

# **RURAL-REMOTE TRAUMA COURSE**

## **ALICE SPRINGS**

**NOVEMBER 11- 12th 1996**

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# Welcome to Rural and Remote Trauma Course

Dear Colleague,

7 October, 1996

On behalf of the faculty we would like to welcome you to this unique course on remote and rural trauma care. The course bears its origin in two previous courses organised by Liverpool Hospital Trauma Department in 1994 and 1995. The current course curriculum was hatched in October 1995 and has been modified many times since. There has been a tremendous amount of input from many areas. The course is really a pilot for potential future courses in rural and remote trauma care. As such evaluation of the content and methods used in the course are absolutely critical. The course is unique in that;

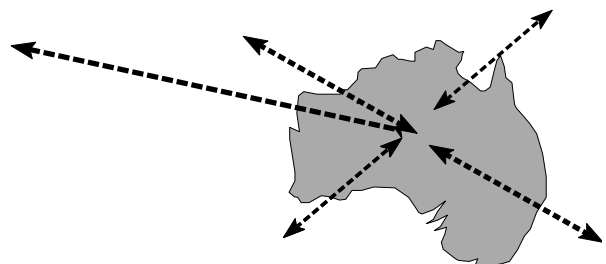
- ☆ You will receive a manual
- ☆ The audio visual aids have been specifically designed for the course.
- ☆ The course will be given by committed educationists experienced in trauma care
- ☆ The course will have a special section on educational techniques which will help local members the potential opportunity to run future courses.
- ☆ There are plans underway to video the course and a video library made available for those who were not in a position to attend. If you have an objection to potentially being filmed during one of the sessions of the course please let us know

All in all the course plans to be a very exciting few days and we hope that you all will enjoy and find rewarding in your care of the injured rural trauma patient. You will be joined by a video production crew from the ABC and if you have any objection to be part of an education video please bring this to our attention.

Michael Sugrue

Tim Hodgetts

Course Directors



# Course outline and objectives

## Background

The tragedy of death is compounded when it is avoidable. Trauma is a leading cause of death in developed society, and it is often avoidable (see Chapter 2, Epidemiology of trauma). Minimum standards exist nationally and internationally for the early management of severe injury and these apply not only to a Major Trauma System Hospital in metropolitan Sydney, but also to every rural and remote hospital, and to every medical or nurse practitioner who has a responsibility for providing care for the acutely injured.

Of course, a nurse practising in the bush, or a rural hospital resuscitation team will not have the same personnel and logistic resources as a major teaching hospital, but the principles for assessment, resuscitation, and life-saving definitive treatment of the seriously injured are the same.

In 1994 representatives from the Department of Trauma of Liverpool Hospital, New South Wales, provided a one-day practical based trauma course in Alice Springs Hospital. In 1995 an adaptation of this course was repeated three times back-to-back in Alice Springs for a mixed audience of rural and remote hospital medical and nursing staff, bush nurses and doctors and nurses from the Royal Flying Doctor Service. The feedback from this series of courses identified a need for continuing training which was specific to the needs of the rural practitioners.

This is the foundation to the development of the **Rural Trauma: The Practical Approach** course.

## Teaching objectives

The overall aims of this course are:

- To teach a systematic approach to the assessment and management of a seriously injured casualty in a remote and rural environment.
- To teach the practical skills required to resuscitate and stabilise a seriously injured casualty.
- To provide the opportunity to discuss and practice patient management problems in a remote and rural setting.
- To provide an understanding of the principles of managing mass casualties

By the end of this course each candidate should be confident to manage a seriously injured casualty, and specifically have acquired or refreshed the following clinical competencies:

- The management of the simple airway, and bag-valve-mask ventilation.
- Needle and surgical Cricothyroidotomy.
- Needle thoracocentesis and insertion of a chest drain.
- Peripheral venous cannulation.
- Intraosseous infusion.
- Interpretation of primary survey x-rays.
- Preparation of a casualty for transport.

The course is not examined. In the skills stations and discussions participants will work in small groups in a non-threatening environment to maximise each individual's involvement.

### **“How can I best learn from this course?”**

The maximum will be derived from this course if participants adopt the following approach to learning:

- This manual should be read thoroughly in advance of this course to provide a solid foundation knowledge. The course will be more enjoyable, and potentially less stressful, if what is taught on the day is “revision”.
- Do not just try to remember the facts by rote. Ask yourself, “Why is this important?”, or “How can I adapt this to my own practice?” If you understand the principles you stand a much greater chance of retaining the information. This is the so-called “deep” approach to learning.
- Try and answer the patient management problems sent out with the course manual. To answer these you do have to understand the principles behind trauma management. The cases will be discussed on the course.

### **Teaching the teacher**

It is hoped that you will disseminate this new knowledge to your colleagues. Many of you may already teach regularly and will have developed your own instructional skills, with or without formal training. Some time on the second day of this course is devoted to providing the fundamental principles of education, how to structure a lecture, and how to teach a practical skill.

You will be reassured that just as there is a simple systematic approach to the assessment and management of every casualty, ABC, there is a simple and systematic approach to the preparation and delivery of a teaching session, be it a lecture, skills station, workshop, or discussion group.

This simple approach is:

**Environment**  
**Set**  
**Dialogue**  
**Closure**

This is sometimes summarised as, “Tell them what you are going to say, tell them it, then tell them what you have told them.”

Perhaps the most important principle in modern medical education is that as the teacher you are not simply a source of knowledge, but your chief aim is to encourage the student to learn for themselves. You are just a “facilitator” in their learning.

