ATLASS II

Primary Trauma Care (PTC) Course Report

Family Medicine Programme, HNGV

1 - 2 July 2014

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Introduction

The course was the first of a series that will be held during the new Family Medicine Programme (FMP) training which started on 30 June 2014. Two further courses will be held during year 1 of FMP. The purpose of the PTC is to familiarise the FMP trainees with basic trauma care especially directed at doctors working at the CHC level.

The course was run at Hospital Nacional Guido Valadares (HNGV) in Timor Leste on 1 - 2 July 2014. There were 15 participants, all FMP trainees; 7 on their surgical rotation and 8 on their maternal health rotation.

The standard 2 day PTC course plan was followed with the following variations; burns, paediatrics and obstetrics were deleted as these topics will be dealt with during the specific rotations. Instead more emphasis was given to transportation and referral of trauma patients because the FMP candidates will work away from hospitals and will be required to transfer all seriously injured patients to a referral hospital.

Course participants

Arcanjo Nunes Fernando Camnahas Mericio de Costelho Edinha Ximenes Mouzinho Belo Humberto Johanes Abilio Pinto Jonatas Madeira Jose de Araujo Odecia Ato Egio de Jesus Geranina Fernandez Estevao MAriz Valdemar da Cruz Jeronimo Baptista

Course Instructors

Joao Pedro Xavier, Clinical Director HNGV, Surgeon Saturnino Saldanha, Orthopaedic Surgeon Flavio Brandao de Araujo, Head of the Operating Department, Anaesthetist Joao Ximenes, Burns Surgeon Antony Chenhall, Emergency Physician

Eric Vreede, Anaesthetist (course director)

All are certified PTC instructors.

Programme of the Primary Trauma Care course

July 1									
Introduction	Eric								
Local trauma perspective and MCQ	Eric								
ABCDE of Trauma and Primary survey	Antony								
Airway and Breathing	Flavio								
Demonstration Scenario	Antony								
Scenarios	Eric/Flavio/Saturnino/Antony								
Circulation and Shock	Joao X								
Secondary survey	Saturnino								
Skill stations: Airway	Eric/Antony/Joao X								
Cervical spine and Logroll Chest drains									

July 2	
Summary of Day 1	Eric
Abdominal trauma	Joao P
Head and Chest trauma	Joao X
Limb trauma and Spinal trauma	Saturnino
Workshop: Transportation	Flavio
Scenarios	Eric/Flavio/Joao X
MCQ	
Summary and evaluation	Antony
Certificates and close	

MCQ tests

The pre- and post MCQ tests used the same 15 questions. The questions were read aloud by the course director in an effort to ensure that the participants would understand the questions as they could both read and hear them. The scores show a significant improvement on the post test. Whereas 8/15 failed the pre-test, all participants passed the post test.

Score out	of 15																Mea
questions.																	n
									1		1		1		1	1	
Pre test			5	6	6	5	6	6	0	9	1	9	0	8	2	3	8.3
Post test		1	9	9	1	1	1	1	1	1	1	1	1	1	1	1	11.8

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		2))	1.1	1.1	1.1	2	2	1	1	5	5	í .
- -		Z	_	L 2	5	5	5	5	5			5	5	i i

Feedback from participants

At the end of the second day the participants were asked to fill out an evaluation form and score 1 – 5 whereby 5 is the highest and 1 the lowest score. Below the score are shown. There is unanimous satisfaction with the course; "ABCDE of trauma", "Abdominal, Head and Chest trauma" and "Transportation" scored highest. "Scenario practice" showed lowest. Interesting is that "scenarios" only scored 4.6 whereas in the free comments this was singled out as particularly good.

Mea

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Торіс																n
Local trauma perspective	5	4	5	5	5	5	5	5	4	5	5	5	4	4	5	4.7
The ABCDE of trauma and Primary																
Survey	5	5	5	5	5	5	5	5	4	5	5	5	5	4	5	4.9
Airway and breathing	5	5	4	5	5	5	5	5	4	5	5	5	4	4	5	4.7
Demonstration scenario by																
instructors	5	5	4	5	4	5	4	5	4	5	4	5	5	5	5	4.7
Scenarios practice	4	4	4	5	4	5	5	5	4	5	4	5	5	4	5	4.5
Circulation and shock		5	5	5	5	4	4	5	4	5	5	5	5	4	5	4.7
Secondary survey	4	5	5	5	5	4	5	5	4	5	5	5	5	4	5	4.7
Skill stations	4	3	5	5	5	5	4	5	4	5	5	5	5	4	5	4.6
Abdominal trauma	5	4	5	5	5	5	5	5	5	5	5	5	5	4	5	4.9
Head and Chest trauma	5	4	5	5	5	5	5	5	5	5	5	5	5	4	5	4.9
Limb and Spinal trauma	5	3	4	5	5	4	5	5	5	5	5	5	4	4	5	4.6
Workshop: Transportation	5	4	5	5	5	5	5	5	5	5	5	5	5	4	5	4.9
Scenarios	5	4	5	5	4	5	4	5	5	4	4	5	5	4	5	4.6

In addition to the scores the candidates were asked the following two questions. Below is a summary of the main responses.

What was the best part of the course?

- Scenarios
- ABCDE of trauma
- Be able to deal better with trauma

What would you change?

- Requests for repeated/further training
- Course to be longer

Lessons learned

We learned a few lessons which will direct us for the next two PTC courses of the FMP programme.

- For logistical reasons we had moved the skill station to the afternoon of Day 1 and the first scenarios to the morning. This worked well and we will keep it this way for the next course.
- The morning break should be earlier on Day 1 to allow time between the "ABCDE of trauma" and "Airway and Breathing" because there is overlap between the two presentations. Although repetition is a good thing, it was found that the time between the two was too short.
- Head trauma and chest trauma need to be separate presentations each of 30 minutes.
- The most useful skills station is the chest drain one with the goat. However, within
 the timeframe it was not possible to give all participants time to practice. We now
 plan for next time to have two goat stations which will double the time available to
 each participant with the chest drain model so that every participant has a chance to
 insert a chest drain.

Acknowledgments

Sarmento Faus Correia and Karen Myers of the RACS office in Dili are thanked for their logistical support in buying the goat, printing the manuals, ensuring catering etc. Without their help the course would not have been held.

The PG training centre of HNGV is an excellent location for the course.

I thank all the instructors who were able to participate in spite of other commitments as directors and heads of departments. I am especially grateful and proud of our Timorese colleagues who delivered the majority of the presentations and the feedback shows that they did this well.