Pacific Primary Trauma Care (PTC) Instructor Workshop

Nadi, Fiji April 20 – 24th 2015

Report **15th May 2015**

Summary

A regional workshop was held in Nadi, Fiji, from April 20 – 24th 2015. The PTC Instructor masterclass aimed to update the pedagogic skills of the Primary Trauma Care (PTC) Instructors from 8 Pacific Island Countries (PICs). This forum provided an opportunity to introduce the new 2015 PTC Instructors Manual and to share and exchange recent teaching experiences from around the Pacific region.

The meeting allowed face-to-face discussions regarding the strategic priorities for PTC in the Pacific, specifically in regard to ongoing training, retention of competencies and the development of National Trauma plans.

Front: Hilda Schutz, Deepak Sharma, Desmond Aisi, Krishneel Krishna, Kolini Vaea, Andy Ilo, Dennis Lee, Kabiri Tuneti, Chris Bowden
Back (standing): Loudeen Lam, Basil Leodoro, Emily Stimson, Douglas Pikacha, Teokotai Maea, Ronal Kumar, Siale Hausia, Shem Bavou, Anisi Kavoa, Alani Tangitau, Georgina Phillips, Sereima Bale, Pesamino Une, Deacon Teapa, Vincent Atua, Kenton Biribo, Kaeni Ageomea, Pauline Wake

Background

Primary Trauma Care is a course designed to train hospital responders in the systematic, timely and effective management of severely injured victims of trauma.

The first Primary Trauma Care course was held in Suva in 1997. The authors of the material, UK Intensivist Dr Douglas Wilkinson and Australian Anaesthetist Dr Marcus Skinner subsequently have travelled to many countries sharing the lessons and teaching of PTC.

PTC has now been taught in over 60 countries. http://www.primarytraumacare.org/what-we-do/how-it-works/

Summary of the history of PTC in the Pacific:
1 First PTC course worldwide in Suva, Fiji
2 Subsequent PTC courses in most Pacific Island Countries (except the French colonies)
3 Pacific PTC instructors trained
4 PTC embedded in both undergraduate and postgraduate medical training at the Fiji National University
5 Autonomous conduct of PTC courses by a number of Pacific Island Countries
6 PTC Instructor workshops held to refine teaching materials and strategize for future PTC activities

Road traffic, work-related and industrial trauma increasingly will become a major health problem for the Pacific Island Countries.

"Injury (trauma) is a major health problem globally, leading to the deaths of over 5 million people each year, as well as leaving millions more disabled and causing significant economic losses. To lower the burden of death and disability from injury, improvements are needed in road safety and other forms of injury prevention, as well as trauma care. Ninety percent of trauma deaths occur in low income and middle income countries, where resources to deal with the problem are extremely limited."[1]

It has been estimated that globally a third of all injury deaths could be saved in low income and middle income countries if case fatality rates among seriously injured persons could be reduced to those in high income countries.[1]

There are a number of interventions (including most importantly preventative measures) needed to reduce these trauma deaths. Whilst the majority of trauma deaths occur in the pre hospital setting, there is much that can be done to improve hospital care. This is primarily in the area of training, skills and resource provision. PTC addresses these three areas of need. Uniquely in the Pacific region, PTC has extended to address basic trauma care intervention at the pre-hospital level.

PTC Instructor Workshop

A regional workshop was held from April 20-24 at the Tanoa International Hotel and Conference venue in Nadi Fiji.

There were 23 participants from 8 Pacific Island Countries (Appendix 1). Anaesthetists, surgeons, emergency physicians and trainees in all these specialties were represented.

The two key facilitators were Dr Sereima Bale, senior anaesthetic consultant from the Colonial War Memorial hospital, Suva and senior lecturer from the Fiji National University and Dr Georgina Phillips, emergency physician from St Vincent's Hospital Melbourne and PTC Board of Trustees member. Dr Haydn Perndt, a senior Australian anaesthetist and PTC Instructor and mentor provided the impetus for the masterclass and did much to source funding, mobilise participants and develop the meeting program.

