

# Report Training Summary

Trauma Management Program

Advanced Trauma Training 2015

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**Community Partners International**

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# 2015 Advanced Trauma Training

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## SUMMARY

The 2015 Advanced Trauma Training was held in Mae Sot, Thailand on January 26<sup>th</sup>-31<sup>st</sup>. This training is the annual (refresher) training for the Karen Department of Health and Welfare (KDHW) Trauma Management Program (TMP). Over the six day training period, senior and junior TMP medics ultimately learnt how to manage patients with major and minor traumatic injury. This is roughly the 16<sup>th</sup> year of trauma injury care trainings held in collaboration between the KDHW and Community Partners International (CPI).

Joint trainings with other organizations provide the trauma medics with exposure to a broad range of experience and expertise. The Access Aid International (AAI) worked in partnership with CPI and KDHW to facilitate the 2015 Trauma Training. The longstanding relationship between CPI and AAI began in 2005. Furthermore, Health Care in Christ team provided a session on mental health to the trauma medics on January 19<sup>th</sup>-23<sup>th</sup>, specifically focusing the content of the training on drugs and alcohol and Mental Health in the patients and communities of the trauma medics. Overall, these partnerships allowed for a successful and holistic (refresher) training in 2015.

At this year's training, a Training of Trainers (TOT) also was facilitated. A TOT for this program was last held in 2008. The TOT component was added in this year's agenda because of the strong interest of KDHW to facilitate future First Aid and Basic Trauma trainings in Trauma Management Program service areas. The ToT session were lead by the senior medics and junior health workers also involved in this session to practice their teaching skill to take over of the senior roles in the future training. Through these TOT trainings, the medics had the opportunity to teach their peers before facilitating a training to Community Health Workers or members of their communities. During the lectures and practicals given by the medics, in particular the senior medics, it was observed that they are quite proficient in their knowledge and ability to perform their various skills in their scope of practice as medics, as well as perform as teachers of the subject. This is a testament to the training the medics have received over the years. It was also observed that modules facilitated by the medics themselves were engaging for their peers. For these reasons, future advanced trauma trainings will continue TOT, and it is anticipated that the training will transition from being taught by

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international Doctors and Nurses, to being taught by the medics themselves with support from CPI and other interested organizations (e.g. AAI).

Furthermore, Advanced Trauma Trainings will continue as the KDHW strives for independence, peace, and recognition of the health workforce by the government of Myanmar. Injury care and emergency health services are an important component to comprehensive healthcare, especially due to the evolving political environment in the country.

## FACILITATORS AND ATTENDEES

Participant summary:

- 35 medics, 3 physicians, 1 nurse
- Trainees were from 17 districts.
- Number of TEMP attended:
  - First time: 27
  - 2-5 courses: 7
  - >5 courses: 5

Trainers: 3 physicians, 2 nurse practioners, 1 nurse/paramedic, 1 nurse, 2 logistic coordinators

Rough inaccurate estimates (with missing data) of cases seen over the past year:

>207

- Mostly adult patients.
- Injuries include gunshot, landmine, burns, motorcycle crashes, stabs/cuts, animal bites, abscesses, assault, and falls.

The biggest limitation the medics have is limited supplies/facilities and difficult transportation.

This year's training was organized in Mae Sot through Mae Tao clinic Dr.Cynthia Maung training facilities. Several of the Senior Trauma Medics are District and township health In-Charge and they were also attending District Health Annual meeting, so unfortunately the number of senior trainees to attend the training was reduced and most of the trainees were new medic. In this year training there were three trainees from Kaw Ka Raik township clinic which is not TMP team and three participants from Karen Baptist Convention (KBC) and one from Medical Team International (MTI), these two organizations are based in Yangon, Burma and providing health care and other social services together in Karen State and other ethnic state.