These and other principles are explored in more detail in Annex A to this manual, Principles of Teaching and Learning and Methods of Instruction.

## **Faculty Inaugural Course**

- Dr Tim Hodgetts** Emergency Specialist, Currently working in Aldershot UK and well known for his establishment of MIMMS in Australia. Dr Hodgetts is currently an Emergency Consultant in Aldershot in London and Major in the British Army and is recognised as one of the most enthusiastic educators in Emergency Medicine. He has published widely in many areas of disaster management.
- Dr Michael Sugrue** Surgeon, Director of Trauma Liverpool Hospital Sydney. Dr Sugrue is a general surgeon with a special interest in Trauma Surgery. He is a keen teacher and is an EMST course director. Dr Sugrue and Dr Bishop first held a course in Alice Springs in 1994
- Dr Ken Boffard** Surgeon Director of Trauma Johannesburg South Africa. He is one of the world's leaders in clinical trauma care and is responsible for the entire trauma service, including pre-hospital phase in Johannesburg.
- Ms Carol Shagoury** Trauma Co-ordinator Trauma San Francisco General Hospital. Carol has established many trauma systems in San Francisco which over the years have made it one of America's most respected units. Carol fractured her patella recently Colorado Mountains only 3 months ago. As nurse she has spent a lot of time in remote areas and her delightful teaching techniques will be a major asset on this course. Both Ken and Carol have extensive experience working in remote areas in their respective continents.
- Dr Gill Bishop** Director Intensive Care Liverpool Hospital. Gill is a true clinician, and has a wealth of experience in retrievals. Dr Bishop is no stranger to Alice and with her tremendous practical experience in airway management will be of great benefit to the course.
- Ms Sabina Knight** Rural Nursing Council Alice Springs. Sabina will share some of the difficulties of remote and rural medicine experience and has been the prime mover behind this course. Sabina is currently president of Council Remote Australian Nurses Association
- Dr Rod Mitchell** RFDS Alice Springs. Dr Mitchell has a huge experience in the remote injury and retrievals and will add his practical approach to the course.
- Ms Maria Seger** Course Co-ordinator Trauma Co-ordinator Liverpool Hospital. Maria has been the backbone of the Liverpool Trauma Service for the last 8 years. Maria breathes trauma and will share with you her knowledge having reviewed over 20,000 trauma cases.
- Dr John Cozier** Senior Lecturer in Surgery at Liverpool Hospital and Major in the Surgical Services of the Parachute Regiment. John has a keen interest in trauma care and in an EMST course director and secretary in of the Trauma Committee of the RACS in NSW. John has a huge experience of surgery in remote areas.

This course will provide pre-course material to all participants and a manual with accompanying slides will be made. This course will build on our previous 2 courses in Alice Springs in 1994 and 1995. At the request of the Remote nurses council we will be encouraging the development of teach the teacher strategies during this course.

# Rural-Remote Trauma Course

**Monday 11th November 1996**

**08.00 Registration**

08.30- 08.35 Introduction *Michael Sugrue*

08.35- 08.40 Course Aims *Tim Hodgetts*

08.40- 09.00 Rural Trauma Scenario *Rod Mitchell*

09.00- 09.45 Patient Assessment *Tim Hodgetts*

**09.45-10.45**

## Workstations

The class will be divided into 4 groups of 6 students. There are two 30 minute workstations and on each workstation every candidate will practice two skills, with 15 minutes allowed per skill.

*Airway* Adult  
Child  
*Venous Access* Peripheral access and fluids  
Rapid infusion device  
Intra-osseous needle

Airway		Venous Access	
Hodgetts	(A)	(C) Boffard	
Bishop	(B)	(D) Sugrue	

**10.45-11.00 Morning Tea**

11.00-11.20 **Chest Injury** *M Sugrue*

11.20-11.40 **Head Injury** *T Hodgetts*

11.40- 12.00 **Paediatric Trauma** *M Sugrue*

12.00 - 1300

## Workstations

20 minutes rotating 6 groups of 4 Two stations for each workshop.

**Cricothyroidotomy**

*Bishop/Hodgetts*

**Chest Drain and Thoracocentesis**

*Sugrue /Boffard*

**Fracture fixation**

*Mitchell/Crozier*

13-00-13.45

**Lunch**

13.45-14.00

**Rural Trauma Scenario**

Ideal Resuscitation and transfer skills to be demonstrated

14.00-15.30

Group A	Group B	Group C	Group D	Group E	Group F
<b>Review Pre-Course Material</b>	<b>Xray Interpretation</b>	<b>Resuscitation Goals and methods</b>	<b>Abdominal Evaluation</b>	<b>Management of A and B</b>	<b>Critical Factors in Patient transfer</b>
Hodgetts	Crozier	Boffard	Sugrue/Knight	Bishop/Seeger	Mitchell/Shagoury

15.30-16.30

Presentation of one case by the registrants

Presentation of one case Faculty

Panel discussion

16.30- 1700

**Debriefing and closure**

## **Tuesday November 12th**

### **DAY 2**

08.00-09.00

Methods of instruction and teaching

*Tim Hodgetts*

09.00-10.00

Case Presentations .

*Michael Sugrue*

10.30-11.00

*Morning Tea*

11.00-11.15

Pitfalls in interhospital transfer - senders

*Rod Mitchell*

11.15-11.30	Pitfalls interhospital transfer - receivers	<i>Ken Boffard</i>
11.30-11.45	Discussion	
11.45 -12.30	Mass Casualties	<i>Tim Hodgetts</i>
12.30	Closing remarks	<i>Michael Sugrue</i>