Upskilling in Papua, Indonesia

Training Papuan doctors in Jayapura, Indonesia to become self-sufficient in essential trauma management and basic surgical skills

ANNETTE HOLIAN
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Dr Freddy Goo, a young Papuan doctor, travelled from Dogiyai Regency, Papua by foot for three hours, then by boat, then by plane to attend trauma training in the Papuan capital of Jayapura. He would do it all over again for the opportunity to gain the knowledge and skills to improve patient’s survival rates in the remote region, where he works under challenging conditions every day.

Many other Papuan doctors like Dr Goo made their way to Jayapura, the capital city of the Special Region of Papua in Indonesia from 17 – 26 of July 2017.

Basic surgical skills for a total of 65 participants, and two Basic Surgical Skills courses for 100 young doctors stationed at health centres throughout Papua, West Papua and Maluku. Additionally, 30 new instructors were certified in a trauma management instructor course, enabling a way forward for training and transfer of skills within the region. This was phenomenal by Papuan standards as such training in other parts of Indonesia would normally only attract 2 to 3 Papuan doctors each time, due to the high costs of the training and travelling.

Thanks to Australian Aid, RACS supported the mobilisation of visiting faculty, materials needed for surgical skills practice and adult and paediatric manikins to use for ongoing training needs. This helped to defray costs tremendously for the participants, bringing the fee down to only $50 per participant, bringing the fee down to only $50 per participant.

Like Dr Goo, many young doctors were thankful for the opportunity to attend the trauma management and basic surgical training in Jayapura. Dr Charlie from Jayapura, who attained the highest score during the first trauma training course, was thankful for the more affordable cost. He explained, that for new doctors the cost of travel and fees to attend the same training in Bali or Jakarta would typically cost up to five times their monthly salary.

Dr Putu Ayu, a female surgeon from Timika who became a new instructor was very pleased to receive the instructor training. She looks forward to training many more young doctors to treat patients and increase survival rates in outlying areas. They will be able to better prepare and stabilise patients for medical evacuation as many have to travel at least eight to 12 hours by boat to receive proper medical care and treatment.

Dr Ayu said that the knowledge and practice gained from the course will help their skills, confidence and prioritising of treatment, with Dr Ayu and her team often treating casualties of tribal skirmishes. She looks forward to more training programs in the Papua region and the opportunity to learn from experienced instructors.

Immediately following the success of the course and with the enthusiastic new instructors, the organising committee has planned for the next trauma training program to be run in Sorong, West Papua this month, by the new instructors supported by a small faculty of senior instructors.

An Essential Pain Management course has also been scheduled for late July and an Emergency Management for Severe Burns course has been scheduled for September 2017 in Jayapura with 75 participants already signed up. RACS will work with the College of Surgeons Indonesia and the Australian and New Zealand Burns Association to support this important activity.

We ran two courses, back to back training 32 local doctors, mostly junior consultant surgeons. Our local director was Prof Thien (Stephen) Lwin. In addition, we trained 12 local instructors, who observed the first course and participated in teaching the second.

MOSES was developed by six RACS Fellows about eight years ago, and is conducted by General Surgeons Australia, which funded its development. It was rolled out in 2010 and nearly 300 general surgeons have now completed the course. MOSES, with its non-technical emphasis, seemed a perfect fit for the Myanmar program, given the focus on technical skills covered in the ASSET course.

MOSES consists of a series of lectures on subjects such as error, decision making, patient assessment, post-operative complications and ends with a lecture on what is surgical wisdom. The lectures are complemented by case based group discussions using real cases. The local faculty also prepared some cases in advance to ensure the cases were relevant to the Myanmar context.

Emergency management training in Myanmar

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Past President RACS

It is the size of France and has a population of nearly 60 million. Myanmar is starting to find its place in a global world. Slowly emerging into a democracy, Myanmar is working hard to improve the healthcare available to its citizens. RACS is playing a substantial role in this transformation.

In 2012, in conjunction with the Australian College of Emergency Medicine and the International Federation of Emergency Medicine, RACS commenced a program designed to bring the concepts of emergency medicine to Myanmar. Successful candidates were awarded a Diploma of Emergency Medicine.

In 2016 a Masters of Emergency Medicine Program began, led by the successful candidates from the Diploma Course. Funded by the Foundation for Surgery, courses included EMST and ASSET. During this visit we introduced the Module of Surgical Emergencies (MOSES), a non-technical skills course.

For most of us the course began before teaching had even commenced when we arrived the day before and took a train ride around the suburbs of Yangon, the former capital. Called the circular loop ride it has become one of “the things to do” in Yangon, but for those prepared to look a little closer it provides a glimpse of how people live and how important our work is.

It is very easy to stay in a comfortable hotel, travel to a hospital or university in a mini-run through the streets of a big city and never gain an insight into the real reason we are there.

Teaching in a new environment is always a challenge, but in Myanmar most surgeons have a working knowledge of English so participation was enthusiastic. There is no assessment in MOSES but feedback was excellent.

Teaching is not all hard work. Courses in Myanmar invariably begin on the first day with a filling bowl of Mohinga, the local fish soup. Our team also tried local dress for the day, wearing the longyi, a local garment much like a sarong, RACS does a lot of work in Myanmar. Through the Foundation for Surgery funding is provided for a Myanmar Scholarship Program, closely modelled on the very successful Weary Dunlop Boon Pong Exchange Fellowship and Primary Trauma Care Courses which are now run in Mandalay and Naypyidaw as well as Yangon by local faculty.

This work would not be possible without the invaluable input of the Director of the Myanmar Program, James Kong and local champions such as Prof Zaw Wai Soe. Special thanks are due to General Surgeons Australia who approved a grant of MOSES to Yangon and Sally Erickson, Events Manager and Communications Officer of GSA who organised the course.