No	Name	District/area	Team/org	Position	# of time training attended
<b>Trauma Team and other participants</b>					
1	Saw John Win	Doo Tha Tu	Ta Mae Kee	TMP In-charge	6
2	Naw Juliet	Doo Tha Tu	Ta Mae Kee	Health Worker	1
3	Naw Paw Lu Khu	Doo Tha Tu	Gaw Tee Kee	Health Worker	1
4	Saw Thein Win	Doo Tha Tu	Gaw Tee Kee	TMP In-charge	3
5	Cherry Lin	Taw Oo	Hoe Kee	TMP 2nd In-charge	3
6	Naw Snow Dah	Taw Oo	Hoe Kee	Twonship Heath Secretary	1

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7	Saw Kaw Khu	Kler Lwee Tu/Nyaung Lay Bin	Nwah Lay Koh	TMP In-charge	3
8	Saw Myint Kyi	Kler Lwee Tu/Nyaung Lay Bin	Nwah Lay Koh	Health Worker	1
9	Saw Bo Lweh	Kler Lwee Tu/Nyaung Lay Bin	Kaw Mu Der	TMP In-charge	7
10	Saw Kyi Pweh	Kler Lwee Tu/Nyaung Lay Bin	Kaw Mu Der	Health Worker	1
11	Saw Eh Yi Taw	Bleet Dawae/Mague Tavoy	Ler Doh Soe	TMP In-charge	7
12	Saw Snay Tha	Bleet Dawae/Mague Tavoy	Ler Mu Lah	TMP In-charge	7
13	Saw Chi	Bleet Dawae/Mague Tavoy	Ka Ser Doh	Medic	1
14	Naw Paw Eh K' Htoo	Bleet Dawae/Mague Tavoy	Ka Ser Doh	Health Worker	1
15	Saw Ko Shwe	Mu Traw	Na Yo Ta	TMP In-charge	7
16	Saw Blu Wah	Mu Traw	Na Yo Ta	Health Worker	1
17	Saw Ba Khin	Mu Traw	Na Yo Ta	Senior Medic	1
18	Saw Bue Kah	Mu Traw	Day Bu Noh	Senior Medic	1
19	Naw Thaw Htoo	Mu Traw	Day Bu Noh	Senior Medic	1
20	Saw Hsa Moo Wah	Mu Traw	Wah Ka Der	TMP Health Worker	1
21	Saw Maung Gay	Mu Traw	Wah Ka Der	Senior Medic	1
22	Saw Day Gay	Mu Traw	Kyoe Loh	TMP new In-charge	1
23	Saw Mya Thein	Mu Traw	Kyoe Loh	Health Worker	1
24	Naw Eh Nue	Mu Traw	Ei Tu Ta	TMP worker	1
25	Saw Pah Chit	Mu Traw	Ei Tu Ta	TMP worker	1
26	Saw Tha K' paw	Doo Pla Ya	Tee Pa Taw	TMP In-charge	6
27	Saw Ka Moo	Doo Pla Ya	Ba Way Ta	TMP worker	1
28	Saw Gay Kaw Htoo	Pa An	Na Li Ah Ta	TMP In-charge	14
29	Saw Hser Gay Moo	Pa An	Na Li Ah Ta	Health Worker	1
30	Saw Kyi Htay	Pa An	Ta Moh Kloe	TMP In-charge	5
31	Naw Has K' Nyaw Soe	Doo Pla Ya	Ka Toe Ta	Clinic Second- In chagre/medic	1
32	Saw Han Min Oo	Doo Pla Ya	Ka Toe Ta	Health Worker	1
33	Nan Mya Mya Win	Doo Pla Ya	Ka Toe Ta	Health Worker	1
34	Thaw Paw	Doo Pla Ya	Tee Pa Taw	New Medic	1
35	Naw Wah Say Paw	Doo Pla Ya	Tee Pa Taw	New Medic	1
36	Naw Hser Paw	Doo Pla Ya	District staff	New Medic	1
<b>Participants from NGOs</b>					
No	Name	Area	Org	Position	
1	Wah Ka Paw		Karen Baptic Convention-Yangon	Health Team Leader	1
2	Naw Gay Hsoe		Karen Baptic Convention-Yangon	Assistant Health TeamLeader	1

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3	Naw Hin Pwint Phyu		Karen Baptist Convention-Yangon	Assistant Health TeamLeader	1
4	Sai Soe Lwin		Yangon Medical Team International/ KBC	Program Manger	1

