

Report Training Summary

Trauma and Emergency Management Program

Advanced Trauma Training 2016

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Staff

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Community Partners International

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2016 Trauma and Emergency Management Program

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SUMMARY

The 2016 Trauma and Emergency Training was held in Mae Sot, Thailand on January 26th-31st. This training is the annual (refresher) training for the Karen Department of Health and Welfare (KDHW) Trauma and Emergency Management Program (TEMP). Over the six-day training period, senior and junior TEMP medics ultimately learnt how to manage patients with major and minor traumatic injury and emergency illnesses. This is the 17th 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 Medical Teams International (MTI) worked in partnership with CPI and KDHW to facilitate the 2016 TEMP Training. MTI's financial and logistical support was vital this year. Furthermore, Health Care in Christ team provided a session on mental health to the trauma medics on January 23th-25th, 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 2016.

At this year's training, a Training of Trainers (TOT) also was facilitated. The TOT component was continued in this year's agenda because of the strong interest of KDHW to facilitate future First Aid and Basic Trauma trainings in Emergency TEMP 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 to their peers before facilitating 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

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anticipated that the training will transition from being taught by international physicians and nurses, to being taught by the medics themselves with support from CPI and other interested organizations.

The 2016 TEMP training schedule was greatly changed from the 2015 training. New topics included non-traumatic emergencies involving children, pregnant women, patients with abdominal pain, shortness of breath, and head, neck complaints and altered mental status. Additionally, more time was allotted to the evaluation and management of orthopedic injuries.

Furthermore, Trauma and Emergency Trainings will continue as the KDHW strives for independence, peace, and recognition of the health workforce by the government of Myanmar, and continued development of a healthcare system. 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:

- 32 medics, 2 physicians
- Trainees were from 16 districts.
- Number of TEMP attended:
 - First time: 18
 - 2-5 courses: 11
 - >5 courses: 2

Trainers: 2 physicians, 1 surgeon, 1 nurse practitioner, 3 nurses, 1 nurse, 1 paramedic, 1 logistic coordinators, 2 scribes, 2 assistants

Reported cases of major traumatic injuries from January to June 2015 were 156. Reported cases of major traumatic injuries from July to December 2015 were 131, although this data does not include all of the clinics. This is below the reported major traumatic injury cases from 2014 of 207.

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

A few examples of critically ill patients that the medics treated:

- 41-year-old male who was cut across the neck, stabbed in his left arm and shot in the chest;
- 61-year-old male with weakness, vomiting and diarrhea who was severely hypotensive;
- 60-year-old male who was shot in the left side of his upper back into his chest.

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

This year's training was organized in Mae Sot through Back Pack Health Worker training facilities. Several of the Senior Trauma Medics are District and Township health In-Charge, although most of the trainees were new medics. Two participants were from the Karen Baptist Convention (KBC) and two are from MTI, these two organizations are based in Yangon, Myanmar and providing health care and other social services together in Karen State and other ethnic state.

TOPICS DETAILS, PREPARATION AND DURATIONS

The topic details are below:

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JANUARY	25th Monday	26th Tuesday	27th Wednesday	28th Thursday	29th Friday	30th Saturday
8:30-9:30	Welcome/Intro/ TOT/Critical action card - <i>Chuck</i>	Spine immobilization/Chain of survival/ situational awareness - <i>David</i>	Pregnant trauma - <i>David</i>	Pediatric & elderly trauma - <i>Cam</i>	Jungle Operating Room - <i>Chuck</i>	Megacode - <i>Erin</i>
9:30-10:30	Anatomy & physiology - <i>Chuck</i>	Fracture/ Dislocation - <i>Tadje</i>	Childhood disease - <i>Erin</i>	Childhood disease - <i>Erin</i>	Surgical practice	Altered mental status - <i>Cam</i>
10:30-10:45	Break	Break	Break	Break	Break	Break
10:45-11:45	Primary survey - <i>Frank/Bud</i>	Pregnancy & childbirth - <i>Megan</i>	Pregnancy & childbirth - <i>Megan</i>	Chest pain/Shortness of breath - <i>Kelly</i>	Surgical practice	Rehab/Nutrition - <i>David</i>
11:45-12:45	Primary & secondary surveys - <i>Frank/Bud</i>	Megacode - <i>Frank/Bud</i>	ID/Wound management - <i>Cam/Pravin</i>	Megacode - <i>Pravin</i>	Surgical practice	Disaster / Mass casualty - <i>Frank/Bud</i>
12:45-13:15	Lunch	Lunch	Lunch	Lunch	Lunch	Lunch
13:15-14:15	Anatomy - Pig lab	Suturing/ knot tying - <i>medics</i>	Fluids/IV start - <i>medics</i>	Shock/Bleeding - <i>medics</i>	Abdominal pain - <i>Dan</i>	ID - skin, HEENT - <i>Kelly/Dan</i>
14:15-15:15	Shock - <i>David</i>	Suturing/ knot tying - <i>medics</i>	Warm/position - <i>medics</i>	Shock/Bleeding - <i>medics</i>	Megacode - <i>Megan</i>	Post test
15:15-15:30	Break	Break	Break	Break	Break	Break
15:30-16:30	Antibiotics - <i>Chuck</i>	Fracture/ Dislocation - <i>Tadje</i>	Splinting - <i>Tadje</i>	Limb injury/ fasciotomy/ amputation - <i>Tadje</i>	TOT - teaching sessions - <i>medics</i>	Closing
16:30-18:00	Dinner	Interesting cases - <i>Chuck</i>	Dinner	Practice - fasciotomy/ amputation	Dinner	
18:00-20:00	Ketamine/ Lidocaine - <i>Chuck</i>		Practice -cric/chest tube - <i>Cam/Pravin</i>		Review - <i>Chuck</i>	
20:00-21:00	Megacode - <i>Frank/Bud</i>	Calculation homework	Interesting cases	Calculation homework	Review - <i>Chuck</i>	<i>Translators: Eh Pwuh, Dr Wa Ka Paw, Dr Acme, Doh Doh</i>

