AC
8.45	15 minutes	Asking questions	GP
9.00	25 minutes	Feedback	TW Lee
9.25	10 minutes	BREAK	
9.35	15 minutes	How to give presentations General introduction	GP
	20 minutes	Lecture	JK
	20 minutes	Discussion group	TW Wong
	20 minutes	Teaching a skill	TW Lee
	20 minutes	Scenario	AC
11.10	10 minutes	BREAK	
11.20	120 minutes (30mins each)	WORKSHOPS Lecture Discussion group Teaching a skill Scenario	SC TW Wong, GP TW Lee, JK AC, EV  Timekeeper / co-ordinator: GP
13.20	55 minutes	LUNCH BREAK	
14.15	15 minutes	How to run a PTC course Language issues	TW Lee
14.30	45 minutes	Discussion of issues: Personnel Equipment	GP, TWL and AC to lead

		Paperwork Setting up a subcommittee	
15.15	30 minutes	Planning for PTC course for the following 2 days (31 <sup>st</sup> March-1 <sup>st</sup> April)	GP, TW Lee, JK (and rest of team)
15.45	30 minutes	Summary and Course evaluation  Certificates and close	GP  GP and all team

#### GROUP ROTATIONS FOR THE WORKSHOPS WITH 4 INSTRUCTORS

Each group has 6 people (24 on the course)

3 people get a turn in each workshop

10 minutes per person = 5 minutes presenting and 5 minutes feedback

TIME	WORKSHOP ON :			
	LECTURE	DISCUSSION GROUP	TEACHING A SKILL	SCENARIO
30 minutes	1	2	3	4
30 minutes	4	1	2	3
30 minutes	3	4	1	2
30 minutes	2	3	4	1

**2 DAY PTC COURSE PROGRAMME - Course 2: 31<sup>st</sup> March – 1<sup>st</sup> April 2009**

External Visiting Instructors:

Georgina Phillips (GP) – Team Leader, emergency physician  
 Antony Chenhall (AC) – emergency physician  
 Eric Vreede (EV) – anaesthetist  
 TW Lee (TWL) – anaesthetist / intensivist  
 Tai Wai Wong (TWW) – emergency physician  
 Sydney Chung (SC) – surgeon  
 James Kong (JK) - surgeon

Local Instructors (newly trained):

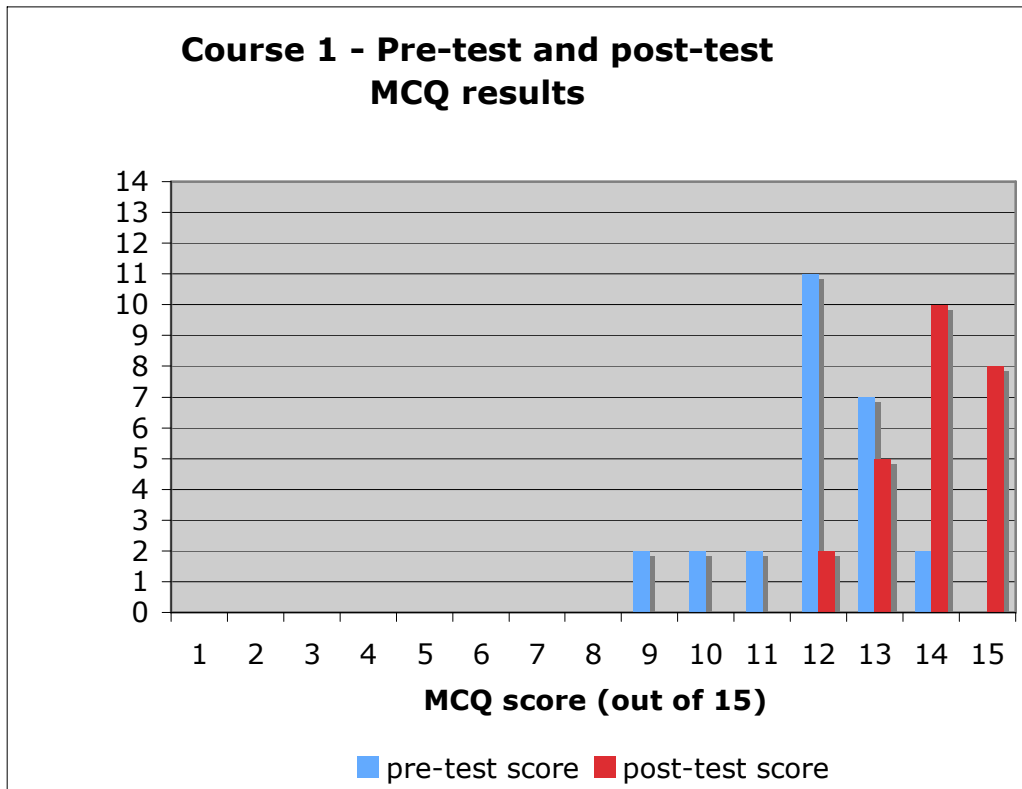
Dr Kaung Myat (Dr KM) – Orthopaedic Surgeon  
 Dr Aye Aye Aye (Dr AAA) – Anaesthetist  
 Dr Zaw Min Han (Dr ZMH) – Orthopaedic Surgeon  
 Dr Soe Lwin (Dr SL) – Anaesthetist  
 Dr Zaw Min (Dr ZM) – Orthopaedic Surgeon  
 Dr Thet Oo (Dr TO) – Orthopaedic Registrar  
 Dr Aung Thein Htay (Dr ATH) – Orthopaedic Surgeon  
 Dr Saw Phone Ni (Dr SPN) – Orthopaedic Surgeon  
 Dr Vijay Kumar (Dr VJK) – Family Medicine  
 Dr Ei Phyu Lwin (Dr EPL) – Paediatrician  
 Dr Kyaw Thu (Dr KT) – Family Medicine