Two additional external instructors attended: Dr Chris Bowden and Dr Emily Stimson.

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[1] Mock C, Joshipura M, Arreola-Risa C, Quansah R. An Estimate of the Number of Lives that Could be Saved through Improvements in Trauma Care Globally. World J Surg (2012) 36:959–963

The Pacific Society of Anaesthetists (PSA) was the initiating partner organization, with the Strengthening of Specialised Clinical Services in the Pacific (SSCSiP) program coordinating the funding and organisational logistics (Swastika Roy).

The donor organisations include the Australian Society of Anaesthetists (ASA), The Australian and New Zealand College of Anaesthetists (ANZCA), the New Zealand Society of Anaesthetists (NZSA) and the Australian Government funded SSCSiP program and Royal Australasian College of Surgeons Pacific Island Project (RACS PIP).

The external facilitators, Dr Georgina Phillips, Dr Chris Bowden and Dr Emily Stimson travelled at their own expense.

The Instructor masterclass sought to update the pedagogic skills of the Pacific Island Countries' senior Primary Trauma Care (PTC) Instructors and to train and mentor some new Instructors. The meeting also provided an opportunity to trial the new PTC Instructors Manual and to share and exchange teaching expertise and insights developed specifically for the Pacific regional context. In addition there were to be some formal and informal planning discussions regarding the strategic priorities for PTC in the Pacific.

Activities

Formal program

Introductions followed by small group brainstorming activities set the scene for an open, inclusive and interactive meeting. Participants explored the meaning, strengths and weakness of PTC for the Pacific region before learning about the global developments of PTC and in particular the new teaching materials, launched in early 2015.

Appendix 2 outlines the masterclass program, which incorporated all of the new 'Instructor Course' sessions and presentations from each country group on the progress, lessons learnt and challenges of PTC in their environment. Each country group had been allocated a teaching session and an opportunity to look at and utilise the new materials prior to running their session. In this way, all participants both led, participated in and gave feedback to their peers and junior colleagues. As the Instructor Course teaching materials are all new and previously untested in the Pacific environment, each teaching session was timed generously with an opportunity to discuss local adaptations and relevance amongst the whole group.

The mixing of senior PTC leaders and more junior, trainee instructors as participants allowed the senior instructors to refresh their teaching skills as well as mentor and encourage the new instructors. Given that the entire 'Instructor Course' was covered over the three day masterclass, all participants received a certificate in recognition as new or 'updated' PTC instructors.

The final afternoon of the masterclass was dedicated to strategic planning. Firstly, each country group worked on short (12 month) and long (3 year) outcomes for PTC as a result of this masterclass, and presented their vision to the whole group. Larger and mixed group brainstorming provided feedback about the masterclass specifically, and then both short and long term regional outcomes desired by the group with some action items for

implementation.

As the key funding and logistics workshop sponsor, the SSCSiP program was represented at the meeting for the first two days by Nehal Kapadia (Bio Med coordinator) and on the final day by Sinead Kado, Revite Kirition and SSCSiP Director, Berlin Kafoa. Their presence allowed for robust discussions, particularly during the strategic sessions about future planning and sponsorship of PTC in the Pacific region.

Informal and social activities

Naturally, the formal sessions stimulated ideas and questions that extended beyond the allocated time. Participants continued their conversations through the morning and afternoon tea breaks and made the most of the lunch time to meet new colleagues and catch up with old friends from the region. Delicious food was provided throughout the day by the masterclass venue.

Participants enjoyed an informal group dinner at a nearby restaurant as an opportunity share stories and relax in a less structured environment.

The remaining evenings of the masterclass were free for participants to socialise as they chose. Oftentimes, several participants were found sitting with the musicians at the hotel, enjoying the beautiful singing, warm atmosphere and even sharing a bit of traditional Fiji *kava*!