In this year there were four interpreters supporting and it much easier to rotate within each session. The majority of the training was interpreted into Karen and Burmese.

All evaluation documents were translated in to Karen.

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
Average	65 %	89%

TRAINING EVALUATION RESULTS

Training Objectives

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	Useful topics	Confusing topics
Set Clinical Trauma Priorities	47%	6%
Assessment Skills	50%	3%
Resuscitation: Airway, Breathing, Circulation/Control of Bleeding	69%	41%
Wound care including fasciotomy and amputation	72%	28%
Orthopedic care	47%	22%
Prevention and treatment of infections including antibiotic use	50%	19%
Pain control and anesthesia with lidocaine and ketamine	50%	19%
Nutrition in the injured patient	47%	13%
IV access and IV fluid use	47%	19%
Safe field blood transfusion	47%	19%
Rehabilitations	47%	19%
Communication and Document	44%	16%
Patient Movement and Transport	44%	3%
Vulnerable Patients: Old, Young, Pregnant, Ill	47%	22%
Multi-casualty Situations	31%	19%
Trauma Care in Hostile Situations	41%	6%
System Analysis: Resources, Outcomes, Effectiveness	34%	16%
Data Collection and Analysis	31%	13%

On a scale of 1-5

- Training was relevant to my work: 4.9
- This training was a valuable use of my time: 4.9
- The training objectives were met: 4.2

How confident do you feel to apply the skills you have learned in this training to your work: 3.4

Do you feel that the duration was appropriate:

- Too short 10% (3)
- Short 60% (18)
- Appropriate 20% (6)
- Long 10% (3)

Suggestions: more time/longer training, handbook including photos, test practical skills, conducted at their clinics, more detail & clarity, female anatomy, would like to work on an alive pig, more case studies/scenarios, language barrier

- "The training is very good. Because of the training he will be able to look after his people."
- "To make the training better, I think it should be at least 2 weeks long. More time should be spent testing practical skills."
- "I would like the training conducted in my home."
- "The teaching techniques are very good."
- "The training is too short. I would like it to be 15 days. The training should go slower. I would like training related to xray, bone graft, and bone replacement. I would like the training conducted every 6 months as I feel it would be more effective."
- "The training is good for the whole community and my family. I wish to see more instruments and equipment."

Overall it appears that the medics were receptive to the changes made the 2016 TEMP curriculum. Although the topics added drastically increased the content delivered to the medics.

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TRAINING RECOMMENDATIONS

- Maintain or expand length of training.
- Continued expansion of the program to include non-traumatic emergency topics.
- Continued expansion of the program to include disaster management.
- Critical Action Cards need to be updated.
- Additional time should be allotted to ToT session because the time is not good enough for senior medics to spend the lectures both teaching and learning.
- 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).
- Work on data collection system.

PARTNER ORGANIZATIONS

- Investigate donor support for supplies and training.
- 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 supplies and equipment.
- Consider training in Kawkaik, Karen State, Myanmar.

