

**Primary Trauma Care (PTC) Course Report**

**Hospital Nacional Guido Valadares (HNGV) Dili, Timor Leste, 11<sup>th</sup> – 112<sup>th</sup> March 2013**

- 1 Purpose of the visit
- 2 Executive summary
- 3 Key staff involved in planning and co-ordinating
- 4 Professional aspects of the visit
- 5 Course participants
- 6 Course instructors
- 7 Details of activities
- 8 Subsidiary activities
- 10 Contents of the Primary Trauma Care course
- 11 Day 1
- 12 Day 2
- 13 PTC Course evaluation forms
- 14 Summary of multiple choice questionnaire scores before and after the course
- 15 Evaluation of the success and relevance of the visit
- 16 Observations and recommendations for future visits in your speciality and suggestions as to how such visits could be modified to contribute further to the projects objectives
- 17 Details of any teaching or other material provided
- 18 Acknowledgments

## **Purpose of the visit**

Primary Aim: Deliver training in trauma care to ALL the Anaesthetic and Surgical Diploma candidates at HNGV.

Secondary Aim: Deliver training in trauma care to the ED doctors at HNGV

(Due to issues around rostering it was not possible to schedule a time that all the above doctors could attend. A time was chosen where all anaesthetic and surgical diploma candidates could attend, however only some of the ED candidates were able to attend).

## **Executive summary**

A two day PTC course was run at the Hospital Nacional Guido Valadares in Dili Timor Leste on 11<sup>th</sup> – 12<sup>th</sup> of March 2013. There were 9 participants that attended the complete course. 3 participants were candidates for the Diploma of Surgery, 3 were candidates for the Diploma of Anaesthetics. 3 were ED doctors. 2 other doctors (1 obstetric and 1 internal medicine) also attended for some sessions only. The course was well supported by the hospital. Organisation was good, the teaching facilities were adequate, and the snacks were excellent.

The standard 2 day PTC course plan was followed with the following variations: The omission of the disaster management session. It was felt that in this setting disaster planning needs more time than is allocated in the PTC. We used the time gained for more scenario/workshop time and will work on disaster planning separate to the PTC

The course was well received. Evaluation was completed. All aspects of the course were rated as good or above by participants. Comments were generally positive – would like more time, should do this course for other staff.

There was a noticeable increase in the number of chest drains being inserted into trauma patients in the month following the PTC course.

Discussion has been generated at the AMTL (Timorese Medical Association) regarding the need for further courses for other Timorese doctors.

## **Key staff involved in planning and co-ordinating**

Dr Joao Pedro, Consultant Surgeon at HNGV, Dili Timor Leste

Dr Antony Chenhall, Long Term Advisor, Emergency Department, HNGV, Dili, Timor Leste

Dr David Schoemaker, Long Term Advisor, Surgical, HNGV, Dili, Timor Leste

## **Professional aspects of the visit**

The course was run at HNGV with all instructors and participants from HNGV.

### **Course participants**

Dr Jose Alves (candidate Dip Anaes)  
Dr Apolinario Jesus Pinto (candidate Dip Surg)  
Dr Colombiarus da Silva (candidate Dip Anaes)  
Dr Mingota da Costa Herculano (candidate Dip Anaes)  
Dr Juvencio Oras (candidate Dip Surg)  
Dr Raimundo Dos Santos (candidate Dip Surg)  
Dr Gustodio Alves de Jesus (ED doctor)  
Dr Andronico Ly (ED doctor)  
Dr Abraao (ED doctor)

Also attending for some sessions

Dr Idelfonso (candidate Dip Int Med)  
Dr Lala (candidate Dip Obs)

### **Course Instructors**

Dr Antony Chenhall (Emergency Physician) Long Term Advisor, Emergency Department, HNGV, Dili, TL  
Dr Joao Pedro, Consultant Surgeon at HNGV, Dili Timor Leste  
Dr David Schoemaker, Long Term Advisor, Surgical, HNGV, Dili, Timor Leste  
Dr Eddie Flavio, Consultant Anesthetist at HNGV, Dili, Timor Leste  
(The Obstetric lecture was give by Dr Alexis Shub)

