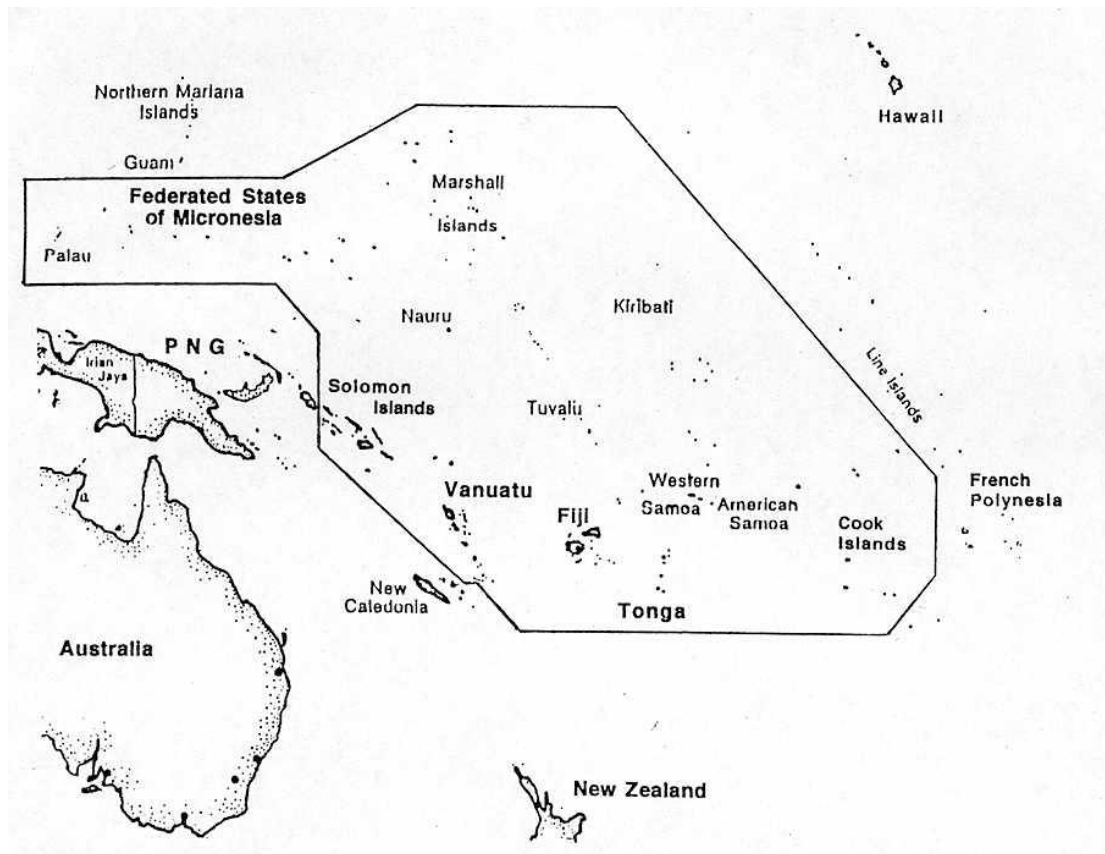


**REPORT
PRIMARY TRAUMA CARE COURSES IN THE PACIFIC REGION
2004-2007**

**14TH WORLD CONGRESS OF ANAESTHESIOLOGISTS
CAPE TOWN, SOUTH AFRICA
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1. Introduction

The Pacific region comprises 15 independent island nations spread over a vast area. Apart from Papua New Guinea (population 6.5 million), the populations of these countries are very small, ranging from about 1 million in Fiji, down to less than 2000 in Niue. Communication and transport between countries can be very limited. The region has also seen some political problems in recent years, with a civil war in Bougainville (Papua New Guinea), coups in Fiji in 2000 and 2006, ethnic violence in the Solomon Islands, and political unrest in Tonga.



Pacific Nations: Palau, Federated States of Micronesia, Marshall Islands, Nauru, Kiribati, Papua New Guinea, Solomon Islands, Tuvalu, Tokelau, Vanuatu, Fiji, Western Samoa, Tonga, Niue, Cook Islands. Also US territories (eg: Guam and Northern Mariana Islands) and French territories (New Caledonia and French Polynesia).

2. Summary of PTC Activities 2004-2007

The last three years have been notable for the rapid development of PTC in Papua New Guinea and the continuation of regular courses at the Fiji School of Medicine.

2.1 Papua New Guinea (population 6.5 million)

The growth of PTC in Papua New Guinea has been exceptional. The first PTC course was held in 2002 and a further 33 courses have been held since the beginning of 2004. The development of PTC has been driven by visiting and local Emergency Medicine (EM) physicians, under the leadership of Associate Professor Chris Curry from Perth, Australia.