Trainers and support staff Team					
No	Name	Area	Org	Position	
1	Saw Eh Pwoh	Central Office	KDHW	Trauma Management Program Coordinator	
2	Khaing S'beh Chit	Central Office	KDHW	Trauma Management Program Assistant Coordinator	
3	Saw Ywa Doh Hay	Central Office	KDHW	Training Team/Logistic/interpreter	
4	Hsah K'paw Thaw	Central Office	KDHW	Training Team/Logistic/interpreter	
5	Chuck Washington		CPI	Director	
6	Loren Rauch		CPI	Co- Director	
7	Frank Tyler		AAI	Co- Director	
8	Pravin Krishna		CPI	Chief of Logistic	
9	Gloria Haro		CPI	Volunteer	
10	Daniel		CPI	Volunteer	
11	Sar Gon Khodarakash		CPI	Volunteer	
12	David Foster		CPI	Volunteer	

## TOPICS DETAILS, PREPARATION AND DURATIONS

The topic details are below:

JANUARY	26th	27th	28th	29th	30th	31st
	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
8:30-9:30	Welcome/Intro/ TOT - <i>Chuck</i>	Chain of survival/ situational awareness - <i>David</i>	Fracture/ Dislocation - <i>Chuck</i>	Limb injury/ fasciotomy/ amputation - <i>Loren</i>	Jungle Operating Room - <i>Chuck</i>	Megacode - <i>David</i>
9:30-10:30	Pre test	Antibiotics - <i>Loren</i>	Splinting - <i>all</i>	Practice - fasciotomy/ amputation	Surgical practice	Area reports - <i>Pravin</i>
10:30-10:45	<i>Break</i>	<i>Break</i>	<i>Break</i>	<i>Break</i>	<i>Break</i>	<i>Break</i>
10:45-11:45	Anatomy & physiology - <i>Loren &amp; Chuck</i>	Spine & pelvis immobilization - <i>Grace Anne</i>	Pregnant patient - <i>Annette</i>	Pediatric & elderly patients - <i>Grace Anne</i>	Surgical practice	Wound mangement - <i>Loren</i>
11:45-12:45	Anatomy & physiology - <i>Loren &amp; Chuck</i>	Megacode - <i>Annette</i>	Megacode - <i>David</i>	Megacode - <i>Loren</i>	Surgical practice	Village first aid - <i>Chuck</i>
12:45-13:15	<i>Lunch</i>	<i>Lunch</i>	<i>Lunch</i>	<i>Lunch</i>	<i>Lunch</i>	<i>Lunch</i>

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13:15-14:15	Ketamine/ Lidocaine - <i>Chuck</i>	Suturing/ knot tying - <i>medics</i>	Fluids/IV start - <i>medics</i>	Shock/Bleeding - <i>medics</i>	Calculations - <i>Pravin</i>	Rehab/ nutrition/ mass casualty - <i>Dan</i>
14:15-15:15	Primary survey - <i>Frank</i>	Suturing/ knot tying - <i>medics</i>	Warm/position - <i>medics</i>	Shock/Bleeding - <i>medics</i>	Megacode - <i>Dan</i>	Post test
15:15-15:30	<i>Break</i>	<i>Break</i>	<i>Break</i>	<i>Break</i>	<i>Break</i>	<i>Break</i>
15:30-16:00	Primary & secondary surveys - <i>Frank</i>	Airway/Chest physiology - <i>Loren</i>	Area reports - <i>Grace Anne</i>	Area reports - <i>Gloria</i>	Area reports - <i>Annette</i>	Closing
16:00-19:00	<i>Dinner</i>	Practice - cric - <i>all</i>	<i>Dinner</i>	Burns, autotransfusion - <i>Frank</i>	<i>Dinner</i>	
19:00-20:00	Critical action card/Review - <i>Chuck</i>	END	Injury mechanism / sharps management - <i>Gloria/Praveen</i>	END	TOT - teaching sessions - <i>medics</i>	
20:00-21:00	Megacode - <i>Frank</i>	Calculation homework	Practice - chest tube	Calculation homework	Review - <i>Chuck</i>	
	END		END		END	

In this year there were three interpreters supporting and it much easier to rotate within each session. The majority of the training was interpreted into Karen and Burmese; however several lectures were not interpreted into both languages because the speed of the lecture did not allow time for the interpreter to do so.

All evaluation documents were translated in to Kaen and Burmese. Some TOT documents were in translated to Karen, while some were translated into Burmese.

