

Primary Trauma Care

Teaching and assessment visit to Iran, April 8-16 2005

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Aim of visit: to evaluate the setting up of a Primary Trauma Care (PTC) training system in Iran.

I received an invitation to evaluate the introduction of PTC into Iran from Dr. Dabbagh, on behalf of the Iranian Society of Anaesthesiologists. I was asked to verify a needs assessment, to identify key individuals, plan strategy, identify groups of potential trainees, and to liaise with government, educational and professional groups. While in Iran, I worked with Iranian doctors led by Dr. Ali Dabbagh of the Shahid Beheshti University of Medical Science and Iranian Ministry of Health.

Our specific objectives included:

1. To plan the introduction of PTC and PTC courses into Iran, including
 - Translation of training material
 - Identification of potential students
 - Location & timing of courses
 - Setting up of national PTC committee
 - Financial planning
2. To liaise with and obtain necessary local support from
 - Iranian local professional groups – surgeons, anaesthesiologists, etc
 - Iranian Ministry of health
 - Iranian office of the World Health Organization
 - Other interested bodies – Universities, regional groups as advised

3. To examine and validate the existing needs study carried out by Dr. Dabbagh, and explain the possible role of PTC within Iran. To ensure that trauma management audit is in place before the main project starts, so that the impact of the introduction of PTC can be measured by subsequent audits.

Diary of activities

- April 8th Evening departure from UK, overnight flight to Tehran
- April 9th Discussions with Dr. Dabbagh about the week's programme
- April 10th Visit to University teaching hospital, theatre visit and formal PTC presentation to surgeons & anaesthesiologists
- April 11th Administration, lecture preparation, 2 lectures to residents & consultants at university hospital.
- April 12th a.m. Visit to Dr. Tarin, deputy WHO representative,
p.m. Visit to Ministry of Health & Medical Education
(Sh. Malekshahi & Nastaran Aslani)
- April 13th am/pm Clinical teaching in the operating theatres – Maxillofacial & Vascular Anaesthesia
Meeting with Dr. Dabbagh – summary of visit and future plans
Evening: Presentation & discussion of PTC with Iranian Societies of Anaesthesiologists & Surgeons
- April 14th Visit to Iran Mehr hospital. Discussions with Prof Ghiamat (President, Iranian Society of Anaesthesiologists) and Prof. Roozbeh (Prof of Neuosurgery, Trauma training organiser, Tehran University)
- April 15th Early morning departure, return to UK

Visit notes & lessons learned

Practical problems

Travel to Iran is not straightforward. It took 4 weeks and £230 in fees to obtain a visa, which arrived 24 hours before I was due to fly.

Tehran is a busy commercial city – living expenses are comparable with central London. Traffic pollution is very severe, and could be a problem for a visitor with asthma.

In high summer maximum temperatures reach 40-45°C.

Travellers cheques and credit cards are of no use. Bring cash (dollars, pounds or euros) and expect to pay \$120-\$200 per night for a hotel room.

Environment

Iranian colleagues are helpful and welcoming. In spite of current political tensions their medical educational system is closely modelled on the USA.

Personal security is not a problem in Tehran.

Women must wear a headscarf and cover arms and legs at all times, but in all other respects are unrestricted in their activities.

Although most senior doctors are male, 50% of medical school intake is female.

My activities

Visitors from the west are relatively rare, so it is not surprising that people were curious about all aspects of my work; as a result I found myself working beyond the narrower focus of Primary Trauma Care, doing clinical teaching and lecturing on a variety of topics.

This however did not detract from my main purpose of contacting all interested parties to discuss the possible introduction of primary trauma care. We had an excellent reception from the deputy WHO representative, who confirmed that WHO was more than willing to work in partnership. We were impressed that on arrival a large file marked "Primary Trauma Care" was already on his desk, together with a copy of "Surgical Care at the District Hospital" (The WHO publication that includes the PTC manual) He also suggested the possibility of financial support, however the proposal form he provided relates specifically to research grants, and does not fit in at all with what we plan, the introduction of WHO approved training materials. It may be that we can later apply for a grant to study the impact of PTC introduction, but this could not proceed until a PTC committee is actually formed in Iran.

