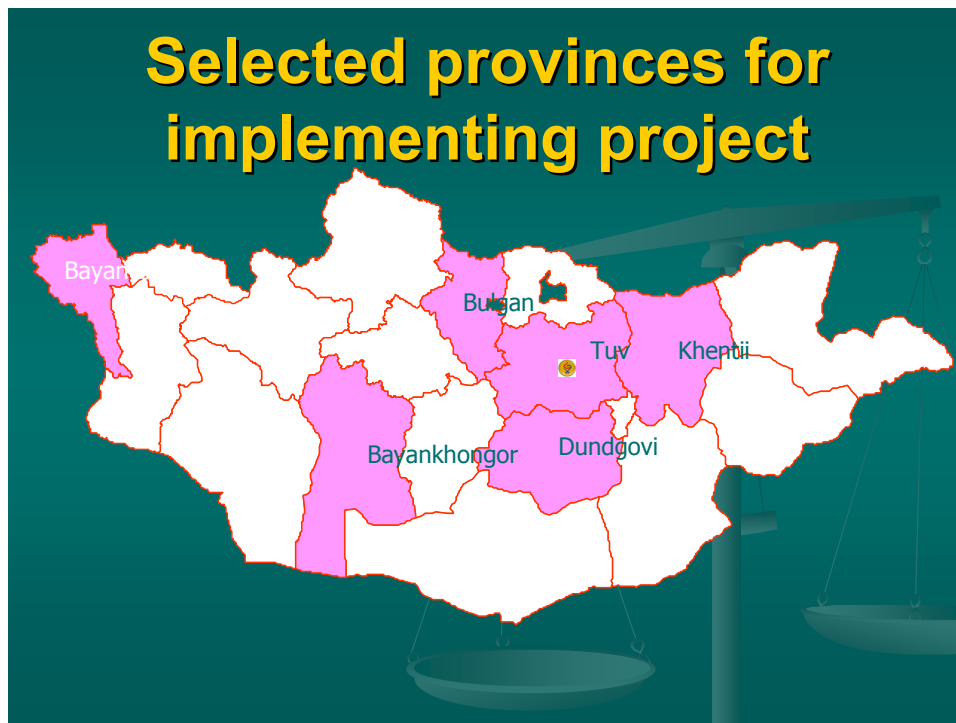


Training Workshop Report

**WHO Essential Emergency Clinical Procedures Workshop
in Collaboration with Ministry of Health, Mongolia**

11-15 October 2004

Ulaanbaatar, Mongolia



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1. Executive summary

A WHO “Training of Trainers” workshop on Essential Emergency Surgical Procedures was organised in collaboration with the Ministry of Health, Mongolia. The participants included doctors and nurses from the six selected aimags (provinces), Bayan-Ulgi Aimag , Bayankhongor aimag, Bulgan aimag, Dundgobi Aimag , Khentii aimag , Tuv aimag, and Bor-Undar soum (rural) hospitals.

Facilitators of the workshop included experts from the Faculty of Health Science University, Mongolian Surgeon's Association and Mongolian Association of Anaesthesiologists, associated to the Swiss Surgical Team of the International College of Surgeons, Surgical Department of Nurse's College, Trauma Orthopaedic Clinical Hospital, Department of Quality Assurance of the Directorate of Medical Services, Ministry of Health. Facilitators from the Hospital University of Geneva, Geneva Foundation of Medical Education and Research, and the World Health Organization departments of Reproductive Health and Research (RHR) and Evidence and Information for Policy in Geneva, Switzerland participated via video link.

Representatives from other organizations involved in education/training and in health programmes in Mongolia were invited as observers at this workshop. The organizations included the Asian development Bank, Japan International Cooperation Agency, Paediatric Surgeons from Australian National University Medical School, UNDP, and the Disaster Management Centre, U.K.

In preparation for this training workshop a situational analysis was carried out by a specially-constituted 'Multidisciplinary Working Group' comprising of officials from the Ministry of Health and staff from the WHO office in Mongolia, using the WHO Needs Assessment tools for Monitoring and Evaluation of Emergency Care at Primary Health Care Facilities. The same tool will be used after 6 months following the training workshop, to assess the progress made.

