

**PNG Highlands Primary Trauma Care (PTC) Tour  
28<sup>th</sup> June – 9<sup>th</sup> July 2009**

**International Facilitators Report**

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**Summary of Highlands PTC Tour**

PTC courses were delivered in the highlands region at the provincial hospitals of Mt Hagen, Mendi and Wabag. Two PNG emergency physicians, Drs Yongoe Kambue and Sam Yockopua led the facilitator team of four, including a senior emergency registrar; Dr John Tsiperau and a visiting Australian emergency physician, Dr Georgina Phillips. Participants ranged from senior doctors through to community health workers. Efforts were made to incorporate learning opportunities for all participants, regardless of their level of experience, and the positive feedback received reflected that this had been successful.

The PTC tour was funded through the PNG Health Education and Clinical Services (HECS) program administered by the Royal Australasian College of Surgeons (RACS). A comprehensive report including details of the course program and content has been written by Dr Yongoe Kambue and made available to key stakeholders. The purpose of this brief report is to provide an international perspective on the PTC Highlands tour and its implications for Emergency Medicine (EM) development in PNG.

**Observations of course**

Strengths, skill and experience of facilitators

The PTC courses were delivered at a very high standard. All facilitators were formally trained as PTC Instructors and were extremely familiar with the content of the course. Using their extensive past experience of delivering PTC courses throughout PNG and based on feedback from previous courses, Drs Kambue and Yockopua had adapted the standardised PTC program to suit the local environment. Additionally, as a result of a recent Pacific regional PTC workshop (in Lautoka, Fiji), specific course content was altered to enhance understanding of key learning objectives.

All facilitators modelled different techniques in delivering lectures, managing discussion groups and running skill station workshops. This ensured that interest remained high for the participants, who were able to fully engage in

each learning opportunity. Controversies and questions were handled professionally, whilst unexpected events and interruptions were dealt with in a creative and flexible manner.

### Organisation

This was the first externally funded PTC tour of such magnitude that was initiated, planned and organised entirely within PNG by local providers. The travelling schedule ran smoothly, appropriate equipment was brought in from Port Moresby and all accommodation and transport arrangements were successful.

At each venue, in particular at Mt Hagen and Mendi, the local coordinators had planned appropriate participants, catering and facilities. Despite the communication challenges within PNG, the provincial hospital leaders had anticipated the PTC tour and made arrangements to ensure a smooth course delivery. The level of interest and support from hospital leaders, such as CEOs and Directors was particularly noteworthy. Their presence at the open and close of courses and overt expression of support for future courses was a powerful endorsement of the PTC and gives hope for the future sustainability of this program.

### Needs of participants

This PTC tour was the first opportunity to receive relevant clinical skills and knowledge training for many of the participants. Some had worked in their provincial hospital emergency department for years, yet had never received teaching in trauma or EM care. Most participants were so overwhelmed with their busy jobs, that time and opportunity for professional development was not available. That the PTC was brought to them in their own work environments was of critical importance in the relevance and success of the course.

### Feedback: formal and informal

Formal participant feedback from all three courses is included in table, graph and written format in Appendix A of this document as well as covered in the comprehensive PTC report by Dr Kambue. Of note is the strong desire for more and longer courses as well as the gratitude expressed by the participants for the teaching they received.

At the end of each course the facilitators reviewed the program and feedback, using these discussions to fine-tune the next course. At the completion of the tour, the facilitators were satisfied that a successful program had been delivered and will use this model for future PTC tours.

## **PTC as a conduit / trigger for Emergency Department development**

The PTC program has been owned and propagated by the emergency medicine community in PNG. Whilst multidisciplinary facilitation is welcomed (in particular from anaesthetists and surgeons), the majority of Instructors are emergency physicians and registrars. Thus the responsibility for planning PTC courses and coordinating teaching equipment belongs to Drs Yockopua and Kambue.

A natural result of this is the role of PTC as a conduit for EM and ED development. As emergency specialists visit a new environment for teaching purposes, they also have the opportunity to inspect local EDs, talk to clinicians, meet with hospital leaders and discuss future plans. The content of the PTC course naturally highlights the importance of a functional ED. The 'local trauma perspective' component at the start of the course also emphasises the impact of trauma on PNG EDs and hospitals from a cost-analysis and human impact viewpoint. A logical consequence of this is to invest in EM skills and knowledge training for staff, as well as improve ED systems so that patients are seen in a timely and safe manner. The 'disaster session' on the final afternoon of the course focuses attention on the role of triage as a vital EM system.