In May 2006, four EM trainees (Yongoe Kambue, Sam Yockopua and Vincent Atua from PNG and Kenton Save from the Solomon Islands) attended a PTC Instructor Course in Melbourne, Australia.

A PTC Instructor Course was held in PNG for the first time on 30 August 2007. This was attended by 10 doctors from PNG and one doctor from the Solomon Islands. The instructors were Sam Yockopua, Yongoe Kambue, Lucas Samof, Kenton Save, Wayne Morriss, Georgina Phillips (EM, Melbourne) and Antony Chenhall (EM, Melbourne).

This was immediately followed by a 2-day PTC Course taught by the newly trained instructors. 29 people, mainly from Port Moresby, attended this course.

Courses have now been held in nine different locations: Port Moresby, Lae, Madang, Mt Hagen, Goroka, Rabaul, Kimbe, Alotau and Wewak. Sam Yockopua, Yongoe Kambue, Lucas Samof and a number of other PNG instructors have played a vital role in running these courses.

2.1 Fiji (population about 1 million)

The Fiji School of Medicine (FSM) continues to run twice-yearly PTC courses for final year medical students. The school started running the courses in early 2001. The importance of these courses cannot be overstated – FSM is a regional training institution and, after completion of training, most graduates return to their own country. As a result, there are now a large number of doctors with PTC training throughout the Pacific. The size of the final year medical class at FSM has increased from about 40 in 2001 to about 60 in 2007.

The FSM courses are entirely taught by local staff and funded by FSM. Dr Sereima Bale continues to play a vital role in the organisation and delivery of the courses. Dr Charlie Collins (2005-2006) and Dr Adam Black (2007-) have also contributed a great deal as Senior Lecturers at FSM.

In 2007, the first course was held in Suva on 1-2 February. The instructors were Sereima Bale, Adam Black, Craig McGrath (visiting anaesthetist), Atul Ramesh Jawale (surgeon in Lautoka) and there were 28 participants. The second course was held in Lautoka on 21-22 June. The instructors were Sereima Bale, Adam Black, Fonmanu Manuelli (anaesthetic trainee) and Drs Saia and Maloni (surgical registrars). There were 31 participants.

In addition to the courses for final year medical students, two 2-day PTC courses and a one-day instructor course were held in Suva in February 2004. A 2-day course was also held in Labasa on Vanua Levu (Fiji's second largest island) in June 2007. There were 16 participants on this course.

2.3 Samoa (population approx. 200,000)

Two 2-day PTC courses and an instructor course were held in Apia in April 2005. Dr Tia Va'ai was the local organiser; the overseas instructors were Dr Douglas Pikacha

(surgeon, Solomon Islands), Dr Salamasina Aiono (anaesthetist, New Zealand) and Dr Wayne Morriss (anaesthetist, New Zealand). 23 people attended the first course, nine people attended the instructor course, and 35 people attended the second course taught by the newly trained instructors.

A follow-up course was planned for 2006 but had to be postponed because of strikes and other industrial action.

2.4 Cook Islands (population approx. 18,000)

The Cook Islands continues to run an annual health conference in June-July. During recent years, part of each conference has devoted to scenario-based trauma and disaster management, taught by instructors from Fiji and other parts of the Pacific.

2.5 Melbourne

As mentioned above, a PTC Instructor Course was held in Melbourne in May 2006. The course instructors were Rob McDougall (course director), Stephen Swallow, Di Wilkinson, Marcus Skinner, Wayne Morriss and Tim Gray. There were 23 participants (18 from Australia, 4 from PNG and one from the Solomon Islands) including Haydn Perndt! The course was very important from the point of view of increasing the pool of instructors in the Pacific region. A number have gone on to be involved in courses in Asia and the PNG.

2.6 Courses before 2004

Courses were held in the Solomon Islands (1999 and 2003), Tonga (2001) and Palau (2003)

3. Key Instructors

The following are key instructors / contact people in a number of Pacific countries. I apologise for not including all active instructors – distance and reporting issues have made this difficult.