The workshop included lectures, discussions, role playing and 'hands-on' Basic skills training. The video conference and E-learning sessions using the WHO E-learning tools were conducted at the Global Development Learning Centre, (supported by the World Bank),. In addition, practical skills training by facilitators in Geneva was conducted, using a video link and an electronic training tool based on the WHO reference and training manual *Surgical Care at the District Hospital*. All the materials for the workshop were translated into the Mongolian language and simultaneous translation into Mongolian was available for all the discussions and lectures.

The topics covered in lectures and discussions included team responsibility and organization of health care facilities; patient safety; disaster planning: appropriate use of oxygen; management of bleeding; burns and trauma; basic anaesthetic and resuscitation techniques; prevention of nosocomial HIV transmission; sterilization of equipment; waste disposal; hygiene; record keeping, monitoring and evaluation on quality of care, and checklists prior to surgery to assure that the *Correct Patient gets the Correct Surgery on the Correct Side at the Correct Time* .

The basic skills training sessions requiring 'hands-on training' were conducted at the Health Science University Hospital. These sessions covered Essential Emergency Procedures and Equipment in the management of trauma, prevention of HIV transmission, and disaster planning, hand-washing, basic life support, safety of anaesthetic techniques, transportation and management of trauma patient, stabilization of fractures using locally-made splints and application of plaster, care of the unconscious, Universal Precautions. In addition, training included anaesthetic and surgical

techniques to minimize blood loss, blood conservation, assessment and treatment of anaemia prior to surgical procedures and thus reducing unnecessary blood transfusions, in particular at soum, intersoums and some aimag hospitals, which lack access to safe blood. The participants learnt by 'role playing' as victims of trauma.



Practical skills teaching on patient safety best practices, basic life support, intravenous access and maintenance, airway management for resuscitation and safe use of equipment (oxygen, airways), management of postpartum bleeding, discussions on interesting case studies, access to guidelines, journals and useful links for training were done through video conference. The *WHO Integrated Management Package of Essential*

Emergency Surgical Care (an E-Learning pilot version, based on the *WHO manual "Surgical Care at District Hospital"*) was demonstrated. The participants were trained in the use of these tools for implementation of good practices. There was agreement on the relevance of its contents on guiding day-to-day practice and it was felt that these would be a useful resource for re-enforcement and further enhancement of the training of health care providers.

The participants were put into groups representing the 6 aimags and developed an action plan for capacity-building to improve the emergency and surgical care in the linked soum and intersoum hospitals. This included basic skills training of health personnel on the best practice interventions in injuries as a result of falls, burns, violence, road traffic accidents, infections, anaesthesia and on safe use of emergency equipment.

Recommendations were made by the participants on the next steps after this training. An evaluation done at the end of the workshop, scored the participants' opinion of the workshop and the training tools, including e-learning, with a mean average score of 4.8 (on a range of 1 to 5). The Minister of Health was pleased that e-learning was introduced in this training programme and emphasized the need for such basic skills training to manage trauma and pregnancy-related complications, as the incidence of road traffic injury, postoperative complications, burns in children, falls from horseback and frostbites was rising. Because of the difficult terrain, referral times from one health facility level to another is long and appropriate basic skills training provided at each level would contribute to reducing morbidity and mortality from these causes.

It is planned that each of the six aimag hospitals will organize workshops in basic skills training of health personnel at all levels (non specialist doctors, nurses, technician, paramedicals) thus reaching to approximately 100 linked soum and intersoum hospitals. This will be followed by an evaluation after 6 months by the Multidisciplinary Working Group, which includes members from Quality Assurance Programme in the Ministry of Health and the WHO office in Mongolia.

2. Background to the workshop:

The World Health Organization in collaboration with the Ministry of Health (MoH), Mongolia held its first training of trainers workshop to improve the quality of emergency and essential surgical care at resource-limited health care facilities.

