1. **KEY ACTIVITIES**

   Myanmar General Toxicology Symposium, 
   Diploma for Emergency Medicine, 
   University of Medicine 1, Yangon 
   29 – 30 August 2013

The Myanmar General Toxicology Symposium, held in August 2013 was run as a part of the ongoing Myanmar Emergency Medicine course which aims to educate and develop a core group of eighteen Myanmar medical specialists to become emergency physicians and to begin developing the specialty of Emergency Medicine in Myanmar. The project was launched in June 2012 with the Myanmar Emergency Medicine Introductory Course (MEMIC) which has been developed and run in consultation with the Myanmar Medical Association, the Myanmar Health Department, the Royal Australian College of Surgeons and the Australasian College for Emergency Medicine and was sponsored by AusAID. Most of these specialists have had little exposure to toxicological or envenoming cases and a team, led by Dr Kerry Hoggett, was asked to return to provide an intensive course on the early management of poisoned patients who present to hospital emergency departments. This course ran alongside other short courses including Primary Trauma Care (PTC), Emergency Life Support International (ELSi), Advanced Paediatric Life Support (APLS) and surgical skills training courses, and formed a part of the initial 18 month emergency medicine training programme. An ACEM International Development Fund grant of $6000 was received in December 2012 to cover airfare and accommodation expenses for the Australian Faculty.

The initial aim of the Toxicology workshop was to provide training to emergency medicine candidates in the evidence-based resuscitation and management of patients presenting to the emergency department after poisoning or envenoming. After conversations with local staff and the Professor of Internal Medicine at New Yangon General Hospital (head of the inpatient toxicology unit), there was wide support for broadening the scope of the project to include a one day short course in toxicology for the 18 emergency trainees, followed by a joint symposium between the Western Australian
Toxicology Service (WATS) and the local Yangon Toxicology Unit and Poisons Information Centre. The course therefore ran in two parts (Appendix 1). Day 1 provided small group workshops for the 18 EM trainees on pharmaceutical and non-pharmaceutical poisonings and recognition of clinical toxidromes with practical case-based discussion on the early emergency department management (with emphasis on resuscitation, risk assessment and supportive care) of toxicology cases. It was recognised that our existing Australian toxicology course was not suitable for delivery in Myanmar, where the toxic-epidemiology is vastly different from Australia. We therefore flew to Yangon two days early to allow us to visit the local Poisons Information Centre and attend rounds with the local toxicology team. This was in order to better understand local poisonings and resource restrictions and allowed us to tailor the course to meet identified local needs.

A general invitation to clinical and laboratory staff throughout Myanmar was issued for day 2, resulting in the attendance of the Professor of Internal Medicine and 50 senior and junior physicians. Lectures were given by toxicologists and laboratory staff from both WATS and Myanmar. An evidence-based scientific program was developed which was highly informative and provoked thoughtful discussion regarding issues of management and newer poisonings such as paraquat for which there is little experience within Myanmar. An emphasis was placed on resuscitation, risk assessment and good supportive care as the priorities in early management, rather than routine early decontamination which is still widely practiced. Discussion surrounding issues of management was informative, challenging the status quo for both services, and succeeded in introducing evidence-based concepts of care and local leadership. All EM18 candidates and speakers were presented with a copy of the Toxicology Handbook 2nd ed (Murray et al) for future reference.

The IDF grant of $6000 was spent as follows:

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<tr>
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<th>US $</th>
<th>AU $</th>
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<tr>
<td>Accommodation</td>
<td>16</td>
<td>US$200</td>
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<tr>
<td>Visa Fees</td>
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<tr>
<td>Airfares</td>
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<td><strong>Total</strong></td>
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The grant in support of the toxicology course has enabled us to establish links with both the new emergency medicine specialty and the existing toxicology service in Yangon to improve patient care and develop local toxicology and emergency medicine resources for the future. Significantly, the symposium has been able to achieve wide acceptance by senior medical staff of the importance of good supportive medical care and resuscitation over routine decontamination, an achievement which can only improve the care of toxicology patients presenting to Myanmar Hospitals. It has also assisted us to build a foundation for ongoing collaboration between the two units, with a proposal for future similar events to occur in parallel with the development of emergency medicine within Myanmar.

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