

PROJECT REPORT

PROJECT TITLE: Primary Trauma Care Courses in Binh Dinh

Recommendations:

- 1. The New Zealand-Viet Nam Health Trust is strongly urged to commit to on-going support for Primary Trauma Care courses for a further two years. Ideally a minimum of two courses should be held every six months. There is expected to be a diminishing need for financial support as the Binh Dinh Department of Health accepts increasing responsibility for the continuation of this programme.**
- 2. Support should be maintained at a level sufficient to ensure the local Vietnamese instructors achieve the skill and confidence to satisfactorily maintain the programme. All written course material should be translated into Vietnamese.**
- 3. The Department of Health should continue to explore ways whereby additional funding can be made available to more quickly ensure the basic necessities to provide acute trauma care are made available in all hospitals in Binh Dinh. Emergency departments could be equipped and structured to a basic level (which would greatly enhance the care which could be provided) at relatively little additional cost. This basic structure should then be progressively developed as additional funding becomes available. In this way much greater benefits will arise through the PTC training programme.**

Primary Trauma Care Courses Binh Dinh 2006-7

Training in Primary Trauma Care (PTC) was commenced in 2006 at the request of the Binh Dinh Department of Health. The first two courses were satisfactorily completed during May as the first step in establishing a programme which could be maintained at a high standard by doctors within the province (and eventually linking with a national programme). In November two more courses were held and immediately followed by an Instructor's course. Five Vietnamese doctors completed the latter course with the intention that they would commence in this role in April 2007.

A further two PTC courses with a total of 32 participants were completed at the Department of Health, Quy Nhon during April 2007. 19 of the 32 participants successfully completed the test (achieving more than 80%) at the completion of the courses. This compares favourably with a success rate of six of 34 for the first two courses. The courses have been refined since their introduction and the participants appear to be responding favourably.

Three of the Vietnamese doctors who had completed the Instructor's course in November were available to participate during these two courses. All coped remarkably well in this role and proved to be able instructors.

- Although the level of knowledge and skills demonstrated by those participating in the two courses varied, it was evident that those attending on this occasion had much better knowledge than those attending earlier courses. This appeared to reflect instruction by colleagues who had participated previously.
- The course is now relatively refined in its structure (although improvements can always be made) and is reproducible.
- On this occasion the manual was made available to most participants approximately three weeks prior to the course and they were encouraged to read it carefully.

Unfortunately seven who participated in the second course did not receive the manual prior to commencing the course and they were obviously disadvantaged.

- The interpreters once again proved to be invaluable and the success of this course is very dependent upon their skills and willingness “to go the extra mile”.
- It was observed that proportionately more nurses passed the final test than doctors - however the highest scores were obtained by doctors.

Consideration should now be given to using Vietnamese for all slide presentations to reduce the need for translation of this part of the information provided. This would allow the interpreters to concentrate upon the additional information provided verbally by the instructor. Providing all information consistently in one language during the more formal presentations is likely to create a better learning environment. It also creates the information and resource base for the Vietnamese people to take over the running of this course.

The New Zealand Viet Nam Health Trust is again strongly encouraged to maintain a similar level of support for this project during the next year to ensure that this promising beginning is sustained. As Vietnamese Instructors become increasingly skilled and confident there will be a diminishing need for Trust support. However it is important that support is continued through the transition period. The Binh Dinh PTC programme should be linked with that at Hanoi to commence the development of a national network.

- a. The Trust is encouraged to provide continuing support during 2007-08 but at a progressively reducing level. This is necessary to support Vietnamese Instructors as they gain the skills and confidence to maintain the quality of teaching and the experience at a high level.
- b. The Department of Health, as far as practicable, should give priority to encouraging the provision of a basic level of life-maintaining equipment in all emergency departments. This should include Oxygen and suction at each stretcher site, oxygen masks, Guedel airways (a full range of sizes), endotracheal tubes and a laryngoscope, i/v cannulae (large bore), giving sets and N saline, adjustable adult and paediatric Sifneck collars (or similar). The present deficiencies in basic equipment and the inadequate Emergency facilities at all hospitals are very significant constraints upon any rapid improvement in the care offered for the acutely injured patient.

Consideration should be given to simple modification of the existing emergency facilities to increase the space available for the people and equipment required to provide better emergency assessment and care. It is also important to upgrade the existing low fixed beds to wheeled higher, narrower stretchers to allow good access to the patient and easy transfer to X-ray, wards etc. It is felt that these basic necessities could be provided at relatively modest total cost.

Finally each Emergency department should be advised to develop sterile packs containing the basic equipment necessary to satisfactorily complete a venous cut-down, insertion of an intercostal drain and diagnostic peritoneal lavage.

Acknowledgements

- The Primary Trauma Care Trust and the World Health Organisation for developing and making available this invaluable educational resource.
- The Binh Dinh People’s Committee and the Department of Health who have given strong support to this project since it was first proposed. Special thanks are due to BS My and DS Huong, who have given considerable personal support and assistance in the planning and completion of all the courses.

- The New Zealand-Viet Nam Health Trust who gave approval for the initiation of this project and made funding available at a time when funding was uncertain. The continuing support has been vital to the success of this project.
- Barbara Dawson who continues to play a pivotal role completing all arrangements to permit the courses to proceed as planned.
- Our interpreters without whom a course such as this could not have been contemplated.
- Each of the 96 people who have completed these courses and who participated fully throughout the two days.
- My fellow instructors participating during each of these courses, whose commitment to preparing for the course and maintaining enthusiasm throughout ensured all participants gained greatly. Special mention must be made of our Vietnamese colleagues who proved very capable in their first course.