2.1 Situation analysis of health facilities needs assessment of rural health facilities

In Mongolia 42.5% of the total population lives in rural soums. The differences in geographical and settlement conditions create significant disparities in health needs between rural and urban population. Poor conditions for meeting the minimum sanitary requirement, unsafe water and severe continental climate, create an unfavourable environment that negatively influences the health of the rural population. Eighty-five percent (85%) of soums are located within a distance of more than 100km and the most remote households are located within a distance of 380 km from the soum hospitals. The timely delivery of health services is thus impeded.



The first point of contact between the population and the health system are the fieldshers, (specialised nurses), who work in their own 'gers' (tent houses), and follow the nomadic community providing simple curative services and health education. The soum hospitals are the first level of fully operational health facilities with a doctor providing emergency curative services in poor resource settings. The aimag hospitals provide secondary care services with better equipment and specialist services in surgery

and obstetrics. Tertiary care services with specialists and medical and nursing colleges are available in Ulaanbatar city only. Rural areas are losing their health personnel as a result of an influx of doctors to urban areas. The lack of adequate infrastructure is one of the difficulties encountered in the provision of information, consultation and services to the population in remote areas.

There are few ambulances equipped with specialized equipment for emergency care and that are appropriate for transporting patients in lying position. As a result, the quality of emergency services rendered to the population is adversely affected by the need to ensure preparedness of hospital ambulances and the continuous repair of the vehicles. A study in 2002 showed that only 47% of soum hospitals had equipment which is consistent with standards. Around 50% of the equipment utilized at soum hospitals was manufactured before 1990 and 25% of it is not utilized at all.

In 2003 surgical services were provided to 1.4% or 1812 patients of soum hospitals; the majority of these cases (79.3%), were suffering from acute appendicitis. Cholecystitis, appendicitis, injuries, otitis media, glomerulonephritis, pneumonia, anaemia and liver cancer were some of the leading specific causes of inpatient morbidity in soum and intersoum hospitals in 2003. Socioeconomic phenomenon, such as alcoholism and domestic violence, result in the high rate of unwanted pregnancies and abortion. Forty-one percent (41 %) of the maternal deaths occurred in

soum and bagh levels. Ulaanbatar city has the highest morbidity from non-communicable diseases in the country related to domestic injuries (57.7%), violence (23%) and traffic injuries (14.4%).

One of the important measures taken by the Ministry of Health in 2003 in order to rationally provide secondary level health services was the reorganization of soum hospitals into general hospitals. The implementing agency of the Mongolian Government - the Directorate of Medical Services (DMS) is responsible for providing quality and accessible health care to the population by improving management and implementing health services policy.

2.2 Planning meeting

Prior to this training workshop, A visit was made by a team representing WHO, Geneva and the office of WHO Representative in Mongolia, the Quality Assurance Department (MoH), to the teaching institutions in Ulaanbaatar, some aimag, intersoum, soum and bagh healthcare facilities in Tuv province. This was followed by a WHO meeting in May 2004, in Ulaanbaatar, Mongolia for the policy makers and decisions makers, managers at the MoH, professional societies (Mongolian Association of Surgeons, International College of Surgeons, the Swiss Surgical Team, with the objective of introducing the WHO project on essential emergency surgical care at resource-limited health care facilities and the utility of the training tools in Basic Surgical Care. This meeting resulted in the identification of facilitators, partners and the development of a ' Multidisciplinary Working Group' (MWG). The MGW comprised of surgeons, obstetricians, anaesthetists doctors, nurses, public health specialists and members of professional bodies, Quality Assurance department from MoH, and WHO/Mongolia.

The MWG deliberations resulted in:

- A project proposal to improve essential emergency surgical procedures, which was approved by the MoH, WHO country office, regional and head office.
- Selection of 6 aimags in Mongolia, to use as a model for capacity-building and strengthening basic skills training of health providers in the aimag, intersoum and soum hospitals, including bagh feldshers
- Visit to the selected 6 aimags for needs assessment of the health facilities
- Identification of facilitators, participants and the hands-on skills training in hospital for the trainers workshop (annex 1)
- Program agenda for training of trainers (annexe 2)

2.3 Situation analysis of the health facilities in selected aimags

A month prior to this training of trainers workshop, The 'Multidisciplinary Working Group' organised a team-visit to the identified primary health care facilities (soum, intersoum and aimag hospitals) in the selected 6 aimags to assess the situation, using the WHO tools 'needs assessment tools' (annex 3).

