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Essential emergency *skills*

A collaboration of specialists are helping to develop Myanmar's Emergency Medicine

Australian and Hong Kong specialists have delivered the initial component of intensive Emergency Medicine (EM) training in a swift and effective response to the request made earlier this year by Myanmar medical leaders for assistance in developing the specialty in time for the South East Asia Games in 2013.

In response, emergency physicians, surgeons and anaesthetists designed, wrote and delivered in June the Myanmar Emergency Medicine Introductory Course (MEMIC), the first stage of the Phase One Post-Graduate Diploma in Emergency Medicine to be awarded by the University of Medicine in Yangon.

The entire collaborative project will include Three Phases covering the establishment of formal specialty training and the introduction of EM systems

including ED design, pre-hospital and emergency nursing care.

Myanmar has a population of 59 million people, the vast majority of whom live on only \$1 per day. It has no dedicated emergency medicine systems or specialists and virtually no pre-hospital trauma care such as an ambulance system.

Yet, senior politicians including the Minister for Health, his Excellency Dr U Pe Thet Khin who officiated at the Opening Ceremony of MEMIC, and senior medical academics and specialists are determined to develop the emergency health care system across the country.

The formal five-day MEMIC program was held at the University of Medicine Yangon and was delivered to 18 course participants, a core group of junior specialists selected to form the foundation cohort of Emergency Medicine specialists for Myanmar.

The group, chosen across a range of specialties including orthopaedic and general surgery, medicine, paediatrics and anaesthesia, will become the leaders in local EM development and provide clinical leadership at key hospital emergency departments in Yangon, North Okkalapa, Mandalay and Nay Pyi Taw during the 2013 Games and beyond.

Partners in the international collaboration to develop the specialty of EM are the Australasian College for Emergency Medicine (ACEM), the International Federation for Emergency Medicine (IFEM) and the RACS alongside the Myanmar Ministry of Health and the Myanmar Medical Association.

Funding for the course was given by the Australian Government and underwritten by the RACS.

The team members were College Fellows Dr James Kong and Mr Phil Truskett,

Emergency Physicians Dr Georgina Phillips, Dr Michael Augello, Dr Kerry Hoggett, Dr Antony Chenhall, Dr Chris Curry and Dr Phil Hungerford and Hong Kong specialists, Dr Tai Wai WONG, Dr Tsun Woon Lee and Dr Yu Fat Chow.

Burmese born, College Fellow Dr James Kong is the Myanmar International Program Director and has been at the helm of the College's involvement with Myanmar since 2009 when the College began supporting Primary Trauma Care (PTC) training in Myanmar.

With the support of RACS and its Fellows, Emergency Physicians and Anaesthetists from Australia and Hong Kong, the Myanmar Medical Association and the Myanmar Orthopaedic Society have successfully rolled out an effective PTC program throughout the country, building on existing infrastructure and services. The success of the program triggered the request by health officials for help in developing the more specialised field of Emergency Care.

The June MEMIC course was Dr Georgina Phillips' fifth visit to Myanmar since her participation in the inaugural PTC course in 2009.

She said the enthusiasm and commitment from health authorities and medical academics, the Myanmar Medical Association, students and international lecturers was extremely high.

“The Myanmar health leaders have had this vision for a long time and although it is a daunting endeavour, they are very ambitious,” Dr Phillips said.



“It is amazing what is required, for instance there is no ambulance service, only one ED department in Yangon, no EM specialists and limited EM nursing skills, yet they are determined to achieve change and it is exciting to be part of that.”

Dr Phillips said the MEMIC used adult learning principles adapted to a low resource environment including lectures, skill stations, facilitated discussions and group workshops to cover both clinical and EM systems topics.

She said overarching themes embedded through the course included leadership, communication, teamwork and teaching along with the specific aims of:

- Introducing the concept of EM – definition, how it is practiced and core competencies;
- Introducing and training participants in key EM systems and concepts including triage, ED design and patient flow management, ED leadership, crisis resource management skills, disasters and pre-hospital systems;

- Introducing core knowledge and skills covering resuscitation, important clinical and undifferentiated presentations, assessment, investigation and observation medicine;
- Providing a framework and relevant resources for the Post Graduate degree and future short course components.

“In the context of preparation for the SEA Games, a significant proportion of time was spent on pre-hospital systems, preparing for mass gatherings and disasters,” Dr Phillips said.

“While the course participants were more familiar with didactic lecture style learning, we designed MEMIC around a more informal teaching method.

“During the five days of the course we provided hands-on skills stations, scenario-based workshops and discussions and activity tasks such as giving participants a floor plan from a hospital department as it now exists and asking them how they would re-design it into an effective and efficient emergency department.”



Memc instructors: Chris Curry, TW Wong, Michael Augello, James Kong, Georgina Phillips, Kerry Hoggett, Phil Truskett, Antony Chenhall, Phil Hungerford, TW Lee.

“We also included the integration of medical, surgical, paediatric and obstetric/gynaecological emergencies throughout to reflect the reality of undifferentiated and symptom-based clinical ED practice.

“Attendance and active participation was extremely high and maintained throughout the MEMIC even though most participants, assistants and observers were working in their hospitals and other practices before and after the long course hours.

“Participants told us that they appreciated the novel educational techniques we used which they found stimulating and challenging.”

Over the next 18 months, course participants would extend this initial training in EM through rotations working under the supervision of an Emergency Physician at the ED in Yangon.

Senior EM specialists in Australia and Hong Kong have volunteered to travel to Myanmar on rotation to supervise the junior specialists as they progress through the Post Graduate Degree training requirements.