Participant list

Trainees

No	Name	Area/Clinic	District	Position	# of time attended TMP Training	Types of training attended	Signature					
							Day 1	Day 2	Day 3	Day 4	Day 5	Day 6
							25/01/16	26/01/16	27/01/16	28/01/16	29/01/16	30/01/2016
1	Saw Koh Der	Day Bu Noh	Mutraw	Worker	1	CHW	✓	✓	✓	✓	✓	✓
2	Saw Gay Kaw Htoo	Nya Li Ah Ta	Pa An	In-charge	17	Medic	✓	✓	✓	✓	✓	-
3	Saw Ko Shwe	Naw Yo Ta	MT	In-charge	6	CHW	✓	✓	✓	✓	-	-
4	Saw Bo Lweh	Kaw Mu Der	KLT	In-charge	12	Medical	✓	✓	✓	✓	✓	-
5	Saw Hae Nay Gay	Ka Toe Ta	DPY	Worker	1	medic	✓	✓	✓	✓	✓	✓
6	Saw Bu Say	Wah Ka Der	Mutraw	Worker	1	CHW	✓	✓	✓	✓	✓	-
7	Naw Hsar Bway Moo	Nya Li Ah Ta	Pa An	Worker	1	CHW	✓	✓	✓	✓	✓	-
8	Naw Paw Thay Thay	KDHW	Central	MHP coordinator	1	Medic	✓	✓	✓	✓	-	-
9	Naw Paw Htee Shee	Naw Yo Ta	Mu Traw	Worker	1	CHW	✓	✓	✓	✓	-	-
10	Saw Nay Moo Paw	Win Ka	DPY	Worker	1	CHW	✓	✓	✓	✓	✓	✓
11	Nan Nine Nine	Ka Toe Ta	DPY	Worker	1	CHW	✓	✓	✓	✓	✓	✓
12	Naw Mi Mi	Lay Wah	Pa An	Worker	1	CHW	✓	✓	✓	✓	✓	✓
13	Naw Wah Lay	Naw Ter Kee	Pa An	Worker	1	CHW	✓	✓	✓	✓	✓	✓
14	Saw John Win	Ta Mae Kee	DTT	In-charge	6	Medic	✓	✓	✓	✓	✓	☐
15	Saw Eh Yi Taw	Ler Doh Soe	BD	In-charge	2	Medical	✓	✓	✓	✓	✓	✓
16	Saw Mya Thein	Kyoe Loh	MT	Worker	2	CHW	✓	✓	✓	✓	✓	✓

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17	Saw Nae Kaw	Hoe Kee	TO	Worker	1	CHW	✓	✓	✓	✓	✓	✓
18	Saw Ngwe Soe	Day Bu Noh	Mutraw	Worker	1	CHW	✓	✓	✓	✓	✓	✓
19	Saw Tha K'Paw	TPT	DPY	In-charge	5	CHW	✓	✓	✓	✓	✓	✓
20	Naw Paw Say Moo	Lay Wah	Pa An	Worker	1	CHW	✓	✓	✓	✓	✓	✓
21	Naw Sarah	Ler Doh Soe	BDW	Worker	1	CHW	✓	✓	✓	✓	✓	✓
22	Saw Htoo Htoo	Ler Doh Soe	BDW	Worker	1	CHW	✓	✓	✓	✓	✓	✓
23	Saw Chaw Chaw	Naw Ter Kee	Hpa An	Worker	1	CHW	✓	✓	✓	✓	✓	✓
24	Saw Kyi Pwe	Ya Aung	Kler Lwee Htoo	Worker	2	CHW	✓	✓	✓	✓	✓	✓
25	Saw Ka Moo	Baw Way Ta	DPY	Worker	2	CHW	✓	✓	✓	✓	✓	✓
26	Saw Pah Chit	Ei Tu Ta	MT	Worker	2	CHW	✓	✓	✓	✓	✓	✓
27	Saw Tha Wah	Gaw Tee Kee	D.T.T	Worker	1	CHW	✓	✓	✓	✓	✓	✓
28	Saw Wai Lu	Gaw Tee Kee	D.T.T	In-charge	1	CHW	✓	✓	✓	✓	✓	✓
29	Saw Nay Min	Ta Mae Kee	D.T.T	Worker	2	CHW	✓	✓	✓	✓	✓	✓
30	Saw Gleh Kaw	Hoe Kee	Taung Oo	In-charge	5	CHW	✓	✓	✓	✓	✓	✓
31	Saw Myint Kyi	Nyaw Lay Koh	KLT	Worker	2	CHW	✓	✓	✓	✓	✓	✓

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Trauma Team and other participants

No	Name	Area/Clinic	Position	Signature					
				Day 1	Day 2	Day 3	Day 4	Day 5	Day 6
				25/01/16	26/01/16	27/01/16	28/01/16	29/01/16	30/01/2016
1	Frank Tyler	-	-						
2	Kelly Mc Gown	-	-						
3	Elyse Perkins	-	-	✓	✓	✓	✓	✓	✓
4	Magan Cochra	-	-	✓	✓	✓	✓	✓	✓
5	Dan Perkins	-	-	✓	✓	✓	✓	✓	✓
6	David Foster	-	-	✓	✓	✓	✓	✓	✓
7	Chuck Washington	-	-	✓	✓	✓	✓	✓	✓
8	Gmeron Goaddl	-	-	✓	✓	✓	✓	✓	✓
9	Jared Tadge	-	-	✓	✓	✓	✓	✓	✓
10	Bud Haway	-	-	✓	✓	✓	✓	✓	✓
11	DR Naw Wah Ka Paw	-	-	✓	✓	✓	✓	✓	✓
12	DR Naw Acme Gabriel	-	-	✓	✓	✓	✓	✓	✓

Activities- *New Picture*

Figure 1: Medic demonstrating on Primary & Secondary Assessment

Figure 2: Senior Medic demonstrating how to do Amputation on a leg.

Figure 3: Senior Medic giving lecture & demonstrating how to do suturing on Skin and Muscles.

Figure 4: Medic practicing Amputation on a pig leg.

Figure 5: Medic checking their TMP medical supply to make sure they completed set before to take them to the field.

Figure 6: Closing on the last day the training

Figure 7: Welfare group photo after Closing