

**PNG Western and Gulf Province Primary Trauma Care (PTC)
Tour
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International Facilitators Report
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Summary of Western and Gulf Province PTC Tour

PTC courses were delivered in the Western and Gulf region at the provincial centres of Kiunga and Kerema. Two PNG emergency physicians, Drs Sam Yockopua and Vincent Atua led the facilitator team of four, including an anaesthetist; Dr Lucas Samof, senior emergency registrar; Dr Sonny Kibob and a visiting Australian emergency physician with extensive Pacific Islands experience, Dr Georgina Phillips. In Kiunga, the team was expanded to include local coordinator, trained PTC facilitator and surgeon, Dr Charlie Turharus and senior surgeon and CEO of Kiunga hospital, Sr Joseph.

Participants ranged from doctors through to community health workers, and in Kiunga, a substantial number of non-medically trained first aid responders and safety officers. 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 Drs Yockopua and Atua which is available to key stakeholders. The purpose of this brief report is to provide an international perspective on the PTC Western and Gulf Province 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 Yockopua and Atua had adapted the standardised PTC program to suit the local environment. Additionally, as a result of a Pacific regional PTC workshop

(in Lautoka, Fiji, 2009), 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.

With the significant number of non-medically trained participants in Kiunga, a novel and flexible solution was devised by Dr Yockopua that allowed for appropriate and relevant learning experiences. The integrity of the standard small group skill stations and workshops was preserved for the health workers, whilst Dr Yockopua ran separate workshops for the non-health trained participants on Primary Survey, cervical spine care, resuscitation in trauma and patient transport.

Organisation

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

The Ok Tedi Mining Limited (OTML) company acted as a host for the Kiunga PTC under the leadership of the Kiunga/Bige General Manager, Mr Mark Small. As a result of the enthusiastic local coordination efforts of Dr Charlie Turharus, there were a wide variety of participants, representing religious, public, private and the armed services sectors. The high level of buy-in for the PTC course was illustrated by the presence of Mr Small at the closing ceremony and certificate presentation. Excellent anticipation of course needs manifested in the smooth response to requests for additional administrative and equipment support, and generous provision of catering and facilities.

Planning for the PTC course had clearly occurred in Kerema, as many participants had been notified in time to travel significant distances to attend. However the key local coordinator, surgeon Dr Siwi Wawe (also the Kerema Hospital Director of Medical Services) was absent for the duration of the course. This resulted in some confusion on arrival in Kerema, with the hospital CEO and staff training officer unaware of the planned PTC. That the venue was secured and catering confirmed within a matter of hours was testament to the resilience and flexibility of the hospital administrative staff, who acted as hosts for the course, with the CEO providing opening remarks on the first morning. It was unfortunate that personal matters ensured the absence of any hospital leadership for the closing ceremony and certificate presentation.

Travel out of Kerema to Port Moresby proved a challenge due to the cancellation of all *Airlines PNG* flights. An adventurous solution encompassing

travel by sea and road was provided by the Kerema hospital CEO utilising hospital dinghy and 4WD. Thankfully, all facilitators arrived safely in Port Moresby in time to make connecting flights onwards.

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 or health centre 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.

Both courses were notable in the efforts of local coordinators to bring in health workers from more remote areas. This is the fundamental essence of successful PTC courses, which are designed to provide much needed training to health workers 'out in the field'. Additionally, facilitators derive immense satisfaction when imparting PTC principles, knowledge and skills to those most in need, but with few opportunities to receive such training.

The courses also provided an opportunity for participants to review their essential equipment needs. Whilst flexibility and adaptability according to available resources are an emphasis of PTC, the course also highlights simple tools that can be life-saving for injured patients. Participants were encouraged to familiarise themselves with such equipment and make efforts to ensure that they were available for use in their own health facility.

Both courses were run with a large number of participants; greater than the desired 20-24 people. Kiunga had 38 and Kerema 32 participants, which resulted in some small groups accommodating 8-9 people. Whilst the 'hands-on' learning opportunities were potentially diluted as a result of the larger numbers, facilitators worked hard to give each participant a chance to acquire essential skills.

Larger than expected numbers attending such PTC courses is a typical event when relevant learning opportunities are scarce. It is not the practice of PTC leaders to turn away health workers who desire life-saving skills training, despite an already full course. A longer term and more satisfying outcome is the guarantee of regular PTC courses in these provinces in the future, so that staff do not feel they are missing a 'once-in-a-lifetime' chance to acquire much-needed skills.

Feedback

Formal feedback analysis is provided through the reports of Drs Yockopua and Atua, although through both formal and informal feedback channels,

participants in both sites were overwhelmingly positive in their analysis of the course. Of note was the strong desire for more and longer courses as well as the gratitude expressed by the participants for the teaching they received.

In Kiunga, for the many participants without formal medical or health training, the course was a revelation. During key lectures on Primary Survey, Airway and Breathing, and Circulation in the first morning, the active listening from such a mixed audience was palpable. Comments from the military first-aid participants that 'we could have saved many lives if we had done this course earlier' were a testament to the immediate relevance of the course for non-health trained workers.

At the end of the first course the facilitators reviewed the program and feedback, using these discussions to fine-tune the next course. As the small group and scenario skill stations were viewed by participants as the most valuable learning experience, changes were made to the Kerema course to incorporate an additional session of small group work on the second day. Similarly, some lectures were minimised to allow for more interactive and 'hands-on' teaching time. This model was viewed as extremely successful and a desirable template for future courses.

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 primarily to Dr Yockopua and his emergency physician colleagues.

A natural result of this is the role of PTC as a conduit for 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.

In both Kiunga and Kerema there was limited opportunity for the visiting ED clinicians to take on the larger role of facilitating ED development in the provincial hospitals. As smaller centres with very limited resources, ED capacity-building is not a priority within the strategic development plans of

each hospital. Nevertheless, important networks have been forged and a willingness to assist has been modelled by the enthusiastic involvement of ED clinicians in teaching emergency trauma care to remote provincial areas.

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.

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Kiunga, Western Province

PTC Facilitators and participants, including OTML General Manager, Mr Mark Small



Kerema, Gulf Province

PTC Facilitators and participants

