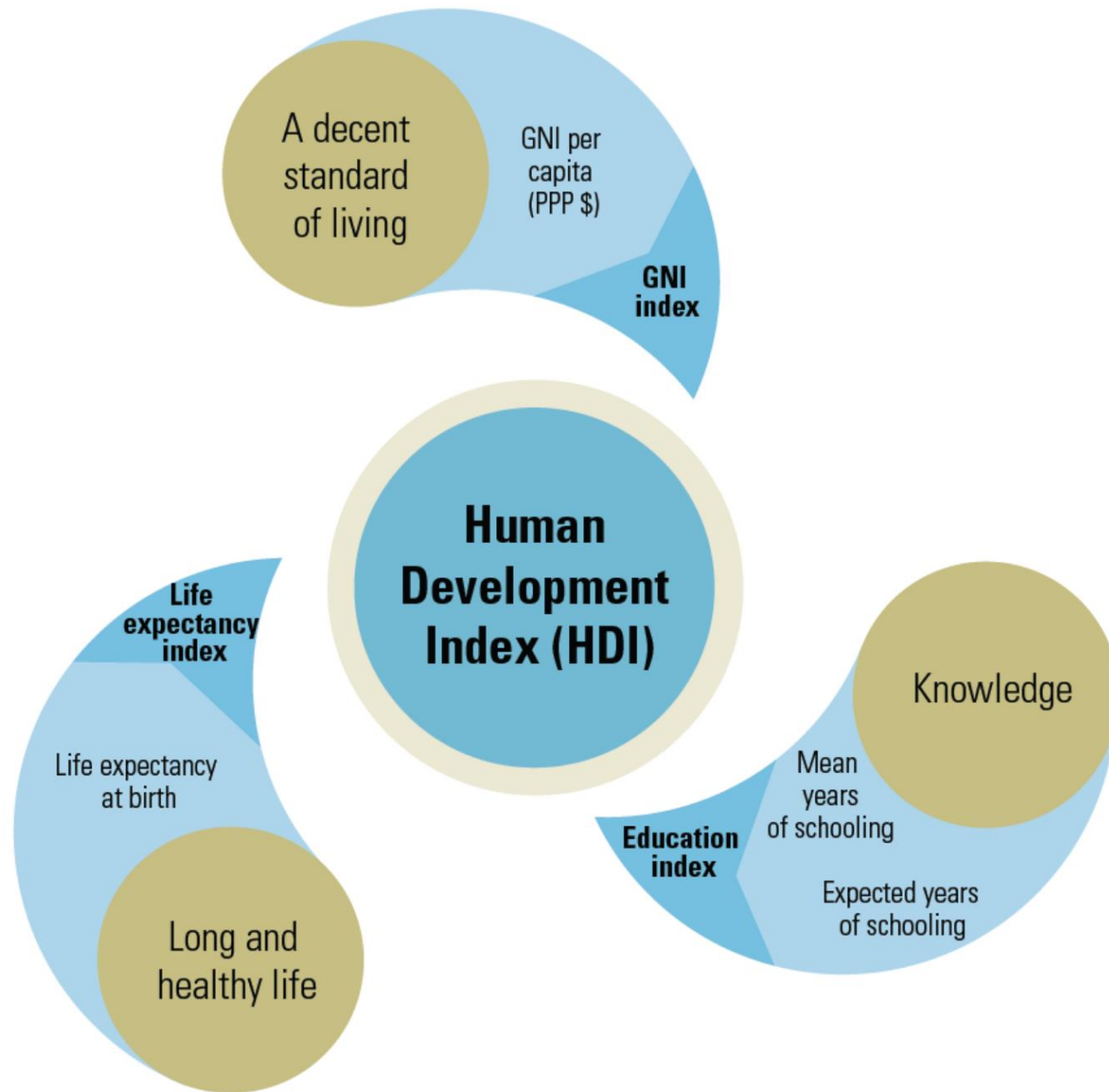


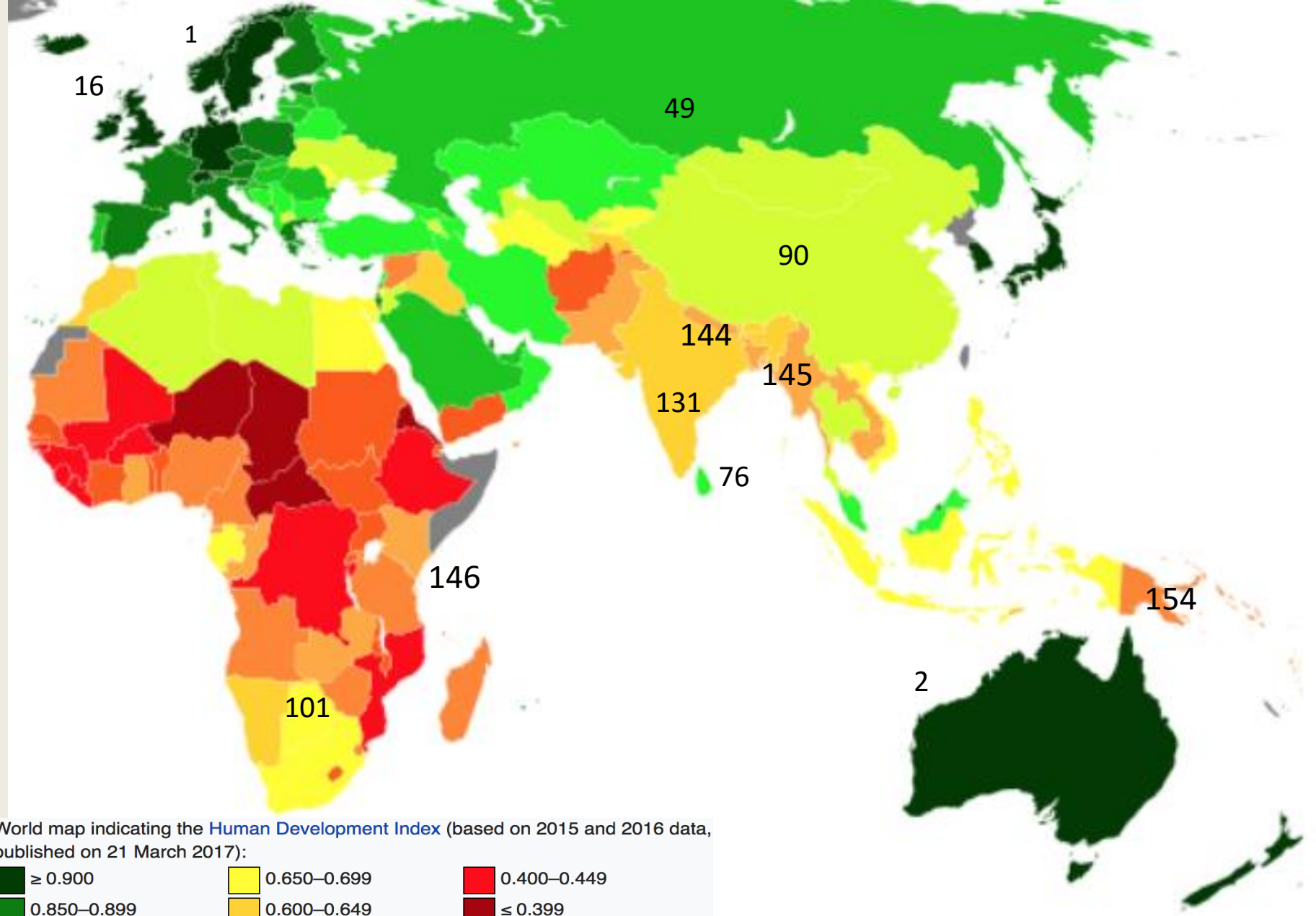
Progressing Global Emergency Care Training