TIME		TOPIC	INSTRUCTOR
<b>DAY 1</b>	<b>31<sup>st</sup> March</b>		
	<b>Tuesday</b>		
9.00	15 minutes	Introduction	GP
9.15	30 minutes	Local trauma perspective  MCQ	Dr Kaung Myat  Dr Aye Aye Aye
9.45	30 minutes	ABCDE of Trauma and Primary survey	Dr Zaw Min Han
10.15	45 minutes	Airway and Breathing	Dr Soe Lwin
11.00	15 minutes	<b>BREAK</b>	
10.15	45 minutes	Circulation and Shock	Dr Zaw Min
12.00	80 minutes	Skill stations Airway – basic Airway – advanced, needle decomp. Cervical spine and Logroll interosseous access	Dr SL, EV Dr AAA, AH  Dr TO, TWW Dr ATH, AC (Co-ordinator: GP and Dr ZMH)
13.20	40 minutes	<b>LUNCH BREAK</b>	
14.00	30 minutes	Secondary survey	Dr Saw Phone Ni
14.30	15 minutes	Demonstration Scenario	All Local instructing team
14.45	60 minutes	Scenarios (break into 4 groups) 1. (1+2)	Dr VJK, EV

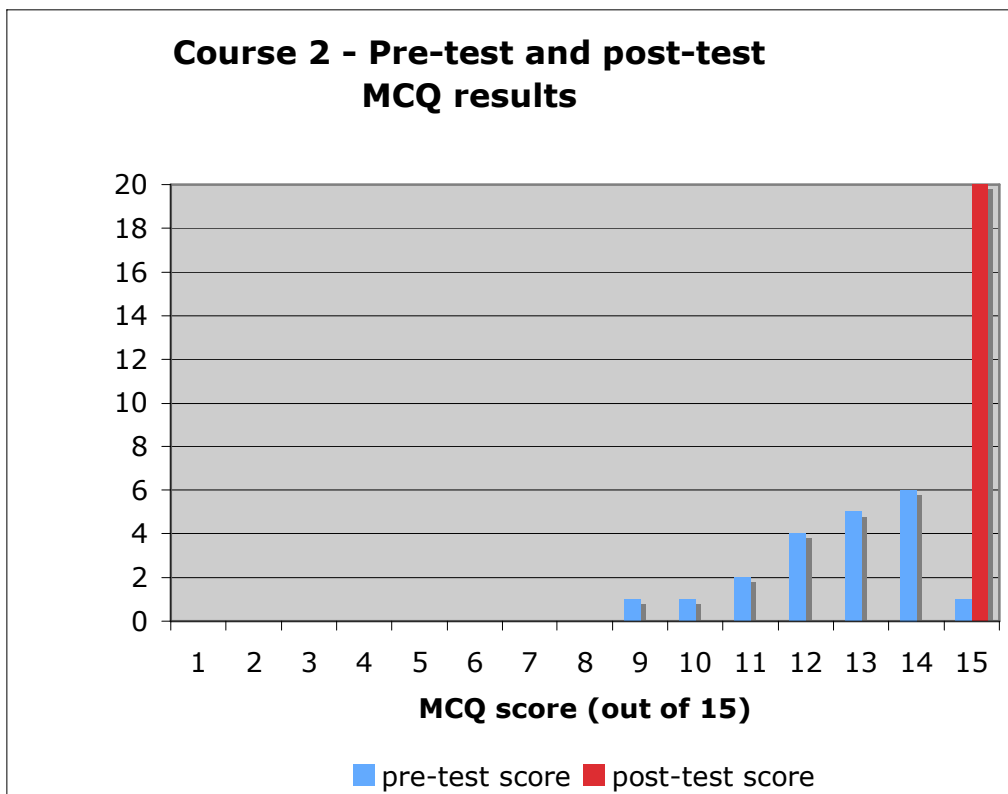
		2. (3+4) 3. (5+6) 4. (7+8)	Dr TO, AH + JK Dr ATH, TWW Dr SPN, AC + SC (Co-ordinator: TWL)
15.45	15 minutes	BREAK	
16.00	30 minutes	Chest injuries	Dr Zaw Min Han
16.30	15 minutes	Overview and summary	TWL
<b>DAY 2</b>	<b>1<sup>st</sup> April Wednesday</b>		
9.00	30 minutes	Head and Spinal trauma	Dr Zaw Min
9.30	30 minutes	Abdominal and Limb trauma	Dr Aung Thein Htay
10.00	30 minutes	Trauma in Children and Pregnancy	Dr Ei Phyu Lwin
10.30	15 minutes	BREAK	
10.45	30 minutes	Burns	Dr Kyaw Thu
11.15	80 minutes	Workshops    Analgesia Transportation Paediatrics Neurological assessment	Dr AAA, EV Dr TO, AC Dr EPL, TWW Dr VJK, ZMH, AH  (co-ordinator: GP)
12.35	55 minutes	LUNCH BREAK	
13.30	30 minutes	Disaster management	Dr Ei Phyu Lwin And team Dr ATH
14.00	90 minutes	Scenarios (4 groups) 1. (9+10) 2. (11+12) 3. (13+14) 4. (15+16)	Dr SPN, EV+GP Dr SL, AH+TWW Dr ZMH, TWW+SC Dr VJK, AC+JK  (co-ordinator: GP)
15.30	15 minutes	BREAK	
15.45	15 minutes	Multiple choice paper	Dr AAA
16.00	15 minutes	Summary and evaluation	GP
16.15	30 minutes	Certificates and formal close	GP and team Daliah Moss (RACS) Prof KM Naing