During this Highlands PTC tour, the visiting EM facilitators used every opportunity to highlight the importance of EM and work towards the ED development in this region of PNG. Techniques and opportunities utilised by the visiting specialists included:

- Site visits to provincial hospital EDs, informal ED staff interviews and tours of departments
- Discussion about and inspection of ED development and renovation plans at each site
- Propagation of ED development guidelines written for the PNG environment and including essential information on building and equipment requirements for hospital EDs
- Training of staff who work in EDs using the PTC course principles and content in order to build ED capacity
- Moral support and encouragement of ED staff in all hospitals, including encouragement where relevant to pursue further studies in EM
- A visible presence of emergency specialists as an illustration of the growing strength and enthusiasm of the EM community in PNG
- The presence of an international EM specialist as a show of the regional involvement and support of PNG ED development
- Modelling of high quality technical expertise, excellent communication skills, good humour, successful collaboration and a willingness to be involved and follow-up in the future. These things were modelled both during and after course delivery.
- Development of a professional network of health workers interested in EM by ensuring open communication channels and availability for future information and skill exchange

- A great willingness to share knowledge and expertise with all health workers both through the teaching and promotion of PTC principles, as well as through advice and guidance on ED development.

This highlands PTC tour was particularly noteworthy for the interest and support for ED development already existing in the provincial hospital leadership at each of the three centres visited. Medical Directors and CEOs knew that the ED was a key site as the interface between the hospital and the community. They also knew that their own departments were functioning poorly and required investment in staff and infrastructure, although were unsure of how best to achieve this. The PTC tour, facilitated by experts in ED care and systems, was a unique opportunity for these provincial hospital leaders to access essential information, establish networks for future collaboration and provide their staff with vital clinical EM skills.

This model of PTC teaching as a conduit for developing EDs in provincial centres as well as passing on important clinical skills and knowledge is one that can be replicated throughout PNG for the benefit of all people that require urgent health care.

## **Recommendations**

In light of the preceding discussion, the following recommendations are made:

- That funding for regional PTC tours in PNG be secured to ensure a minimum of three provinces are covered per year. Funding should form part of an annual health budget and be guaranteed so that long term planning can occur.
- That visits to provincial areas for the purpose of PTC teaching also incorporate time for ED development activities; such as site tours, staff interviews, meetings and discussions with hospital and ED leaders.
- That a mix of PTC Instructors be encouraged to facilitate at future PTC courses; including ED registrars, visiting international clinicians and specialists from other disciplines who are trained PTC Instructors, so that multidisciplinary collaboration is encouraged and to prevent exhaustion and burnout by the small number of local emergency physicians
- That opportunities for regional PTC collaboration and exchange be encouraged (such as the 2009 Pacific PTC workshop held in Fiji), to enhance teaching skills and further adapt the PTC course content to a Pacific - specific focus.
- That consideration be given to adapting the PTC course to a three day program, as well as to delivering it in more rural and remote settings throughout PNG
- That administrative support be guaranteed for future organisation of PTC courses, and to assist Drs Kambue and Yockopua in the preparation and planning of such regional tours

- That ED development be supported throughout provincial hospitals in PNG through; funding ED renovations, assisting and supporting PTC and other clinical skill teaching programs, identifying appropriate staff for further ED - specific training, guaranteeing financial and other support for staff to complete emergency medical and nursing specialist training.
- That formal structures be established and supported for information exchange, national collaboration and professional networking to assist in the development of EDs throughout PNG. Such structures could include IT networks and professional societies as examples.

### **Acknowledgements**

The PTC Highlands Tour could not have been possible without the assistance and support of the following:

- Dr Yongoe Kambue and Dr Sam Yockopua, for planning, preparation and inspiring leadership of both PTC and ED development during this tour as well as throughout PNG
- Claire Matainaho for her excellent management of all booking and travel arrangements
- Amelia Hartnett and the HECS program administered through RACS for funding the tour
- The hospital leadership at Mt Hagen, Mendi and Wabag provincial hospitals and all of the participants at these sites for their enthusiasm, insights and dedication towards improving acute health care for the people of their areas.