Lessons from
Nepal, Myanmar, PNG

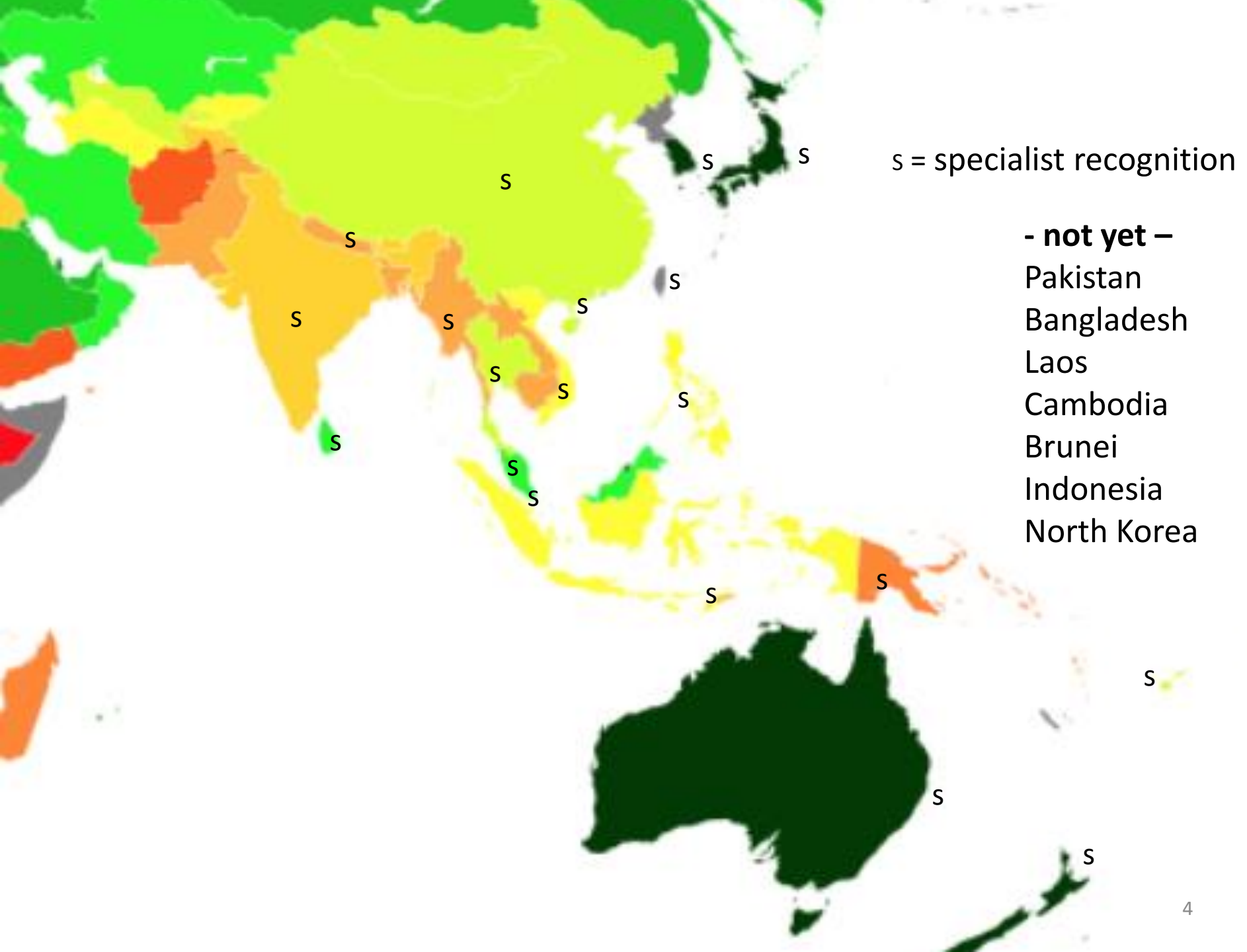
Chris Curry

Emergency Physician, Fiona Stanley Hospital, Perth
Clinical Associate Professor, University of Western Australia