## APPENDIX 4 MCQ Results, pre and post Courses 1 and 2

### Course 1 Results (28<sup>th</sup>-29<sup>th</sup> March)



### Course 2 Results (31<sup>st</sup> March – 1<sup>st</sup> April)

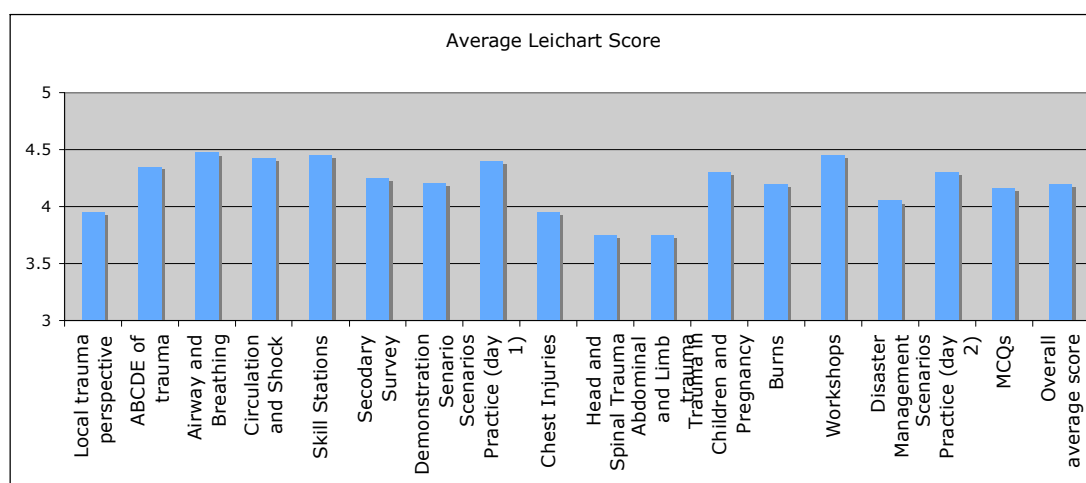


## APPENDIX 5 Participant Feedback – all courses

### Participant Course 1 (28<sup>th</sup>-29<sup>th</sup> March)

**Evaluation Summary (Leichart Scale: 1 very poor – 5 very good)**

Topic	Average Leichart Score
Local trauma perspective	4
ABCDE of trauma	4.62
Airway and Breathing	4.46
Circulation and Shock	4.46
Skill Stations	4.35
Secondary Survey	4.23
Demonstration Senario	4.73
Scenarios Practice (day 1)	4.42
Chest Injuries	4.15
Head and Spinal Trauma	4.23
Abdominal and Limb trauma	4.03
Trauma in Children and Pregnancy	4.12
Burns	4.16
Workshops	4.38
Disaster Management	4.12
Scenarios Practice (day 2)	4.46
MCQs	4.17
Totals	4.3