I received a courteous welcome at the Ministry of Health and Medical Education, where I outlined our aims and activities to senior government officials. We agreed that PTC has the status of an NGO, and discussed the possibility of a formal agreement with government. Although the officials told me that it is government policy to do this, they admitted that it has never been done before. Going through their bureaucratic system as a pioneer is not particularly attractive, and they were receptive to my suggestion that we work through the auspices of WHO, with whom they already have an agreement.

There are 3 medical schools in Iran – Tehran, Iran National, and Shaheed Beheshti, and I was able to meet with the chairman of anaesthesia of each of these, and senior surgeons from two of them.

After discussions with Iranian colleagues, including Dr. Dabbagh, we propose that after discussion with PTC Pakistan representatives, we will begin the introduction of PTC to Iran by training a group of Iranian instructors in the neighbouring country of Pakistan, where courses at both necessary levels are already established. We intend to ask the regional WHO office to support a regional workshop for this purpose.

Although Ali Dabbagh played a key role, he is rather shy about approaching individuals senior to himself; he is a reliable source of advice about the local situation, but at the moment I would not recommend him as national PTC co-ordinator.

Iran is certainly in need of a trauma training system. It is unlikely that a government department (Ministry of Health) would be permitted to work with the American College of Surgeons (i.e.ATLS), and PTC is in any case more suited to the needs of the country. The availability of the PTC manual both in English and in Farsi translation will be a significant educational benefit to surgical and anaesthetic trainees.

Advocacy with the University, professional societies, ministry of health and WHO has increased awareness of the problem of road traffic accidents in Iran. Further preparatory work by my Iranian colleagues will be needed if PTC is to be established in Iran. This work has begun, and will continue over the coming months.

The proposed partnership between Iran and Pakistan would strengthen local professional links, and begin the process of building a strong regional network which will in time extend to other countries.

Outcomes of the visit (*see also my notes on the individuals I met, and proposal/plan*)

1. We have agreed a plan for the introduction of Primary trauma Care to Iran, beginning with the invitation of suitable Iranian doctors to participate in PTC and PTC instructor courses in Pakistan. This is feasible because PTC is well established in Pakistan with English as instruction medium, and our initial instructors will be bilingual in English/Farsi. Work on translation of teaching materials (manual and slides) which has already begun, will continue and should be completed by the time of the Pakistan course (by autumn 2005)
2. We have identified the Shahid Beheshti school of medical sciences as an appropriate venue for PTC courses. Links with other Tehran medical universities (Univ of Iran and Univ of Tehran) are also possible.
3. I have submitted a short article giving information about PTC for publication in the journal of the Iranian Society of Anaesthesiologists.
4. We have agreed preliminary costing of the project for a grant proposal, but will simultaneously apply through Pakistan WHO office for WHO to support a regional PTC workshop to which the initial batch of instructors would be invited.

Iran expenses £

Airfare	457.5
Visa	233.71
phone calls	30
UK airport transfers	24
Homa hotel 3 nights	275
Saai hotel 3 nights	156
Airport taxis Iran \$35	18.61
Total	£1194.82

Grant received £1000.00 (BMA/DOH Humanitarian Fund)