Outcomes

Overall feel, feedback and general outcomes

The workshop exceeded expectations of participation, Pacific ownership and engagement. Participants were re-invigorated and re-inspired to spread the PTC message in their home environments. Despite the long days of intellectual work, all delegates, facilitators included, were energised by the masterclass activities. Quotes included; “it’s revitalised the passion for PTC” and “re-ignite the fire!!”

Such engagement and energy arose from the highly participatory nature of the program and interactive and inclusive contribution of all the participants. Delegates mentioned the opportunity to network, share experience across countries and learn from eachother as highlights of the masterclass. The 3-day length was ideal and mix of senior, junior and multidisciplinary participants helped to create a high standard of teaching and enhance learning.

Rich material generated

What is PTC?

Each session triggered thoughtful insights and generated stimulating discussion. The initial brainstorming session drew out a sophisticated understanding of the meaning and benefit of PTC for the Pacific region. As an affordable and structured tool, PTC empowers both clinical and non-clinical staff by giving them practical and applicable skills. Benefits for PICs include; improving cooperation and teamwork through having a common PTC

language, providing a framework for trauma guidelines, awareness raising and advocacy for prevention and improving confidence, clinical leadership and teaching. For the Pacific, more local ownership, budget sustainability, increased reach of courses and data to measure trauma needs and effect of PTC training is required.

Instructor Course Sessions

Each Instructor Course session adopted the interactive learning principles of the new materials and allowed participants a chance to practice new skills and receive feedback. Unique to these sessions was the opportunity to share teaching tips and insights from around the region. Examples included:

- Using a bad scenario followed by a good one as a Demonstration Scenario (which has been found to be very successful in PICs if done with a clear aim and audience participation)
- Tips for running skill stations for very large groups and adapting skill stations for participants with very basic or no healthcare training
- Asking questions and giving feedback in culturally appropriate ways
- Lessons learnt from running courses in remote and very limited environments, particularly contingencies for intermittent electricity, inadequate space and limited equipment
- How to source funding for courses, how to improve logistics and coordination of courses, where to find and how to manage equipment for courses and how to be more strategic generally and use PTC for trauma prevention advocacy

Country presentations

The country team presentations outlining their experience of PTC, activities so far, lessons learnt and ongoing challenges proved a highlight of the masterclass. Remarkable achievements were described by the most (PNG) and least (Cook Islands) populous of the nations, with courses run well beyond the major urban centers by a group of dedicated and highly engaged instructors. For PNG, PTC has been a vehicle for the development and strengthening of emergency care more generally, through the active leadership of new, local emergency physicians. Many countries described a spike of activity after the last regional workshop (Lautoka, Fiji) in 2009, followed by a gradual decline in recent years.

A common theme emerged of the involvement of non-medical PTC course participants; up to 80% of all participants in the region. This creates a great strength to the PTC message, because it engages more stakeholders in trauma care and creates a common language, however also poses new challenges to the teaching and adaptation of content for the course.

Challenges were similar across the region;

- Small numbers and heavy workloads of local instructors often leading to inconsistent PTC leadership over time
- Lack of consistent financial support for courses and reliance on donor funding
- Old, missing or insufficient equipment for courses
- De-skilling and lack of confidence of participants and instructors through insufficient practice
- Minimal information and data about trauma which inhibits advocacy

Ideas and tips for the future flourishing of PTC include;

- An inclusive approach which involves non-medical personnel in instructing, organisation and leadership roles for PTC courses as a means to increase teamwork and trauma care engagement at all levels (including pre-hospital care and advocacy for prevention)
- Adding a mock trauma exercise (complete with car wrecks and *moulage* 'patients') to the end of the 2-day course as a way to mobilise and provide feedback to the whole trauma system team
- Longer term planning and embedding PTC into national health budgets
- Pooling resources for health education and training (including equipment) and embedding PTC into medical and nursing curriculum and Continuing Medical Education requirements
- Developing regional 'hubs' of PTC around the Pacific where instructors and other resources are shared for the running of courses in neighboring countries
- Empowering a non-medical local PTC coordinator to plan, organise and manage logistics for courses

Disaster workshop

The team from Vanuatu led a whole group discussion exploring the relationship between PTC training and disaster management, based on their recent experience during Cyclone Pam. Mass casualty incidents are not uncommon in the Pacific region and so each country shared insights from their own experiences.