#### Comments:

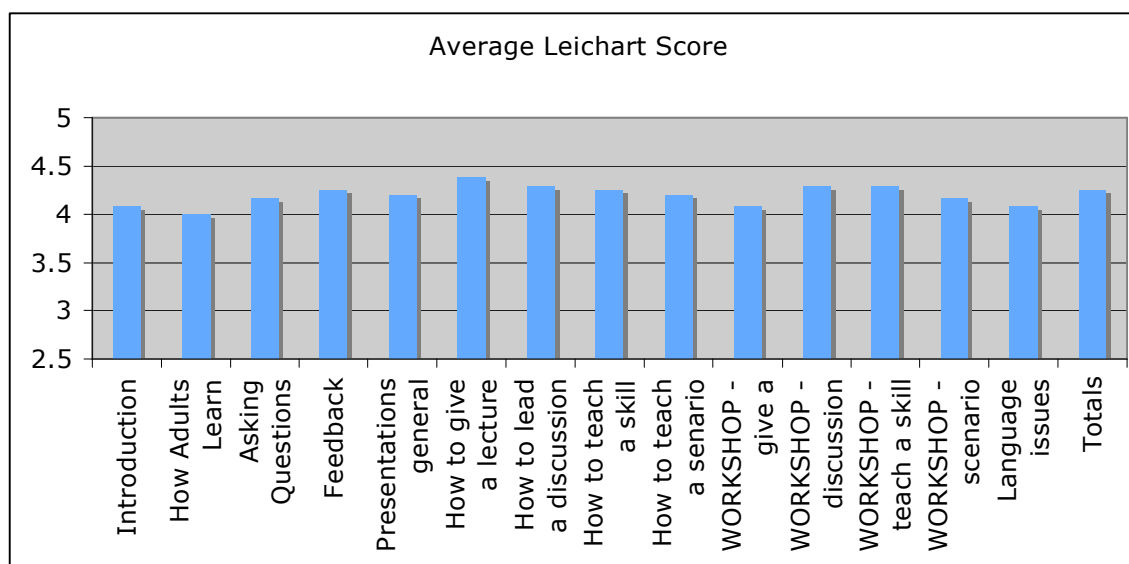
Best Part: Scenario practice (16 responses), Demonstration Scenario (6), Skill Stations (4), ABC of Primary Survey (2), Group Discussions

Suggested Changes: More time / practice time (5), improve language barrier (2), more scenarios / skill stations / smaller groups / detailed notes, give two-way lectures, study feedback forms

## Instructor Course (30<sup>th</sup> March)

### Evaluation Summary (Leichart Scale as above)

Topic	Average Leichart Score
Introduction	4.08
How Adults Learn	4
Asking Questions	4.17
Feedback	4.25
Presentations general introduction	4.2
How to give a lecture	4.38
How to lead a discussion group	4.29
How to teach a skill	4.25
How to teach a senario	4.2
WORKSHOP – give a lecture	4.08
WORKSHOP – discussion group	4.29
WORKSHOP – teach a skill	4.29
WORKSHOP – scenario	4.17
Language issues	4.08
Totals	4.25