Outline proposal & plan

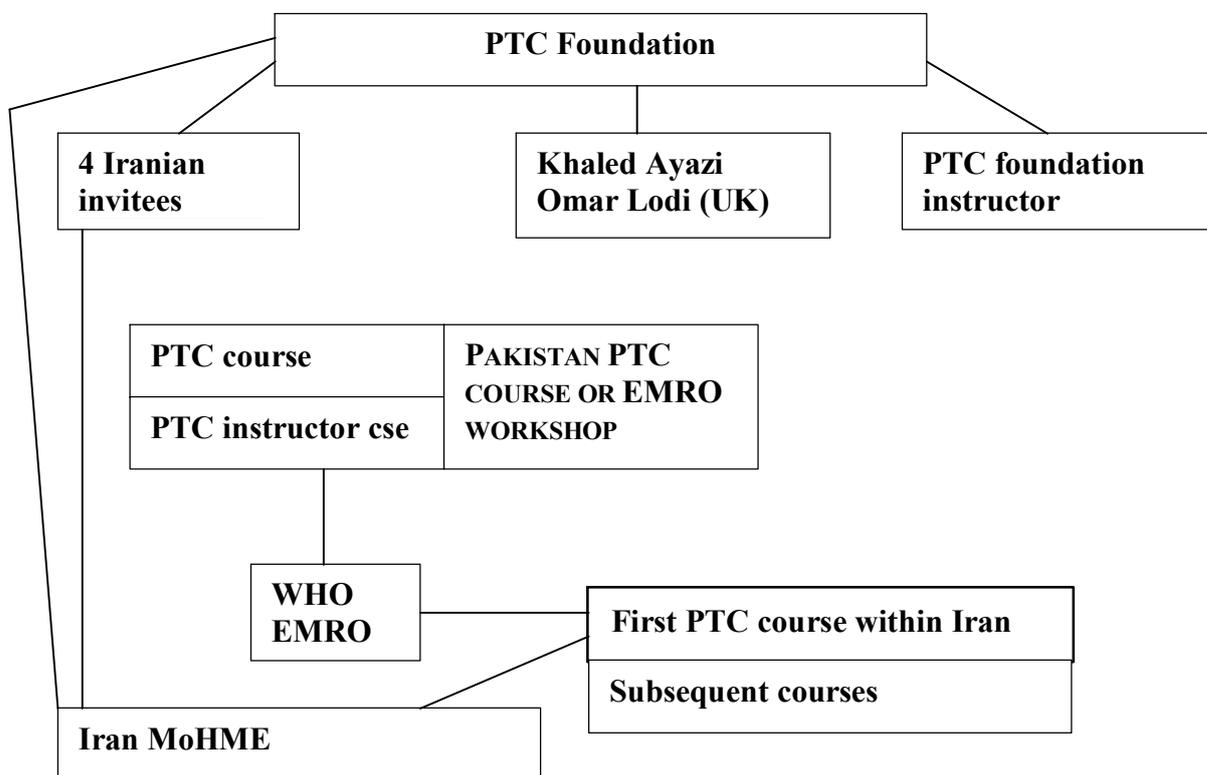
Following a week's visit and consultations with potential partners and interested bodies, I have come to the following conclusions.

1. There is no established trauma training system for the country, and one is needed.
2. PTC would be suitable as a system for Iran, and its introduction would be welcomed by surgeons & anaesthesiologists.
3. I have identified a number of individuals interested in collaborating, including the society of anesthesiologists, university authorities, Ministry of Health, WHO and a potential trade sponsor. I was not able to make formal contact with officers of the surgical society, but met with a number of surgeons

informally; of these the *most important potential link is Dr. Hadi Roozbeh MD, Consultant Neurosurgeon at Sina University Hospital and Assistant Professor at Tehran University.* He apparently already has a role in trauma training, and I explained that we were not in competition, nor were we offering specialist training for traumatologists – rather our interest was in helping non specialists manage trauma better. He has an information leaflet, and I will send him a copy both of the PTC manual and SCDH.