Generally, the participants agreed that the 50 minute allocation for disasters within the PTC course substantially limited the type of information covered in this session. Most countries adopted a similar approach of focusing on disaster triage of several patients according to PTC principles and brainstorming a basic disaster approach at the hospital level. Even that simple activity has been of value for Samoa, where PTC courses prior to a 2009 tsunami substantially assisted local clinicians in their immediate response.

Some ideas arising out of the discussion include;

- Importance of knowing the local disaster plan and simulating the local context as closely as possible during the session
- PTC's main role is to provide a system in the clinical setting during a disaster
- Teamwork and leadership should be emphasized in this session
- 'mass casualty' is a more suitable term than disasters
- Developing a day-long workshop on disasters as a follow-up to the standard PTC course (PNG model)

<u>Country outcomes</u>

Each country presented their short and long term aims to the group and these were recorded for future review and benchmarking. It's not possible to detail here the desired outcomes for every country involved in the workshop; these will be tabled and shared amongst the key country contact people through a regional Pacific PTC network (see below). Common themes did emerge from the discussions, with each country aiming to implement a local version of the following;

- Appoint a local PTC coordinator
- Run more PTC provider courses, with most countries already well advanced in their planning for 2015 and all having an aim for at least 1-2 courses per year

- Conduct an instructor course (for new instructors) and/or masterclass / refresher course for previously trained instructors
- Incorporate PTC into local training structures and curricula such as nurse and health officer training. Propagate PTC through existing structures such as medical associations
- Collect some basic data on trauma and perform some evaluation of the PTC courses
- Improve stakeholder engagement, including involving first responders and non-medical personnel in PTC training
- Embed PTC into the local Ministry of Health planning and future budgets
- Work on local advocacy for public health and trauma prevention, such as seatbelts, motorcycle helmets, reducing drink-driving and speaking out on domestic and other forms of violence

Regional outcomes

For the Pacific region, desired outcomes over the next 12 months include;

- Creation and sharing of a regional database that includes information on the number and residence of trained PTC instructors, places where PTC courses have been conducted and breakdown of course participants. Such a database needs to be easily accessible and updateable for all key users (which are the local PTC country contact people) in order to assist with local course planning and instructor recruitment
    - * the SSCSiPs team confirmed that they collect such information, as does the PTC Foundation if reports of PTC courses have been sent to them and are up to date. The challenge will be to find that information and turn it into an accessible and useable format
- Formalisation of a key PTC contact person for each country and create a regional Pacific PTC Network
- Create a regional standard essential equipment list for PTC courses (and perhaps a database of where PTC equipment can be found)
- Create a regional standard whereby a minimum of 2 external instructors (meaning from another PIC) are required for every instructor course held
- Create and formalize an assessment form for PTC participant performance (post PTC course) as a way of evaluating PTC training

Longer term outcomes included;

- PIC national coordinators leading the coordination of PTC courses for the region
- Set up of regional systems for monitoring and evaluation of PTC
- A follow-up mechanism for the short and long term outcomes articulated during this masterclass at both the country-specific and regional level
- Planning for involvement of the media in future regional PTC meetings
- Planning for the next Pacific Regional PTC Masterclass – scheduled for 2018 and to be held every three years. Ideas included scheduling a PTC meeting alongside other regional Pacific meetings and planning for it now within local Ministry of Health budgets, so that funding for country representation is secured (and donor funding dependence less likely).

