

ATLASS II
Primary Trauma Care (PTC) Course Report
Family Medicine Programme, HNGV
20 and 27 January 2016

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Introduction

The course is the final of a series held during the first year of the second Family Medicine Programme (FMP) training which started on 28 September 2015. 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 20 and 27 January 2016. Due to a number of logistical issues the course could not be run on two consecutive days. 5 FMP trainees on their ED rotation participated in addition to 1 PG Diploma in Anaesthesia trainee and 4 doctors from CHC Comoro.

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

Celestino Ximenes, FMP
Francisca Olga Pinto, FMP
Maria Eugenia Freitas Amaral Soares, FMP
Mauricio Sequeira da Silva Fraga, FMP
Ivonia da Costa Fraga, FMP
Elia Reis Amaral, CHC Comoro
Maria Helena Viana, CHC Comoro
Maria Julia Freitas Henrique, CHC Comoro
Yohanes Filomeno da Costa Pereira, CHC Comoro
Fernanda Margarete da Silva, PG Diploma in Anaesthesia

Course Instructors

Kerrie Jones, Emergency Physician, Royal Darwin Hospital
 Flavio Brandao de Araujo, Head of the Operating Department, Anaesthetist
 Alito Soares, Head of the Emergency Department, Surgeon
 Saturnino Saldanha, Head of the Department of Surgery, Orthopaedic Surgeon
 Colombianus da Silva, Anaesthetic Registrar
 Raimundo dos Santos, Surgical Registrar
 Eric Vreede, Anaesthetist

Programme of the Primary Trauma Care course

20 January			
09.00	15 minutes	Introduction	Eric
09.15	15 minutes	Local perspective of trauma	Eric
09.30	30 minutes	MCQ	
10.00	45 minutes	ABCDE of Trauma and Primary survey	Kerrie
10.45	15 minutes	BREAK	
11.00	45 minutes	Airway and Breathing	Colom
11.45	45 minutes	Scenarios	Kerrie/Raimundo/Colom
12.30	60 minutes	BREAK	
13.30	45 minutes	Circulation and Shock	Raimundo
14.15	30 minutes	Secondary survey	Kerrie
14.45	15 minutes	BREAK	
15.00	90 minutes	Skill stations: Airway Cervical spine and Logroll Chestdrain	Colom Kerrie Raimundo

27 January			
09.00	15 minutes	Summary of Day 1	Colom
09.15	30 minutes	Abdominal trauma	Alito
09.45	30 minutes	Chest trauma	Raimundo
10.15	15 minutes	BREAK	
10.30	30 minutes	Head injury	Alito
11.00	30 minutes	Limb trauma and Spinal trauma	Saturnino
11.30	30 minutes	Transportation	Flavio
12.00	60 minutes	BREAK	
13.00	45 minutes	Scenarios	Raimundo/Colom/Alito
13.45	30 minutes	Triage	Eric
14.15	45 minutes	Skill stations: Airway Cervical spine and Logroll	Flavio Alito
15.00	15 minutes	BREAK	
15.15	20 minutes	MCQ	
15.35	15 minutes	Summary and evaluation	Eric
15.50	15 minutes	Certificates and close	

Day 2 started with a long power cut. Last time we improvised the order and made it work. This time however, one of the main instructors called in sick, another could not come for family reasons and a third needed to help out in OT. With no power and the main instructors absent, we decided to postpone the second day for one week. On the 27th all candidates attended and the one week interruption did not seem to have mattered.

MCQ tests

The pre- and post- MCQ tests were meant to use the same 15 questions, however, an error showed only 10 older questions on Day 1. On Day 2 the correct version was used. 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 an improvement on the post-test with an overall increase in score of 25%. One failed the pre-test and all participants passed the post-test. Three candidates failed the pre-test, but all passed the post-test.

											Mean
Pre test	1 0	9	8	8	7	6	6	5	4	4	6.7
Post test	1 0	1 0	8.7	9.3	7.3	9.3	8	7.3	7.3	6.7	8.4

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 scores are shown. There is unanimous satisfaction with the course.

Topic											Mean
Introduction	5	5	5	4	5	5	5	5	5	5	4.9
Local trauma perspective	5	5	5	4	5	5	5	5	5	4	4.8
The ABCDE of trauma and Primary Survey	5	5	5	5	5	5	5	5	5	5	5.0
Airway and breathing	5	5	5	5	5	5	5	5	5	5	5.0
Scenarios	5	5	5	5	5	5	5	5	5	5	5.0
Circulation and shock	5	5	5	4	5	5	5	5	5	5	4.9
Secondary survey	5	5	5	4	5	5	5	5	5	5	4.9
Skill stations	5	5	5	4	5	5	5	5	5	5	4.9
Abdominal trauma	5	5	5	4	5	5	5	5	5	5	4.9
Chest trauma	5	5	5	4	5	5	5	5	5	5	4.9
Head injury	5	5	5	4	5	5	5	4	5	5	4.8
Limb and Spinal trauma	5	5	5	5	5	5	5	3	5	5	4.8
Transportation	5	5	5	4	5	5	5	5	5	5	4.9
Scenarios	5	5	5	5	5	5	5	5	5	5	5.0
Triage	5	5	5	5	5	4	5	4	5	5	4.8
Skills stations	5	5	5	5	5	5	5	5	5	5	5.0

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
- Skills stations

What would you change?

- More time for skills stations and scenarios

Acknowledgments

Sarmento Faus Correia and Januario Gusmao of the RACS office in Dili are thanked for their logistical support in 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.