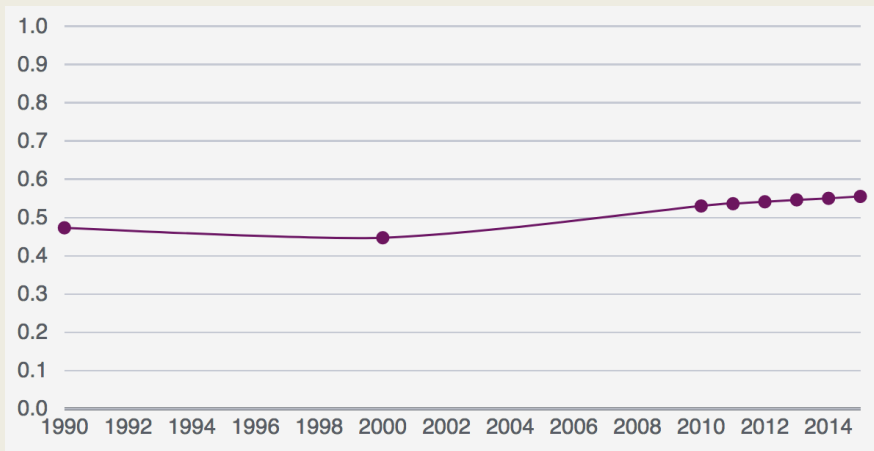




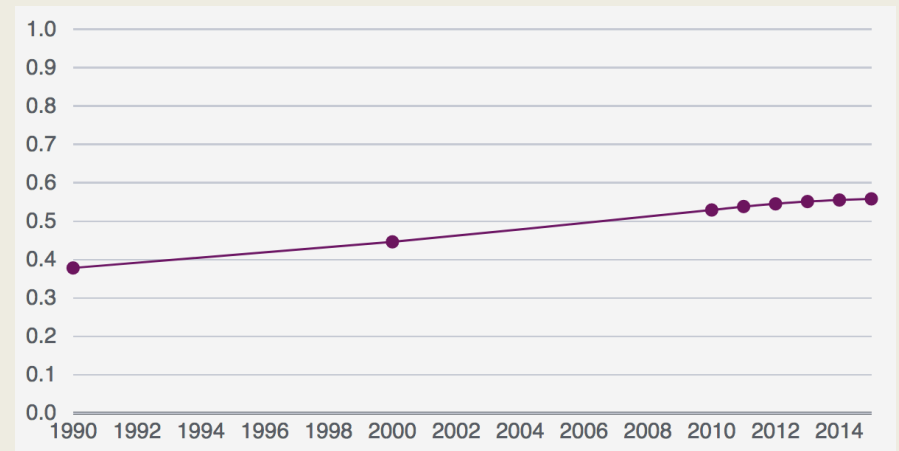
Human Development Index



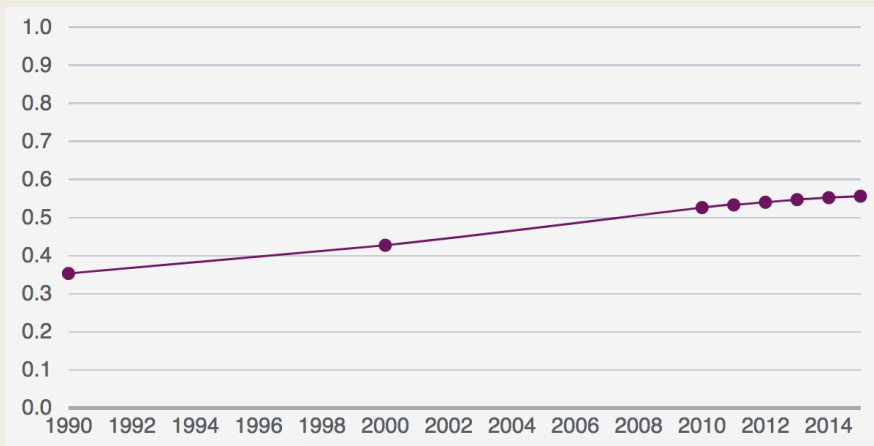
Human Development 1990 – 2015: Kenya, Nepal, Myanmar, PNG