## PRE-POST TEST: RESULTS AND LIMITATIONS

In order to test baseline knowledge of the medics prior to the training, as well as knowledge gained over the ten day training, a pre and post test was administered. The Pre/Post test was exactly the same, consisting of 17 questions. The results of the Pre/Post test are listed below:

	Pretest Result	Posttest Result
<b>Average</b>	48 %	81%

## TRAINING EVALUATION RESULTS

Training Objectives

	Useful topics	Confusing topics
Set Clinical Trauma Priorities	64%	11%
Assessment Skills	68%	14%
Management Skills	93%	0%
Communication and Document	50%	32%
Patient Movement and Transport	61%	14%

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Vulnerable Patients: Old, Young, Pregnant, Ill	82%	14%
Multi-casualty Situations	61%	21%
Trauma Care in Hostile Situations	68%	11%
System Analysis: Resources, Outcomes, Effectiveness	57%	14%
Data Collection and Analysis	57%	11%

On a scale of 1-5

- Training was relevant to my work: 4.7
- This training was a valuable use of my time: 4.8
- The training objectives were met: 3.9

How confident do you feel to apply the skills you have learned in this training to your work: 3.8

Do you feel that the duration was appropriate:

- Too short 7% (2)
- Short 44% (12)
- Appropriate 48% (13)

Suggestions: make the course longer (2-4 weeks), fracture management, more instruments, every 6 months, more training, hernia repair, hydrocele repair

Evaluation Questions	% satisfied (4 or higher on 5-point like)
This TOT was relevant to my work	90%*
This TOT Training was a valuable use of my time	90%*
The TOT Training Objectives were met	70%*
I learned how to train others	80%*
I was able to teach others in this training	90%*

\*Only 17 out of 20 medics returned the TOT Evaluation

Feedback:

I want future Train the Trainer workshop to teach more:
<ul style="list-style-type: none"> <li>- I agree but I need more time for the training. The more I try, the more I get</li> <li>- Group discussion</li> <li>- I will teach VHW and student</li> <li>- I will teach my worker and my villager</li> <li>- When I am back to field, I will teach my friend</li> <li>- Yes (5 respondents)</li> <li>- Major injuries</li> <li>- Pregnant woman injury, brain injury, hernia and hydrocele</li> </ul>

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What are your comments on the content, format or logistics of the TOT training?

- I would like to give comments like this before I give trainings to my friends. You have to explain me carefully and clearly. Because I have to give training as truth- how many kinds of things I have to prepare in the class
- The TOT training good for us but need to critical to share with other worker
- The TOT training good for me but I want to five free time, or break
- Need to teach one by one
- I hope the trainer need to more teach more
- All the training is better and benefit me
- I want to teach more
- Need more practice
- Need to teach one by one

## TRAINING RECOMMENDATIONS

- Maintain length of training
- Additional time should be allotted to ToT session because the time is not good enough for senior medics to spend the lectures both explanation and practical.
- The Antibiotic treatment and fluid management from Critical Action Cards need to be clarify to make it more clear but it has been updated a few information during the training.
- More time should be allotted to POP practice. Furthermore, it may be beneficial to break up the POP / Fracture / Dislocation lecture into to lectures on upper and lower extremities.
- Inadequate consideration for sharps was a major concern throughout the training, including poor suturing technique during surgical lecture and pig lab. Proper disposal of sharps should stressed throughout the training, as well as increasing time throughout the training for knot tying and suturing will allow medics to refine skills and protect themselves.
- More time should be allotted to Area Reports; each team should share the details of one interesting case.
- TOT should continue in the TMP trainings, and should provide further instruction on how to prepare and deliver lectures and different teaching techniques. Both the junior and senior medic should have the opportunity to teach, however senior medics should continue to lecture on advanced topics for the trauma medic. More time should be allotted for preparation (perhaps working with some senior medics prior to training on several lectures).

## PARTNER ORGANIZATIONS

- Investigate if there is any donor to fund more supply and First Aid training inside, this is what the medics have been request several time.
- Improve the communication with field staff to monitor the data to return on time.
- Retain program workforce (senior medic) to work on the program longer by supporting them with enough supply and equipment.



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Activities photo