Short skills courses in trauma, emergency life support, paediatric emergency care, toxicology and disaster preparedness are also scheduled for the next 18 months. Dr Phillips said she would be returning to Myanmar later this year to supervise the EM trainees.

Inspiring people

She praised all of the Colleges involved for their support and particularly noted the “instrumental” contribution made by surgeon Dr James Kong, who was born in Myanmar and who provides on-going assistance in helping his country of birth develop its health systems.

The Second and Third Phases of the emergency medicine project would involve assistance in designing and creating mature EM systems including the training of nurses and GPs across the country, and providing hospital staff with basic emergency medical and triage skills.

“All the course participants were very inspiring and committed people who have all bravely put up their hands to change their professions to become Emergency Physicians in a country which does not yet have an emergency medical system,” Dr Phillips said.

“Their level of commitment and engagement was heartfelt and moving, as if they had a glimpse of what they could achieve and contribute as leaders in this field and as members of a modern, international community of specialists.”

Dr James Kong, the Myanmar International Program Director, agreed.

He said that while developing an internationally acceptable standard of emergency medical care in time for the SEA Games was obviously a challenge, there was a strong determination to

achieve it both from authorities and the junior specialists involved.

“It is important for people to understand that we are taking 18 volunteer specialists in their own field with their own career pathway and asking them to trust both a group of foreigners and a few of their own senior colleagues to lead them down a new pathway,” Dr Kong said.

“Emergency medicine is something which is totally radical from their current concept of care delivery and we are asking them to trust that at the end of the tunnel there will be a new career, new opportunities and that they will be able to do something important for their country.

“To me that is not just a tall order, but an amazing story.”

As a sign of the appreciation felt by Myanmar health authorities, MEMIC instructors and key stakeholders were hosted to a dinner by the Minister for Health upon their arrival while the Australian Ambassador Ms Bronte Moules addressed the opening session of the week-long course.

MEMIC team instructor, Fellow Mr Philip Truskett, also presented the Minister for Health with a College shield in commemoration of the historic international collaboration.

With Karen Murphy



The alpha and the omega

Should I take fish oil, Dr Double Begloved? So asked the middle-aged and slightly heavier surgeon, *Saturated Trans-sicks*, rising from my couch after a health check, brought on by last month's column. The cholesterol was high (again) and there was a gain of a couple more kilos.

I wasn't sure any advice I would give would see the light of day, but I gave the usual spiel – the sort of information any surgeon could obtain on the web, if they made even a little effort. But I have found it is remarkably difficult to change people's diet, or at least that is true in the years before they develop ischaemic heart disease.

My experience is that after the urgent coronary artery stents or bypass grafts, patients are much better motivated to address diet and lifestyle. Another thing I've found among both doctors and patients is that everyone thinks they eat well, whether they do or not.

I trotted off the usual patter: “fish oil is a good source of Omega-3 fatty acids and they are good for you. How often do you eat fish?”

“Seldom; I like red meat,” came the honest response from *Saturated Trans-sicks*.

Fish is a rich source of protein and one that does not have a high concentration of saturated fat. The American Heart Association has even put its reputation behind omega 3s by recommending at least two fish meals per week. So that means eat tuna, sardines, salmon and trout and have less beef. Fish is not only advised for Catholics on Fridays.

Fish consumption has been shown in cohort studies to reduce mortality from coronary artery disease. Omega-3s are good for the cardiovascular system particularly the vascular endothelium. They are also anti-arrhythmic and reduce blood coagulability.

Virchow would love them on all three counts. They not only protect against coronary artery disease in the first place, but many studies have demonstrated a reduced recurrence or progression rates where the disease is already present.

They also reduce inflammation. Evidence from prospective secondary prevention studies suggests that EPA_DHA supplementation ranging from 0.5 to 1.8 g/d (either as fatty fish or supplements) significantly reduces subsequent cardiac and all-cause mortality.

But apparently there's omega 3 and omega 3. They can be fishy or flax seedy. You can go eicosapenaenoic, docosahexaenoic or linolenic.

Fatty fish include salmon, mackerel and herring. They are ideal as long as they are not crammed with mercury from the environment. Check the mercury levels in fish from time to time. These are monitored and measured in parts per million.

The marine-derived eicosapentaenoic acid, C20:5n-3 [EPA] and docosahexaenoic acid, C22:6n-3 [DHA] are the fishy omega-3 fatty acids. In your efforts to partake of the oily fish, avoid fast food establishments, as well as many frozen, convenience-type fried fish

products. These are low in omega-3 and actually high in trans-fatty acids.

If you want to take supplements, up to three 1-g fish oil capsules per day will be necessary to provide 1g per day of omega-3 fatty acids.

There is also alpha linolenic acid (linolenic acid, C18:3n-3) which comes from plants, including canola and flaxseed, for which total intakes of 1.5 to 3 g/day seem to be beneficial.

Fish oil is also good for blood pressure because it stimulates arteriolar relaxation, better microvascular compliance, improved endothelial function and enhances nitric oxide production. Even those with already established cardiovascular disease are likely to reduce their risk of cardiac arrest from arrhythmias.

Fish oil also reduces platelet aggregation and exerts anti-inflammatory and anti-atherogenic effects, in return for a modest increase in bleeding times. Those plaques you already have are likely to be more stable and attract less attention from opportunistic passing platelets. Virchow be praised.

I advised *Saturated Trans-sicks* that early mankind used to ingest an omega ratio of almost 1:1 Omega 6: Omega 3. The average western diet now has a ratio of closer to 10:1, which is not only extreme, but also dangerous. So eat oily fish, and if the family chef won't change, then at least take fish or flaxseed oil capsules.

Dr BB G-loved