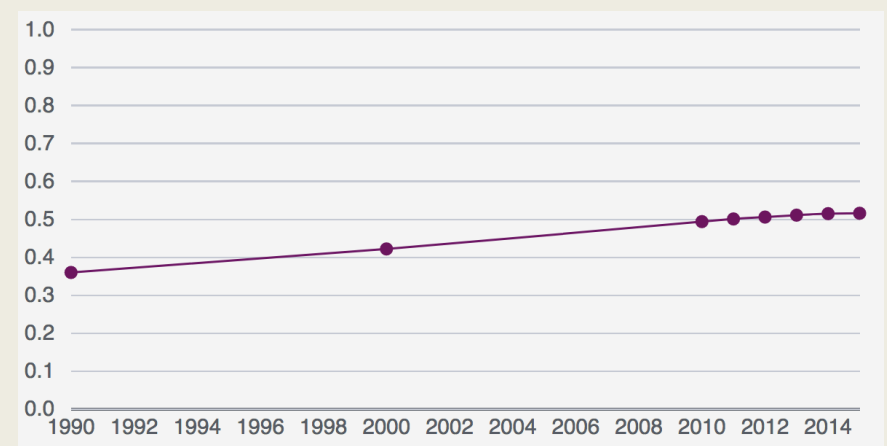
Kenya – 146; 0.555



Nepal – 144; 0.558



Myanmar – 145; 0.556



PNG – 154; 0.516

Health indicators

	Kenya	Nepal	Myanmar	PNG	Aust
Purchasing Power per capita, per year (US\$ 2016)	\$3,657	\$2,573	\$6,360	\$3,635	\$45,000
Maternal mortality /100,000 live births	510	258	178	215	7
Under 5 mortality /1000 live births	38	29	42	37	0.15
Life expectancy years	63	69	67	63	85 ₆

Low HD and Least Developed countries

have in common

- large diverse rural populations
- limited emergency care capacity
 - limited resources
 - overcrowding in EDs

Diversity

	Kenya	Nepal	Myanmar	PNG
tribes/ethnic groups	42	125	135	800
languages	68	123	100	832









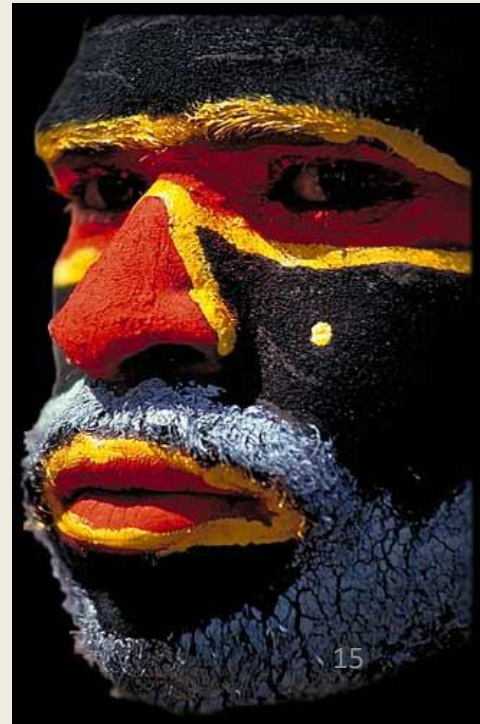






EM in Papua New Guinea

- 1996 intention to build a program
- 2000 EM a priority in the National Health Plan
- 2002 emergency physician in residence and visiting EPs
- 2006 first graduate - MMedEM

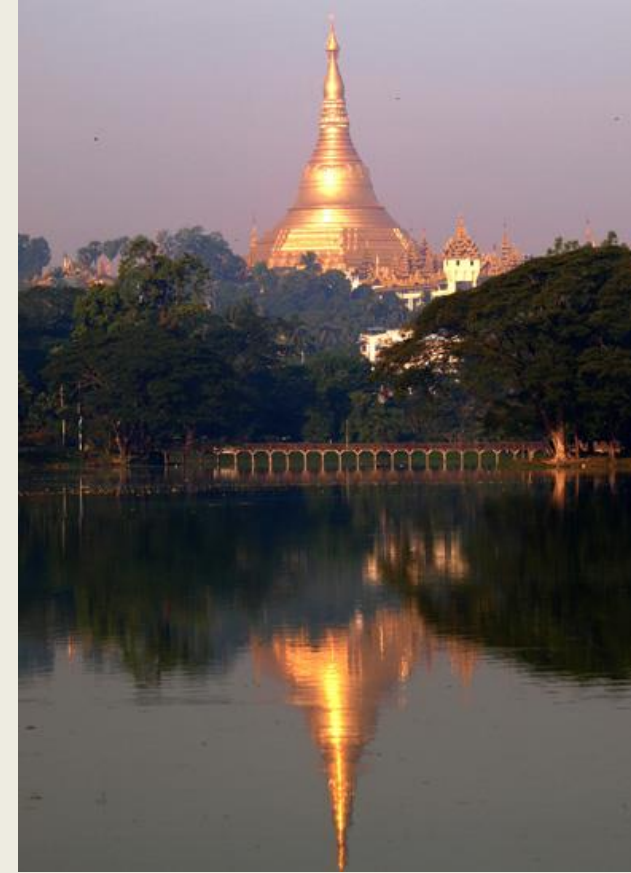


EM in Nepal



- 2004 first proposal for EM training
- 2011 Doctor of Medicine, EM
- 2013 Fellowships in EM
- 2015 specialist recognition