### Comments:

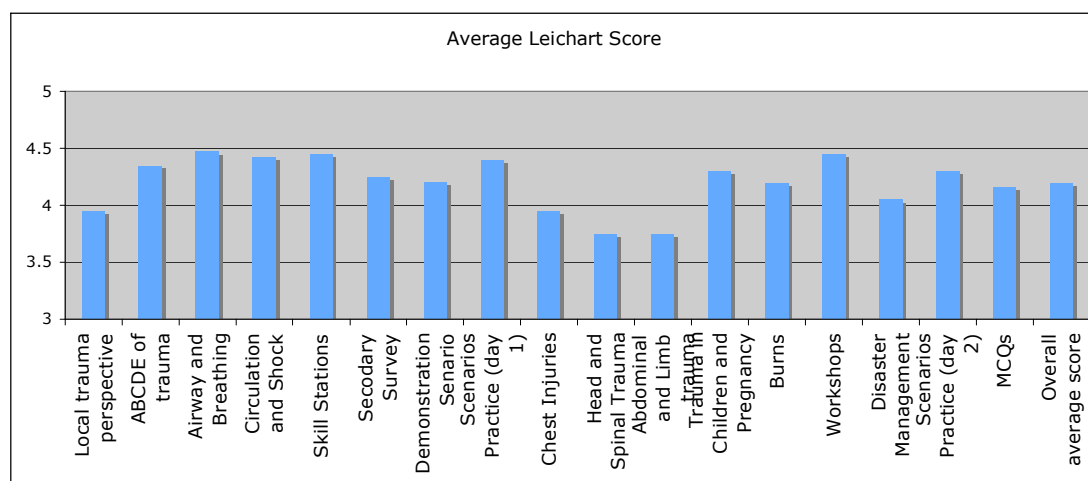
Best part: Workshops (6 responses), Scenarios (4), How to teach a skill (3), Discussion group (3), How to give a lecture (4), General Introduction and adult learning concepts (3), Giving feedback in a positive attitude

Suggested changes: More workshops / more time for workshops (5), more discussion group teaching and practice (2), more time for explanation, give a lecture plan, repeat the course

## Participant Course 2 (31<sup>st</sup> March – 1<sup>st</sup> April)

### Evaluation Summary (Leichart Scale as above)

Topic	Average Leichart Score
Local trauma perspective	3.95
ABCDE of trauma	4.35
Airway and Breathing	4.47
Circulation and Shock	4.42
Skill Stations	4.45
Secodary Survey	4.25
Demonstration Senario	4.21
Scenarios Practice (day 1)	4.4
Chest Injuries	3.95
Head and Spinal Trauma	3.75
Abdominal and Limb trauma	3.75
Trauma in Children and Pregnancy	4.3
Burns	4.2
Workshops	4.45
Disaster Management	4.05
Scenarios Practice (day 2)	4.3
MCQs	4.16
Overall average score	4.2



### Comments:

**Best Part:** Scenarios (11 responses), skills stations (5), ABCDE and Primary Survey (2), Airway and Breathing, Demonstration Scenario, the “refreshment exercises”

**Suggested Changes:** More Scenarios, Refresher courses, Include CPR, Not to give MCG answers after pre-test, A systematic approach to aims and objectives, Preparedness of instructors – instructors should be practicing in the area of PTC



**APPENDIX 6**  
**Participants who should be included in future PTC teaching**

**Course 1 and Instructor Course**

Dr Kaung Myat \*  
Dr Zaw Min Han \*  
Dr Aung Thein Htay \*  
Dr Ei Phyu Lwin \*  
Dr Kyaw Thu \*

More time may be required for:

Dr Vijay Kumar \*  
Dr Aye Aye Aye \*

(\* = instructed in second provider course)

Dr Aung Myo  
Dr Than Win  
Dr May Lwin  
Dr Daw Kyin Htwe  
Dr Myint Maung

**Course 2**

Dr Kyaw Min Soe  
Dr Maw Maw Oo

## APPENDIX 7

### PDF File of program and background as given to participants (Contains some minor inaccuracies in participants list)

#### Primary Trauma Care (Myanmar)

##### Course Programme (March 2009)

Presented by the Royal Australasian College of Surgeons in collaboration with the Myanmar Medical Association



### INTRODUCTION



PTCF operating as THE PRIMARY TRAUMA CARE FOUNDATION is in the business of designing and presenting medical training courses for worldwide application. Its initial Primary Trauma Care Course is a two-day course designed by Douglas A Wilkinson, an Intensive Care Consultant in Oxford UK & Marcus F Skinner an Intensive Care Anaesthetist in Tasmania, Australia. The World Federation of Societies of Anaesthetists (WFSA) provided initial funding and sponsorship. The delivery of the Primary Trauma Care Courses has expanded and there has been financial support from the UK Royal College of Anaesthetists, Australian Aid, the Dutch Society of Anaesthetists, and Charities including IDEALS (International Disaster and Emergency Aid with Long Term Support) and the Sainsbury Family Charitable Trust.

