



**ROYAL HOBART HOSPITAL  
GPO BOX 1061  
HOBART TAS 7001  
AUSTRALIA**

**Dr Haydn Perndt  
Staff Specialist**

Tel: (03) 6222 8567 Fax: (03) 6222 7533  
Email: haydn.perndt@utas.edu.au

## **Report on the PTC courses, Ulaan Bator, Mongolia June 25-29, 2007**

### **Summary**

A five day PTC program was held. This comprised a two day PTC course in English, a single day instructor course and finally a two day PTC course in Mongolian, run by four new Mongolian instructors.

There is a critical mass of PTC knowledge in Ulaan Bator. Political will is required to complete the PTC “revolution.” in this country. Some external support will be required in the short term.

### **Report**

This was the second PTC visit to Mongolia. The previous PTC course was run in 2006 by Dr Rob McDougal (Australia) and Dr Doug Wilkinson (UK). A two day PTC course was conducted.

Course faculty in 2007 included Dr Stephen Swallow, leader (Hobart), Dr Ken Brownhill (Melbourne), Dr TW Lee (Hong Kong) and Dr Haydn Perndt (Hobart). The local facilitator was Dr Ganbold Lundeg, the Coordinator of International Affairs.

The course was held in the Trauma and Orthopedic Research Centre located near the Children’s Hospital.

Trauma is the second most common cause of death in Mongolia after IHD. The national trend shows a sharp increase due to the rapid increase in the number of cars since the country has been opened up following Perestroika and the end of the Soviet influence in Mongolia in 1990. There are no laws regarding compulsory wearing of seat belts or helmets and the roads evidence the ravages of one of the worlds harshest continental climates in one of the poorest second world countries.

An adequately sized and lit room was provided for the course as well as computer and data projector. It was an excellent teaching venue. The PTC manual had been translated into Mongolian as had the slides for the PTC 2 day course. A baby Laerdal ALS manikin was taken from Australia plus a small amount of other teaching equipment which was all left in Mongolia to facilitate ongoing PTC courses.

The first 2 days saw a variable number of Mongolian anaesthetists, surgeons and anaesthetic intensivists attending. The numbers varied around 12. As the A&E departments are largely run by anaesthetists, it seemed that this was an appropriate target group. The teaching was done in English and the impression from the small group work was that English comprehension certainly was better than expression.



**Tasmania**

The third day was the Instructors course, again conducted in English but with much of the material simultaneously translated into Mongolian by Dr Ganbold. The practice sessions were conducted in Mongolian and this appreciably added to the confidence of the new instructors.

The final two days were conducted completely in Mongolian by the 4 best instructors from the preceding day's Instructor course. The numbers of participants significantly increased over these two days. There were over 30 participants at the end of the course. There were many doctors from the regional hospitals as well as residents in training from the city of Ulaan Bator. Language was obviously the key factor in the success of the final two day course.

### **Assessment**

There is a great need for PTC in Mongolia. The usefulness of PTC is recognised by some key trauma practioners and anaesthetists.

Significant further political work needs to be done. in order to develop adequate momentum. Expatriate PTC resource personnel who might support the next PTC course, could help by making the appropriate political connections at the time of that course. MoH, Directors of hospitals and the Ambulance Service should be targeted.

There is a generous amount of WHO funding as well as USAID and AusAID monies available.

Haydn Perndt