## **APPENDIX A**

### **Formal Feedback Scores and Comments by Category**

Scores: 6 = excellent, 5 = very good, 4 = good, 3 = average, 2 = poor, 1 = very poor

#### **Mt Hagen**

<b>TOPIC</b>	<b>Average Score</b>
local trauma perspective	5.45
triage	5.5
primary survey	5.7
airway and breathing	5.9
circulation and shock	5.67
demonstration scenario	5.7
workshop/skill station	5.57
secondary survey	5.48
chest injuries	5.3
case scenarios	5.7
head and spinal trauma	5.45
abdominal and pelvic injuries	5.3
limb injuries	5.55
trauma in children	5.3
trauma in pregnancy	5.25
burns	5.16
disaster management	5.17
MCQs	4.7
powerpoint presentation	5.38
white board presentation	5.14
relevant to my practice	5.38
useful clinical knowledge	5.55
facilitators	5.9
course venue	5.05

#### **Evaluation Comments:**

##### Best part:

The whole course (9 comments)

Airway and Breathing / Primary Survey (4 comments)

Case Scenarios / Workshops and Skill stations (8 comments)

##### To change:

More practical sessions (2 comments)

More explanation / testing understanding

My own practice

Case scenarios

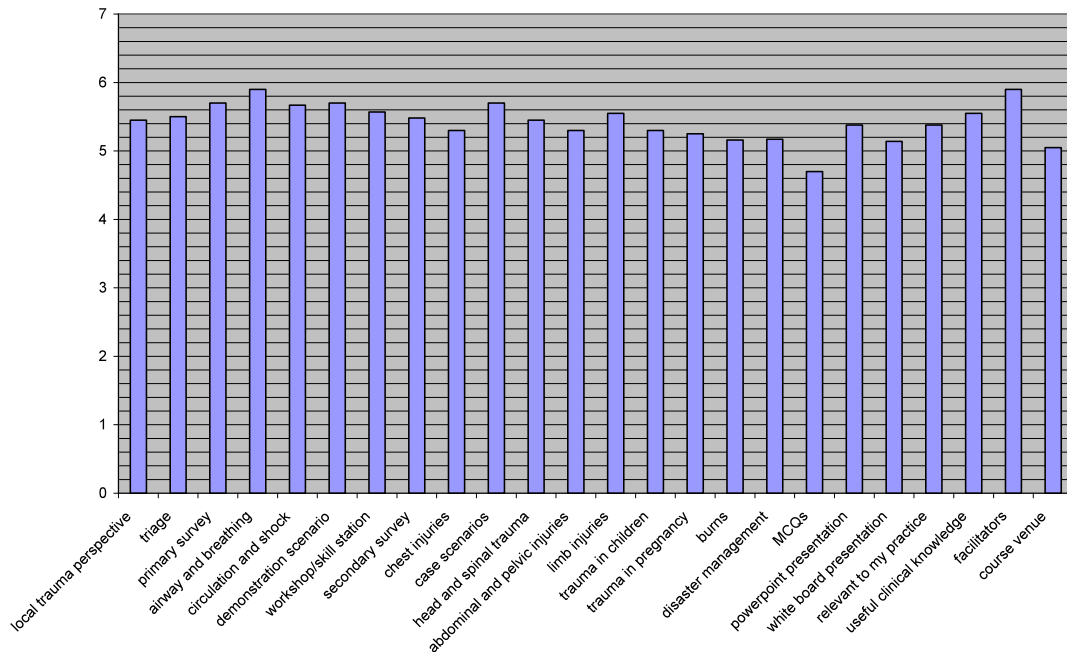
##### Other comments:

Course too short / more time required / rushed (15 comments)

Important course / relevant / helpful (10 comments)

Venue poor / unprepared lunch (3 comments)  
 Facilitators' knowledgeable, good teaching spirit  
 More nurse involvement  
 Include rural Emergency Departments

Mt Hagen PTC evaluation by average score



**Mendi**

TOPIC	Average Score
local trauma perspective	5.63
triage	5.5
primary survey	5.75
airway and breathing	5.75
circulation and shock	5.58
demonstration scenario	5.54
workshop/skill station	5.65
secondary survey	5.54
chest injuries	5.75
case scenarios	5.65
head and spinal trauma	5.46
abdominal and pelvic injuries	5.54
limb injuries	5.57
trauma in children	5.25
trauma in pregnancy	5.29
burns	5.5
disaster management	5.67
MCQs	5.35
powerpoint presentation	5.83
white board presentation	5.54

relevant to my practice	5.67
useful clinical knowledge	5.75
facilitators	5.82
course venue	4.64

**Evaluation Comments:**

Best Part:

- Scenarios / Skill stations / Workshops (12 comments)
- The whole course (8 comments)
- Primary Survey / Secondary Survey (3)
- Airway and Breathing (3)
- Head and spinal injuries

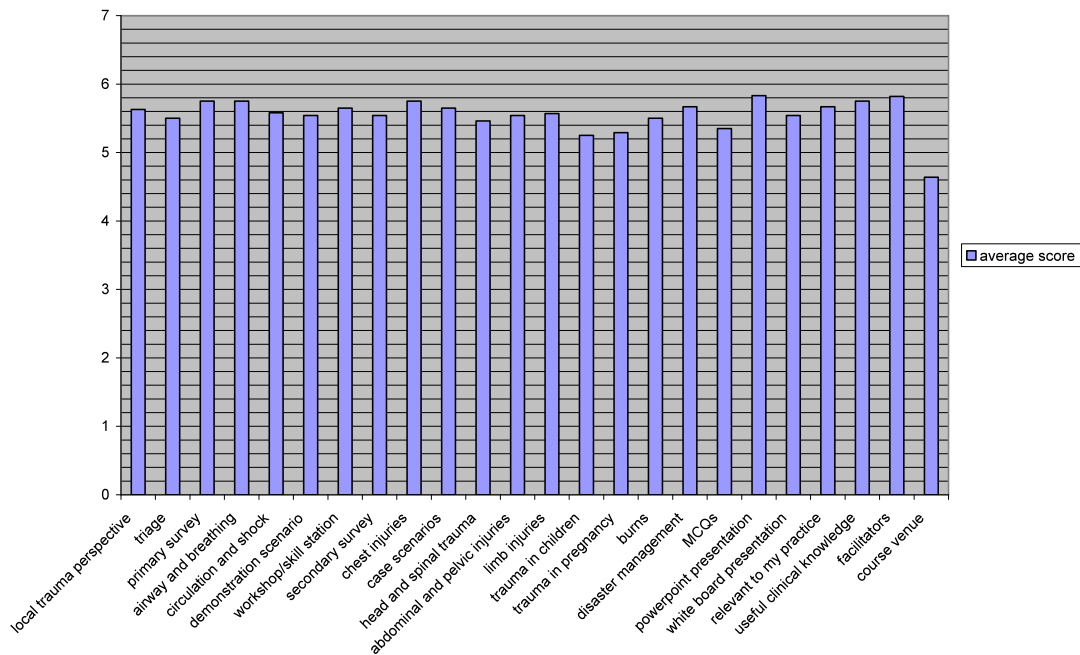
To change:

- More time required / longer course (12 comments)
- Nothing to change (3 comments)
- More workshops / practical examples
- More on children
- More participant involvement in workstations
- Case scenarios
- My own practice

Other comments:

- Helpful / useful / enjoyable (11 comments)
- Repeat courses in the future (9 comments)
- Facilitators taught / presented well (3 comments)
- Venue change required (3 comments)
- More rural involvement

Mendi PTC evaluation by average score





## **Wabag**

<b>TOPIC</b>	<b>Average Scores</b>
local trauma perspective	5.52
triage	5.38
primary survey	5.89
airway and breathing	5.78
circulation and shock	5.67
demonstration scenario	5.65
workshop/skill station	5.5
secondary survey	5.37
chest injuries	5.64
case scenarios	5.46
head and spinal trauma	5.41
abdominal and pelvic injuries	5.35
limb injuries	5.56
trauma in children	5.26
trauma in pregnancy	5.19
burns	5.15
disaster management	5.4
MCQs	5.54
powerpoint presentation	5.77
white board presentation	5.48
relevant to my practice	5.64
useful clinical knowledge	5.81
facilitators	5.96
course venue	4.08

### **Evaluation Comments:**

#### **Best Part:**

Workshops / case scenarios / skill stations (9 comments)

The whole course (7 comments)

Primary Survey (6 comments)

Demonstration scenario (2)

Airway and breathing

Power point presentations / well presented

Trauma in pregnancy

Burns

#### **To change:**

More workshops / case scenarios / skill stations (9 comments)

More time required / longer course (9 comments)

Bigger venue (4 comments)

More courses required at the district and rural level / for rural clinicians (3)

More teaching on trauma in children / pregnancy / burns (2)

More whiteboard teaching / explanation

#### **Other comments:**

Helpful / useful / enjoyable / "thanks for coming" (15 comments)

## Facilitators – good presentation / teaching (2 comments)