4. Ali Dabbagh is an excellent source of information, but lacks confidence (he is quite junior) and is not always reliable at doing what is asked. He would not be my first choice as country co-ordinator (although at present no alternative is in view). Nevertheless his analysis of the medico-political situation is helpful, and he has good contacts at the Ministry of Health.
5. With so many groups potentially involved, (3 Universities, 2 professional organisations, WHO & MoH) PTC needs to stay firmly in the driving seat. We should keep all groups involved, but not wait until everybody agrees before doing anything at all.
6. Bureaucratic delays are likely, and especially so at the beginning. As there is no Iranian team leader able to set up a first PTC course, I feel (and Ali agrees) that *initially we should send selected people out of country for PTC training. The success of PTC in Pakistan would make this a very attractive option,* and we could send Khaled Ayazi and Omar Lodi on the same course (Khaled is an Iranian SpR in London who has volunteered to help, and has already begun translating the manual into Farsi; Omar is a Pakistan-born Oxford SpR who intends to return to Pakistan and wants to get involved in PTC there).
7. *The above needs further discussion regarding feasibility among those with experience of PTC in Pakistan. I will arrange a meeting of those with an interest.*
8. Once we have a core of Iranian trained people we can proceed with a standard 2:1:2 PTC introduction. We will not be ready to do this for at least a year, but need to be aware that visas take a long time!
9. The Iranian anaesthesiologists were happy with the sample translation pages of the PTC manual provided by Khaled Ayazi, and approved my suggestion that we invite him to complete the translation of the manual and PTC slides.
10. A local pharmaceutical importer is a generous sponsor of the anaesthesiologists and surgeons locally, and could be approached for assistance.

APPENDIX 1 - PROJECT OUTLINE



PTC Iran startup budget

Iranian instructors

6 return fares Iran/Pakistan

Accommodation & expenses

UK instructors (Lodi/Ayazi/de Courcy)

2 return fares to Pakistan

Accommodation & expenses

Pakistan faculty expenses

Educational materials/teaching aids

APPENDIX 2 - IRAN CONTACTS & NOTES

NAME	FUNCTION	NOTES
<i>Ministry of Health & Medical Education</i>		
Dr M H Nicknam	Advisor to the Minister & DG Int Affairs (not available during our visit)	
+98 21 8363715	Ministry of Health & Medical Education	
intlorganization@mohme.gov.ir		
Nastaran Aslani	International Organization Expert	Very helpful. Good English.
Nastaran_aslani@yahoo.com		
Sh.Malekshahi	Director General a.i. International Affairs	email follow up to visit
Box 11365/9383		
Sh.Malekshahi@Mohme.gov.ir		
Neda Rahimabady	WR office	Follow up to visit, contact for Dr
Tarin		(deputy WR)
rahimabadyn@ira.emro.who.int		
<i>WHO</i>		
Dr. Tarin	Deputy WR	?Pakistani. MD to send Email declining research grant!
<i>Individuals</i>		
Dr. Ali Dabbagh	Assistant Prof,	PTC/Univ/MOHME
contact		
+98 912 1972368	Shaheed Beheshti University of Medical Sciences	
alidabbagh@yahoo.com	Taleghani Hospital, Velenjak, Chamran Expressway	
	Tehran	
Iranian Society of anesthesiology & critical care		Met editor. Give journals & Khaled Ayazi
abstracts to	PO Box 15875 – 3595, Tehran, Iran	
Fax 0098 21 883 4989		
Dr M M Ghiamat	Pres ISA 3000 members	Representations to WFSA
requested		
info@Iranesthesia.org	Consultant, Iran Mehr Hosp (priv)	Send PTC & CD articles for journal
www.Iranesthesia.org		
+98 912 1122463 (mob)		
Hadi Roozbeh MD	Neurosurgeon, Asst Prof Tehran Univ.	Organises trauma
teaching at		
Sina Univ. Hospital		Tehran Univ.
contact.		Has PTC leaflet. Wants further
roozbeh@sina.tums.ac.ir		MD to send SCDH etc.
+98 0912 1300966		
+98 21 804 9019(home)		
+98 21 670 1041 xt 488 (hosp)		

Prof M. Agah Chair Anesthesiology & Reanimatology Wants info on labour analgesia +
Labbafi-Nedad Med Cen Shaheed Beheshti Univ of Med Sciences curriculum. Influential.
Pasdaran, Tehran
Fax +98 21 254 9029
anesthesia@sbmu.ac.ir

Dr Mehran Kouчек Pain specialist, ISA committee member French trained. Runs annual pain meeting
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Prof V A Hassani Prof & chairman of Anesthesiology Dept Met at ISA dinner
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president@iranhealth.org Major sponsors of ISA. Also offered to contact surgeons for us.
Unit 7,
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Nesa St, Mirdamad Ave,
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