



## A program for building Emergency Medicine in Myanmar

### Summary

The development of capacity to respond to acute illness and injury through-out Myanmar will be undertaken through three phases. Phases 1 and 2 will be sequential; Phase 3 will be integrated within Phases 1 and 2.

#### **Phase 1.**

This is the establishment of a cohort of senior doctors committed to building emergency medicine in all its aspects.

- Timing: June 2012 to November 2013.
- Purposes: a) to train a group of senior physicians (trainees) to provide leadership towards developing the acute care requirements in hosting the SEA Games, and  
b) to provide leadership in the building of all aspects of emergency medicine, including the building of a specialist training program (see Phases 2 and 3).
- Program: a) recruit trainees  
b) introduction – MEMIC (Myanmar Emergency Medicine Introductory Course)  
c) 18 month program
- Outcome Leaders with MMedSc and a Diploma in EM

#### **Phase 2.**

This is the building of specialty training in emergency medicine.

- Timing: 3 academic years.
- Purpose: the establishment of a program for Master of Medical Science in Emergency Medicine.
- Program: to be formulated along the lines of established MMedSc programs.
- Outcome: Specialists with MMedSc EM

#### **Phase 3.**

This is the building of aspects of training and delivery required of a mature system of emergency care.

- Timing: components will be integrated within Phases 1 and 2 and continue thereafter.
- Purposes: to train and develop capacities and services integral to improving the delivery of acute care. These include ambulance officers and services, nurses, GPs and MOs, undergraduates.
- Programs: customized to the groups involved.
- Outcomes: establishment of ambulance services and ambulance officer training, training for emergency nursing, up-skilling of GPs and MOs, EM in undergraduate programs.

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## **Phase 1**

This is the establishment of a cohort of senior doctors committed to building emergency medicine in all its aspects.

### Recruit trainees

- This will be undertaken by the EM Development Committee led by Prof Zaw Wai Soe and Prof Myint Thaug.
- Trainees will be recruited from specialists with a Master of Medical Science. Disciplines will likely include orthopedics, surgery, internal medicine, anaesthesia.
- They will be recruited in time for the MEMIC, starting 4th June 2012.
- They will be selected on the basis of enthusiasm and aptitude for acute care and a desire to pursue a career in building capacity for acute care in Myanmar.

### MEMIC

- This is the Myanmar Emergency Medicine Introductory Course.
- It will be conducted over a week, Monday 4<sup>th</sup> June – Friday 8<sup>th</sup> June.
- It will provide a comprehensive introduction to what EM is, how it is practised and how it could develop in Myanmar. It will give guidance to the new trainees towards their development over the next 18 months. It will involve up to ten visiting instructors.

### 18 month program

- This is the lead-in period to the SEA Games in December 2013.
- Trainees will rotate through disciplines other than their MMedSc, to up-skill in acute care in these disciplines. Primary disciplines for rotation are internal medicine, surgery, orthopedics, anaesthesia, intensive care and coronary care, paediatrics, O&G.
- Rotations will be undertaken in Yangon, North Okkalapa, Mandalay and Nay Pyi Taw General Hospitals (YGH, NOGH, MGH, NPTGH).
- Trainees will rotate through the Emergency Department (ED) at YGH, to work with visiting emergency physicians (EPs).
- EPs will visit from established EM programs in Australia and Hong Kong.
- EPs will be based at YGH, and will travel to other training sites.
- Trainees will visit established EM programs in Australia and/or Hong Kong.
- Trainees will participate in a number of short courses targeting particular aspects of EM. In some they will train as instructors. Appropriate short courses include:
  - primary trauma care – PTC
  - early management of severe trauma/advanced trauma life support – EMST/ATLS
  - care of the critically ill surgical patient – CCriSP
  - emergency life support – ELS
  - advanced paediatric life support – APLS
  - major incident medical management and support – MIMMS
  - toxicology
  - ultrasound in emergency medicine
  - emergency medicine teaching – ‘Teaching on the Run’ - TotR
- Trainees will undergo an assessment process towards certification with a Diploma in EM (DipEM). Graduates will be called emergency physicians.

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## **Phase 2**

This is the building of specialty training in emergency medicine.

The general academic approach will be similar to that of other specialty training.

Graduates will be specialists in emergency medicine and be called emergency physicians

The program will include:

- Trainees will rotate through the EDs at YGH, NOGH, MGH, NPTGH, under the supervision of the ED directors with MMedSc & DipEM.
- Trainees will work with visiting EPs from established EM systems and EDs in other countries, mainly but not exclusively from Australia and Hong Kong.
- Trainees will rotate through disciplines. Primary disciplines for rotation are internal medicine, surgery, orthopedics, anaesthesia, intensive care and coronary care, paediatrics, O&G. Secondary disciplines include ophthalmology, ENT, psychiatry.
- Rotations will be undertaken in Yangon, North Okkalapa, Mandalay General Hospitals (YGH, NOGH, MGH), and Nay Pyi Taw General Hospital (NPTGH) when professorial chairs are established.
- Trainees will visit established EM programs, mainly but not exclusively in Australia and/or Hong Kong.
- Trainees will participate in a number of short courses targeting particular aspects of EM. In some they will train as instructors. Appropriate short courses include:
  - primary trauma care – PTC
  - early management of severe trauma/advanced trauma life support – EMST/ATLS
  - care of the critically ill surgical patient – CCrISP
  - emergency life support – ELS
  - advanced paediatric life support – APLS
  - major incident medical management and support – MIMMS
  - toxicology
  - ultrasound in emergency medicine
  - emergency medicine teaching – ‘Teaching on the Run’ - TotR
- Trainees will undergo a research program appropriate for the development of academic skills.
- Trainees will undergo an assessment process towards certification with a Master of Medical Science in Emergency Medicine.

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### **Phase 3**

This is the building of aspects of training and delivery required of a mature system of emergency care.

Key components include:

- Ambulance services
- Emergency Nursing
- Academic Emergency Medicine – training to GPs and MOs  
training undergraduates,  
research

#### **Ambulance services**

- The building of ambulance services needs to start in conjunction with Phase 1.
- Ambulance services require .-trained personnel  
.-appropriate vehicles and equipment  
.-communication and control systems
- Input from established ambulance services will be important

#### **Emergency Nursing**

- Emergency nursing is fundamental to coordinated and comprehensive delivery of care in EDs.
- Nurses require training specific to the peculiar tasks and roles within EDs.
- The building of Emergency nursing needs to start in conjunction with Phase 1.
- In the first instance training will be provided by doctors in conjunction with senior nurses.
- Subsequently trained senior nurses will provide emergency nurse training.
- Input from established emergency nurse training programs will be important.

#### **Academic Emergency Medicine**

University positions in emergency medicine will need to be established, as they have been for other specialties.

- There is a need to provide training to those doctors already providing emergency care but without specific training. These include doctors working in private EDs and as GPs.
- As an expanding workforce allows, there will be capacity to introduce emergency medicine to undergraduate programs.
- Appropriate research is a fundamental component in the building of a discipline.