The Primary Trauma Care (Myanmar) Program has been made possible by the financial support of the Royal Australasian College of Surgeons in association with the Myanmar Medical Association. In addition, the voluntary support of a faculty of Surgeons and Anaesthetists/Intensivists from Hong Kong and Timor Leste, and Emergency Physicians from Australia.

PTCF has produced a training manual called *Primary Trauma Care*, which has been incorporated into the World Health Organisation's *Definitive Guide on Surgical Procedures at the District Hospital* handbook. (WHO Publication 2002 Geneva). The PTCF has also published a manual for *Trauma Management in District and Remote Locations* to be used for quick reference and also to teach the basic knowledge and skills needed to identify traumatized patients who require rapid assessment, resuscitation and stabilization of their injuries. The *Primary Trauma Care Manual* provides a foundation on which doctors and nurses can build the necessary knowledge and skills for trauma management with minimal equipment and without sophisticated technological requirements.

The *Primary Trauma Care Programme* is designed to train Doctors, Nurses and other health professionals involved in the early management of severe trauma victims in remote areas. They are taught the basics of primary and secondary survey and early resuscitation, but within the confines of their time, experience and resources. This two-day Course emphasizes the systematic examination and treatment of the injured patient as well as trauma prevention. The PTC programme has been taught worldwide and the manual, which is available on the Internet, has been translated into 8 languages.

The *Primary Trauma Care Instructor Course* is a one-day course, which enable doctors, nurses and educationalists to educate and train new instructors in the concepts and teaching principles of the Primary Trauma Care Programme. This devolution of skills and teaching aids empowers local health professionals, allowing them to adapt the teaching materials and course work to their regional needs.

The Primary Trauma Care Foundation is the organization involved in coordinating these programmes, maintaining and updating educational materials, and raising funds for regional and new national courses. It works with the PTC Regional Offices supporting, encouraging and aiding them in this continuing medical educational programme.

This international collaborative programme, trains and equips doctors and nurses around the world in their endeavors to promote the principles of the *Primary Trauma Care Programme*.

#### Instructors for PTC (Myanmar) 2009

Georgina Phillips	Emergency Physician	Australia	Team Leader
Antony Chenhall	Emergency Physician	Australia	
Tai Wai Wong	Emergency Physician	Hong Kong	
Tsun Woon Lee	Anaesthetist / Intensivist	Hong Kong	
Anthony Ho	Anaesthetist / Intensivist	Hong Kong	
Eric Veeede	Anaesthetist	Timor Leste	
Bydney Chung	Surgeon	Hong Kong	
James Kong	Surgeon	Hong Kong	Project Director

#jkl

## APPENDIX 8

### Contact List and availability of visiting International Instructors

#### Hong Kong

Dr Tsun-Woon (TW) Lee     [leetw@ha.org.hk](mailto:leetw@ha.org.hk)

May be available in late 2009

Available for one course in 2010

Dr Anthony Ho                 [hoamh@hotmail.com](mailto:hoamh@hotmail.com)

Available for one course a year

Dr Tai-Wai Wong             [wongtw1@ha.org.hk](mailto:wongtw1@ha.org.hk)

Available for one course a year

Prof Sydney Chung         [chungscs@yahoo.com](mailto:chungscs@yahoo.com)

May be available in late 2009

Available for one course a year

Dr James Kong               [james.kong@centralmedicalpractice.com](mailto:james.kong@centralmedicalpractice.com)

Available for one course a year

#### East Timor

Dr Eric Vreede                [ericvreede@compuserve.com](mailto:ericvreede@compuserve.com)

May be available in late 2009

Available for one course a year

#### Australia

Dr Antony Chenhall         [antony.chenhall@svhm.org.au](mailto:antony.chenhall@svhm.org.au)

Available for one course a year

Dr Georgina Phillips        [drgeorgina@gmail.com](mailto:drgeorgina@gmail.com)

Available for one course a year

**Note:** Availability for future Myanmar PTC Courses is variable and subject to the work requirements and other commitments of the instructors. Generally speaking, with enough notification, all instructors will be able to follow-up this inaugural Myanmar PTC program with a second course over the next 1-2 years, so that there will be a certain consistency delivered from visiting instructors until 2011.