EM in Myanmar



- 2009 first proposal for EM training
- 2012 first Diploma in EM
- 2014 second Diploma in EM
- 2017 first full specialists

In-country support

Papua New Guinea	Nepal	Myanmar
<p>2002 - AusAID resident EP 10months - visiting FACEMs 2 weeks</p> <p>2003 - Visiting FACEMs 2weeks – 3months</p> <p>2011 - Visiting ACEM advanced trainees (PGY 6-10) 3months</p> <p>2014 - AVI position</p> <p>2002 – present - Annual conferences</p>	<p>2012 - Visiting FACEMs 2weeks – 3months - Visiting Canadian EPs 3weeks – 10months</p> <p>2013 - Visiting ACEM advanced trainees (PGY 6-10) 3 – 6months</p> <p>2013 – NEMSem13 2014 – NEMSem14</p>	<p>2013 - Visiting FACEMs 7weeks – 4months</p> <p>2013 - AVI FACEMs AVI EMS trainers</p>

Courses – training the trainers

Papua New Guinea	Nepal	Myanmar
<p>2002 – Primary Trauma Care</p> <p>2004 – Snakebite management</p> <p>2007 – Emergency Life Support</p> <p>2009 – Advanced Diploma in EM SIREN (nurses and HEOs)</p> <p>2011 – supporting HEO training</p>	<p><i>2003 – Primary Trauma Care</i></p>	<p>2009 – Primary Trauma Care</p> <p>2012 – MEMIC (introduction) ASSET (surgery) EMST (ATLS)</p> <p>2013 – ELS MIMMS (disaster) EPM (pain) TOTR (teaching) ACLS APLS ATTT (trauma) Toxicology</p> <p>2014 – MEMIC 2 ELS ELSn (nurses)</p>

Train the Trainers - PNG







Train the Trainers - Nepal







Train the Trainers - Myanmar







Challenges

- cultures oppose change
- complex medical politics
- paucity of competencies
- dysfunctions
- corruption

Strengths

- committed people
eager to learn
- local drivers for change
willing to use assistance
while being self-directed

Building Emergency Care - 1

Creation needs

- champions
- a 'union'
- administrator support
- bottom-up development
- top-down development
- endurance, energy

Brahma - creator



Building Emergency Care - 2

To prosper

- use benchmarking
- borrow from others
- take advantage of local events
- take advantage of local interests
- recognize local appropriateness
- link emergency care to primary care and public health

Lakshmi – prosperity



Building Emergency Care - 3

To succeed

- educate everybody
- organize an independent training program
- become instructors
- look for sustainability
- prioritize the direction of effort
- overcome roadblocks...

Ganesh – success



The journey will have many roadblocks -

- some can be overcome alone,
- some need help to overcome,
- some need others to overcome them for you,
- some can be circumnavigated,
- some can be waited out,
- while others - a few - are insurmountable;
one simply has to go back to base-camp and take
an entirely different route.

A perspective on developing emergency medicine as a specialty.

Chris Curry. Int J Emerg Med (2008) 1: 163-167

- “Things to do take time in ”
- “Things can change, even in ”

Going somewhere?

- Be patient
- Be a supporter; lead from behind
- Be a learner, a listener, a bridge
- Maintain equanimity
- Be aware of cultural differences
- Never get angry
- Bring resolve, persistence, perseverance

Buddha the teacher

‘Dispel doubt and hesitation...’

‘Become stronger and
increasingly able to serve
others...’

‘Determination, courage and
self confidence are the key
factors for success...’



‘It is under
the greatest adversity
that there exists
the greatest potential
for doing good...’



