

## **Report**

**Dr. Paul Hui**

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

**Madang, Papua New Guinea, 16-17<sup>th</sup> November 2006**

#### **Introduction:**

Trauma transcends all national boundaries. Many less affluent countries have a significant proportion of road and industrial trauma in a generally young population. Morbidity and mortality associated with such trauma can be reduced by early and effective medical intervention.

This primary trauma care course is intended to provide basic knowledge and skills necessary to identify and treat those traumatised patients who require rapid assessment, resuscitation and stabilisation of their injuries. This course will particularly highlight the need for early recognition and timely intervention in specific life-threatening conditions.

The course is intended to provide material by lectures and practical skill stations that represents an acceptable method of management for trauma. It provides a very basic foundation on which doctors and health workers can build the necessary knowledge and skills for trauma management with minimal equipment and without sophisticated technological requirements

#### **Venue:**

Conference room of Modilon Hospital, Madang.

#### **Course Director:**

Dr. Sandra Rennie, Senior Registrar, Emergency Medicine, Princess Margaret Hospital for Children, Perth, Western Australia

#### **Instructors:**

Dr. Paul Hui, Emergency Physician, Newcastle Mater Misericordiae Hospital, NSW. Australia

Dr. Vincent Atua is a M.Med EM trainee and medical officer of Modilon Hospital. He is originally from Karkar Island where majority of the attendees of the course come from.

Dr. Sammy Thomas, Specialist Surgeon, Modilon Hospital, Madang. PNG.

#### **Provisions and Logistic support:**

Divine Word University (DWU) provided transportation, accommodation and meals. The university publication unit also printed training manuals. A full set of skeleton was borrowed from School of Health Science. Data projector was not available from DWU or Modilon Hospital and needed to be hired from a charitable organization. Most teaching aids were brought in either from Australia or Port Moresby.

#### **Participants**

Unfortunately, an industrial dispute between hospital administration and nurses of Modilon Hospital took place during the week of the PTC course. Many doctors and nurses were unable to attend the course as planned. The majority of attendees came

from Karkar Island, a well-populated island north of Madang. Two tutors of the health extension officer courses at Divine Word University were among the attendees.

Moses Bagou, Health Extension Officer/Tutor	Divine Word University
Benjamin Ganika, Health Extension Officer/Tutor	Divine Word University
Timothy Tavai, Community Health Worker	Bagabag Health Centre
Elizabeth Dabod, Health Extension Officer	Mugil Health Centre
Lovelyn Dare, Nursing Officer	Medical Ward, Gaubin Hospital
Leovina Dim, Nursing Officer	OPD, Gaubin Hospital
Freedman Dulau, Nursing Officer	Surgical Unit, Gaubin Hospital
Evelyne Stanley, Community Health Worker	Operating Theatre, Gaubin Hosp.
Solomon Nanguan, Nursing Officer	A&E/OPD, Modilon Hospital
Abong Patholom, Community Health Worker/Tutor, CHW Training School.	Gaubin

**2 DAY PTC COURSE PROGRAMME** Madang, November, 16<sup>th</sup>-17<sup>th</sup> 2006

TIME	TOPIC	Instructor
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DAY			
1			
9.00	15 minutes	Introduction	Dr. Atua
9.15	30 minutes	Local trauma perspective and MCQ	Dr. Atua
9.45	30 minutes	ABCDE of Trauma and Primary survey	Dr. Rennie
10.15	45 minutes	Airway and Breathing	Dr. Hui
11.00	15 minutes	BREAK	
10.15	45 minutes	Circulation and Shock	Dr. Atua
12.00	80 minutes	Skill stations Airway Cervical spine Chest drains	
13.20	40 minutes	LUNCH BREAK	
14.00	30 minutes	Secondary survey	Dr. Rennie
14.30	15 minutes	Demonstration Scenario	Dr. Hui
14.45	60 minutes	Scenarios	
15.45	15 minutes	BREAK	
16.00	30 minutes	Chest injuries	Dr. Rennie
16.30	15 minutes	Overview and summary	
DAY			
2			
9.00	30 minutes	Head and Spinal injuries	Dr. Thomas
9.30	30 minutes	Abdominal and Limb injuries	Dr. Hui
10.00	30 minutes	Paediatrics and Obstetrics	Dr. Atua
10.30	15 minutes	BREAK	
10.45	30 minutes	Burns	Dr. Hui
11.15	80 minutes	Workshops Analgesia Transportation Paediatrics Neurological assessment	

12.35	55 minutes	LUNCH BREAK	
13.30	30 minutes	Disaster management	Dr. Thomas
14.00	30 minutes	Demonstration scenarios	Dr. Rennie
14.30	60 minutes	Scenarios	
15.30	15 minutes	BREAK	
15.45	15 minutes	Multiple choice paper	Dr. Hui/Rennie
16.00	15 minutes	Summary and evaluation	Dr. Atua
16.15	15 minutes	Certificates and close	Dr. Hui/Rennie

### **Course Evaluation Forms:**

Seven course evaluation forms were filled. Most rated the content and presentation of the course as good to very good. Suggestions include:

- Accommodations to be arranged for those from out of town
- Lengthening the course up to five days
- More scenarios
- Instructors to speak a bit slower

### **Commentary:**

This is the second PTC course conducted in Madang in 2006.

Karkar Island is a 362 sq km, fertile and well populated (>25000) island north of Madang. A road encircles the island and it takes four hours to drive around. An active volcano on the island, erupt from time to time. Transportation of injured or sick patients to Modilon Hospital for tertiary care over land and sea can take between 3-5 hours. Road trauma and domestic violence occurs infrequently. The likelihood of a natural disaster and mass casualty as a result of unheralded volcano eruption is not low. Participants from the island unamusly endorsed the fundamental philosophy of PTC- taking the principles of trauma care to the 'grass roots' of primary care providers in a very widely dispersed island population. They were pleased with the well- structured course. They were equipped with the necessary skill and knowledge to identify and treat those traumatised patients who require rapid assessment, resuscitation and stabilisation of their injuries. In retrospect, the course could have been held on the island rather than Modilon Hospital. That would probably allow more health workers from the community or the local hospital to attend. It may be more cost-effective and avoid some of the accommodation problems.



