

PTC in Iran – the first 6 months

Iran is a large country with a mixed urban and rural population. It has a very high mortality from road traffic accidents (about 30,000 deaths/year) as well as having more and larger earthquakes than any other country in the world.

"It shouldn't take one much effort to realize why thousands of people lose their lives on the roads throughout the country. Official estimates put the annual death and injury toll as a result of accidents in Iran at 25,000 and 250,000 respectively. Iran's roads are regarded as among the most dangerous in the world.

(Iran Daily/Islamic Republic News Agency, Nov 10th 2005)

In collaboration with Iran University of Medical Sciences & Health Services (IUMS) and professional colleagues in medicine, emergency medicine, surgery and anaesthesia, a PTC foundation course was held in the skills centre in January 2007. The foundations had been laid by contacts through Dr Khalid Ayazi, and Iranian-born doctor currently working in the UK. He established contact with Dr Hosein Saidi, Clinical Director of the Emergency Department, Nazrat Rasool Aksam Medical Complex, University of Iran. Contacts were also made with the Ministry of Health & Medical Education. Dr Saidi identified both a suitable venue, and an excellent group of participants, many of whom were identified as potential teachers.

An international team of 4 PTC instructors (2 from Pakistan, 2 from UK) together with Dr Saidi, were responsible for running the standard foundation package of:

- A two day First Primary Trauma Care (PTC) course led by external PTC instructors
- A one day PTC instructors course led by external PTC instructors
- A two day PTC course led and delivered by the newly-trained Iranian instructors
- The establishment of an Iranian PTC committee to lead and plan future development of PTC in Iran.

Participants were drawn from Emergency & Internal Medicine, Surgery, and Anaesthesia. For this first course many participants had been pre-selected as possible instructors, and many were already involved in teaching. We enjoyed first class administrative support and an excellent teaching room was provided, complete with teaching aids including digital projection, whiteboards, and overhead projection. This was backed up by the availability of an excellent skills laboratory with manikins and teaching equipment.

It is PTC policy to work as much as possible in the language of the country and PTC headquarters provided course manuals in Farsi for all participants. In the early stages of introduction we often have English-speaking students, but as PTC reaches provincial centres and district hospitals, using the national language from the outset has many advantages. Our thanks go to Dr. Khaled Ayazi for providing an excellent translation of the manual.

At the end of the first PTC course, we invited ten of the participants to attend the instructors' course, and then to teach on the second PTC course, which immediately followed it. Selections were made on the basis of performance on the course, and on the

advice of local knowledge of teaching potential. These choices were made before the final MCQ was administered, and we were very happy to see that the MCQ results supported our decisions. After a day of training as instructors, ten of our Iranian colleagues were launched immediately into running and teaching a complete second PTC course. We were delighted at the efficient way in which they applied themselves to this daunting task. The overseas faculty members were present as observers, and to help and support in any way on request, and to provide further in-depth feedback to the lecturers. Our experience was that, not only was our help not required, but that various elements of the course – timekeeping, organisation of teaching rooms etc, was significantly better than the course we had run ourselves! The MCQ results for the second course were fully comparable with the first course.

We were honoured to be able to meet Dr. Farzad Panahi, chief of the Ministry of Health's Disaster & EMS management Centre. We spent over an hour with him at the ministry, with two of our Iranian instructor colleagues. We explained the nature and content of PTC, and the advantages to Iran in having a trauma training system suited to the needs of the whole country. We understand that the ministry plan is to review progress of PTC courses led by Iranian doctors after a suitable time.

During the course we were also pleased to be granted an interview by Iranian television, including the first ever television coverage in the world(?) of a PTC Primary survey, shown 3 times on the national news!

Follow up

Spectacular progress that has been made in the six months following the introduction of PTC to Iran. Without further prompting, and with no external help, our Iranian colleagues have run at least six more PTC courses. They have taken PTC beyond Tehran both to the north of the country (Tabriz) and the south. They have taken steps towards including PTC in the regular training of interns at Tehran University, and have persuaded the organisers of the 2nd national Emergency Medicine Conference to include PTC – subsequently they are hoping to include PTC in the curriculum of the Iran Society of Emergency Medicine. They are planning to set up a PTC office in the Hafte Tir hospital, and seeking more training materials.

As I write this 3 more courses are in preparation, including one for Lebanese doctors, and the total of healthcare professionals trained in the first six months exceeds 300.

Well done Iran. Welcome to the PTC family!

*Mike Dobson
Oxford, July 2007*