Action items

Final discussion aimed to determine the “what next” steps required to achieve all of these worthy aims. As the main desired outcome was to keep the networking and sharing of ideas and information flowing, most of the discussion centred on methods to ensure this

would occur. In the first instance, an email network will be established amongst the key country contact people, but ideas around use of ‘facebook’, ‘dropbox’, use of the PTC Foundation website and other possibilities were floated. Each country needs to take responsibility for documenting, collecting and sharing their information with the other network members.

Still to be determined is where PTC ‘fits’ within an already existing regional group. Rather than create a new administrative organisation, it makes sense to leverage off an established group in order to apply for regional funding and organise regional meetings. It will be for the Pacific PTC Network members to reach a consensus decision on this matter, whilst also embedding PTC within their national plans.

Conclusion and Acknowledgements

The Pacific PTC Instructor Workshop was a great success because of collaborative planning, generous donor support and highly engaged participation from the 9 countries represented (including Australia). In the Pacific, the course is known as the “Gospel of PTC” because of its empowering message and creation of a common language to all stakeholders in trauma care; clinicians and non-clinicians alike. This meeting re-energised PTC instructors in the region and provided them with new tools for teaching, leading and advocating for the PTC message. Improved outcomes for patients suffering life-threatening injuries, for people harmed in disasters and mass casualty incidents and for all citizens who are risk of accidents and violence will surely follow.

We acknowledge and thank the donor and partner organisations, particularly the SSCSiP team for managing all of the meeting logistics. Dr Sereima Bale deserves particular thanks for her tireless advocacy and leadership for PTC, and for all her work towards and during this masterclass. All participants from the Pacific Island countries and facilitators contributed generously during this meeting, and we thank them for their time, energy and dedication to PTC.

Dr Georgina Phillips and Dr Haydn Perndt

Appendix 1

Participant List:

Vanuatu: Andy Ilo, Basil Leodoro
Kiribati: Alani Tangitau, Kabiri Tuneti, Hilda Schutz
Cook Islands: Deacon Teapa, Teokotai Maea
Samoa: Pesamino Une, Loudeen Lam
Fiji: Kenton Biribo, Krishneel Krishna, Anisi Kavoa, Shem Bavou, Ronal Kumar, Deepak Sharma
Tonga: Siale Hausia, Kolini Vaea
Solomon Is: Kaeni Ageomea, Douglas Pikacha
Papua New Guinea: Desmond Aisi, Vincent Atua, Dennis Lee, Pauline Wake

Facilitators:

Sereima Bale, Georgina Philips, Chris Bowden, Emily Stimson, Haydn Perndt (*in absentia*)


Running a scenario


Teaching a skill (log roll)

Appendix 2

Program

	Monday 20th	Tuesday 21st	Wednesday 22nd	Thursday 23rd	
Time		SB, GP	SB, GP	SB, GP	
9.00		Introductions, expectations, MC overview (all)	PTC experience in Tonga and the Cook Islands	Slides and Lectures (Cooks / Samoa)	
10.00		new PTC materials (GP)	Interactive teaching (Fiji team)	Logistics discussion (Kiribati / Tonga)	
11.00		Tea break	Tea break	Tea break	
11.30		Scenarios; good and bad (Sol/ Van team)	Skills: teaching, talking and doing (PNG team)	PTC experience in Kiribati and Samoa	
12.30		Lunch	Lunch	Lunch	
13.30		Scenario workshops and feedback	skill workshops and feedback	PTC experience in Fiji	
14.30		Tea break	Tea break	Tea break	
15.00		Communication skills (Fiji team)	PTC experience in Solomons and Vanuatu	Strategic planning: where to now? - Workshop feedback - Country outcomes - Regional outcomes	
16.00		PTC experience in PNG	Disasters discussion; lessons learnt, PTC relevance?	Summary and Farewell	
17.00	Welcome: SB, GP, CB, ES				

Country groups working on short and long term outcomes

Brainstorming on desired regional outcomes

Kaeni Ageomea finally becomes a “formal” PTC Instructor!

Deacon Teapa and Pesamino Une happy with their PTC certificates