## **Contents of the Primary Trauma Care course**

### **Day 1**

Introduction

MCQs

ABCDE of Trauma and Primary survey

Airway and Breathing

Circulation and Shock

Skill stations    Airway

                    Cervical spine

                    Chest Drain

Secondary survey

Scenarios

Overview and summary

### **Day 2**

Chest injuries

Abdominal injuries

Head and Spinal Injury

Paediatrics and Obstetrics

Workshops    Burns

                    Transportation

                    Paediatrics

Scenarios

MCQs

Summary and evaluation

## PTC Course evaluation forms

Dates and Location	HNGV, Dili Timor Leste						
Number of Participants	9						
	Very Poor (1)	Poor (2)	Average (3)	Good (4)	Very Good (5)	Number of responders	Mean Response
The ABCDE of trauma and Primary Survey	0	0	0	0	5	9	5
Airway and breathing	0	0	0	0	9	9	5
Circulation and shock	0	0	0	0	9	9	5
Workshops/Skills stations (day 1)	0	0	0	4	5	9	4.6
Secondary Survey	0	0	0	3	6	9	4.7
Scenarios (day 1)	0	0	0	1	8	0	4.9
Chest Injury	0	0	0	0	9	9	5
Head and Neck Trauma	0	0	0	2	7	9	4.8
Abdominal trauma	0	0	0	2	7	9	4.8
Trauma in Children and Pregnancy	0	0	0	3	6	9	4.7
Burns	0	0	0	0	9	9	5
Scenarios (day 2)	0	0	0	2	7	9	4.8
MCQs	0	0	0	1	8	9	4.9

All mean scores 4 (good) or above.

### Summary of comments from the evaluation forms

What was the best part of the course?

- Several positive comments of a general nature.
- Specific positive comments about Primary survey; Secondary survey; chest; and abdomen

What would you change?

- A couple of requests for repeated/further training.
- Suggestions that this training should be delivered to more doctors in Timor Leste

### Summary of multiple choice questionnaire scores before and after the course

For the pre course MCQs the test was taken individually with the answers then discussed informally as a group. Marks were by "honour system" with a show of hands with most participants scoring above 5/10 and the top mark 8/10. For the post PTC MCQs answers were formally marked. Most participants scored 8/10 or above, there were a number of perfect scores.

## **Evaluation of the success and relevance of the visit**

This was not a visit as such. All instructors and participants currently work at HNGV in Dili.

We delivered a 2 day PTC course to 9 participants, which included all the junior doctors from the Anaesthetic and Surgical programs and some of the ED doctors. The participants were all Timorese who completed undergraduate training in either Indonesia, Cuba or Fiji.

We used the revised PTC slide set, revised in 2009 by Dr Rob McDougall and Dr Wayne Morris for use in the Pacific (provided to me by Dr Wayne Morris). This slide set has been used previously in TL and works well in this setting.

We gave the participants a choice of the English PTC participant manual or the Bahasa translation (by Eddie Radahajo). Most took the Bahasa version. With the current edition of the PTC participant manual now several years old and a revision currently in progress we look forward to a new edition. However from the TL perspective we will need to continue using the Bahasa version of the older edition, unless there is a new Bahasa translation (which seems unlikely at this stage).

All the instructors are HNGV staff. The course leader (myself) is a trained PTC instructor with experience delivering PTC in PNG and Myanmar as well as TL. The other instructors were not "formal" PTC instructors. One instructor was an Australian surgeon currently working in TL, the other two were local consultants (one surgical, one anaesthetic). All three are senior teachers with the post grad diploma candidates here. Prior to the PTC course some instructor sessions were run using some of the PTC instructor resources to familiarise the instructors with the course content and teaching style (emphasis on scenario teaching and debriefing techniques). This was sufficient for this course. Looking forward, there is only one other trained PTC instructor in TL, Dr Eric Vreede, anaesthetist (who was unfortunately not available for this course). Should AMTL embrace PTC and support running further courses (which seems probable) there may be the need to formally train more PTC instructors.

For the chest drain skills station we used a goat as the model. When purchasing the goat we were able to get the goat prepared so that we only had the part of the goat superior to the diaphragm, diaphragm intact. This proved very convenient (compared to a whole goat) as a chest drain model and we intend to use a goat prepared in this way again.

We had good engagement from the participants during the course, particularly for the skills stations and other small group activities. The participants evaluated the course positively. Feed back during the end of course discussions was positive with expressed intentions to implement the principles of PTC at HNGV

In the month following the PTC the number of chest drains inserted in trauma patients at HNGV was much higher than prior to the PTC. Anecdotally (but stated by several senior clinicians) HNGV put in as many chest drains in trauma patients in the month following the PTC as in the previous six months. Whilst this is only anecdotal it suggests that following the PTC the ability to identify pneumothorax and haemothorax was greatly increased.

**Observations and recommendations for future visits in your speciality and suggestions as to how such visits could be modified to contribute further to the projects objectives**

This PTC was well received. It has generated discussion within the Assossiation Medicos Timor Leste (AMTL), the Timorese Medical Association regarding running further PTC courses for doctors in TL, especially for doctors in the District Hospitals. We are waiting to see the outcome of this discussion but anticipate the need for further PTCs.

**Acknowledgments**

Hospital Nacional Guido Valadares: for the site and for rostering in a way that all Surgical and Anaesthetic Diploma Candidates could attend.

RACS/ATLASS 2 program: snacks, teaching materials.