3.1 PNG

Dr Sam Yockopua	Emergency Medicine
nungasyockus@yahoo.com	
Dr Lucas Samof	Anaesthesia
lucassamof@daltron.com.pg	
Dr Yongoe Kambue	Emergency Medicine
kambue22@yahoo.com.au	
Dr Vincent Atua	Emergency Medicine
vincent_atua@hotmail.com	

3.2 Fiji

Dr Sereima Bale	Anaesthesia	s.bale@fsm.ac.fj
A/Prof Eddie McCaig	Orthopaedic Surgery	e.mccaig@fsm.ac.fj
Dr Ifereimi Waqainabete	General Surgery	
iwaqainabete@yahoo.co.nz		
Dr Luke Nasedra	Anaesthesia	lbnasedra@hotmail.com
Dr Adam Black	Anaesthesia	a.black@fsm.ac.fj

3.3 *Solomon Islands*

Dr Douglas Pikacha	General Surgery	djpndp@solomon.com.sb
Dr Kenton Save	Emergency Medicine	skenton@nrh.gov.sb
Dr Kaeni Agiomea	Anaesthesia	kbagiomea@hotmail.com
Dr Bataiboni Anigafutu	Anaesthesia	

panaesthetists@yahoo.com

3.4 *Other*

Dr Tia Va'ai (Samoa)	Anaesthesia	vtia@yahoo.com
Dr Alani Tangitau (Tonga)	Anaesthesia	latuhaamoa@yahoo.com

4. **Feedback From Courses**

Feedback from courses has been almost always been very positive. A number of people have asked for more courses. Several people have said that the terminology on some of the slides was too complicated or confusing.

Some examples of feedback from the recent two-day course in Port Moresby, Papua New Guinea:

“Very helpful presentation. Needs all Health workers involved in PTC.”

“Team was well organised, I've learned a lot and can manage well.”

“The team was well organised and I feel competent and confidence to practise in my settings.”

“Regular sessions to be held more often.”

“Need more case slide shows for examples.”

“It was very helpful, especially with the scenarios. I have learnt a lot on Primary Trauma Care. This type of course should be done regularly in order for us to prevent secondary injuries.”

5. **Finances**

We have been very fortunate in the Pacific region to have a number of funding options available for PTC courses.

Most courses in Papua New Guinea from 2004-2007 relied on Australian Emergency Medicine physicians funding their own trips. Funding for the recent instructor course and two-day course in Port Moresby came from three projects funded by the Australian Agency for International Development (AusAID) – the Tertiary Health Services Project (THS), the Medical School Support Project (MSSP) and the Pacific Islands Project (PIP). THS and PIP are both administered by the Royal Australasian College of Surgeons (RACS).

The twice-yearly courses in Fiji are entirely self-funded by the Fiji School of Medicine.

Courses held in Fiji in 2004 and other courses in the Pacific were generously funded by the Pacific Island Project.

THS, MSSP and PIP are all currently being reviewed and new projects will be announced in early 2008. I met with the reviewers on two occasions and I am confident that training activities like PTC will be part of the next funding phase.

6. Future Plans

The next few years look very busy for PTC in Papua New Guinea and the Pacific Island Countries.

In PNG, Dr Sam Yockopua has expressed enthusiasm for taking on the role of country coordinator. PNG now has a pool of keen and well qualified PTC instructors and we are very optimistic that regular courses will be able to be held in Port Moresby and other centres with minimal assistance from overseas instructors. PNG has a good equipment pool and is printing its own manuals.

In Fiji, the importance of the twice-yearly FSM courses cannot be overstated – two more courses are planned for 2008. In addition, Fiji-based instructors hope to run a course in Rakiraki (northern Viti Levu) early in 2008. We are also currently looking at the possibility of running an instructor course in Fiji in mid-2008.

In an exciting new development, Fiji-based instructors are planning to travel to Kiribati in December 2007 to run a course there. This will be the first time that a PTC course has been taught in Kiribati (population 100,000).

Planning is also underway for two sets of courses in other Pacific countries in 2008, although we are waiting for confirmation of funding from AusAID. The first set of courses (two 2-day courses and an instructor course) will be held in Tonga (population 100,000), probably in May or June.

The second set of courses will be held in the Solomon Islands (population approx. 450,000) during the second half of the year. These courses will be run mainly by Honiara-based instructors, assisted by 1-2 instructors from Australia or New Zealand.

In the longer term, it would be good to run some more courses in Samoa if requested by local doctors, and to introduce PTC to Vanuatu (population 200,000).

7. Acknowledgements

Thanks very much to all the hard-working instructors who have contributed so much to the development of PTC in our region. A/Prof Chris Curry, an Emergency Physician from Perth, has worked tirelessly to establish PTC in PNG.

Thanks to the support teams, including Annette in the UK, Claire and Jerome in PNG, and the staff at FSM. Thanks to the funding agencies, especially AusAID, and the staff involved in THS, MSSP and PIP.

Wayne Morriss
Pacific Coordinator, PTC

10 November 2007