2.4 Multidisciplinary Working Group and Facilitators Meeting

Two days prior to the workshop a WHO meeting was held with the Multidisciplinary Working Group and facilitators to plan a standardised procedure for the:

- presentations,
- hands-on training,
- visits to health facilities,
- designation of participants to the working groups representing the 6 aimags
- discussions for working groups and a working tool format for presentation of situation analysis and action plans in each of the 6 aimags
- identification of local support staff responsible for assistance during workshop for availability of materials (translations, copying, dissemination, stationery, flip charts, LCD, video, overhead projector), local transportation, food, accommodation etc.

3. Introduction to the workshop and the need for training

Following the opening session, by the Vice Health Minister Dr N. Udaal, WHO Representative Mr R. Hagan, Director, Directorate of Medical Services (MoH) Dr Dulamsuren and the adoption of the proposed workshop agenda, presentations were made on the WHO strategies for essential surgical care and situation analysis on essential surgical care in Mongolia. There is a shortage of health professionals, especially because most surgeons are practising in the urban areas. As a result of inadequate facilities and untrained staff at some aimag, soum and intersoum health care facilities, the increased incidence of postoperative complications is a major concern. This training should address patient safety issues, teach basic skills, monitor surgery outcomes and decisions on referrals to reduce death and disability in acute surgical conditions, trauma and pregnancy-related complications. There is a need for:

- (i) appropriate facilities at aimag, intersoum and soum level with minimum basic essential emergency equipment;
- (ii) reinforcement of basic emergency and surgical skills of health personnel working at first level referral healthcare facilities, and;
- (iii) good national strategies for motivation and retention of these health personnel at first level referral healthcare facilities.

Opening session included Media/TV coverage in Mongolia

4. Objectives

The overall objective was capacity-building and strengthening of basic skills training in integrated management of essential emergency and surgical procedures at resource-limited health care facilities in Mongolia

Specific objectives:

- Training in the use of the 'Integrated Management Package on Emergency and Essential Surgical Care' including e-learning tools, training videos, WHO training manual “Surgical care at the district hospital ” for education and existing training programmes.
- Plan the training programme to improve the knowledge and professional skills of health personnel in the 6 selected aimags, at aimag, soum, intersoum and bagh health facilities.

5. Target audience (Master Trainers)

There were 42 participants including policy makers from the Ministry of Health (Quality assurance, Directorate of Medical Services, nursing) and health providers (directors, managers, doctors, nursing in-charge) representing intersoum and soum hospitals from each of the 6 selected provinces (aimags): ByanKhonkar, Bayan - Ulgii, Bulgan, Gundgobi, Kentii, and Tuv aimags and Bor-Udar inter-soum hospital of Khentii aimag. Participants represented teaching hospitals, medical and nursing schools in Ulaanbaatar, Health Science Medical University, Nursing school, Center of Emergency care, Trauma and Orthopedic Clinical Hospital, Maternal and Child Research Center, anesthesia, nurses and surgery Associations of Mongolia, including doctors and chief of nursing from Ministry of Health and Directorate Medical Services, of Mongolia. Facilitators were specialists representing surgery, obstetrics, trauma, anaesthesia, orthopaedics, paediatric surgery, emergency services, disaster planning and surgical nursing.

These participants were trained to become trainers in building capacity in integrated management basic skills at aimag, intersoum and soum hospitals and implement the WHO comprehensive training manual the 'Surgical Care at the District Hospital' in the education programme in medical and nursing schools.

6. Presentations on the situation analysis of 6 Aimags health facilities

A team from the 'Multidisciplinary Working Group' visited the 6 selected aimags, a month prior to the trainers workshop. An assessment was done by the team with the directors of the hospitals, using the WHO needs assessment tools for monitoring and evaluation of emergency care at the health care facilities, The situation analysis of emergency care at the health care facilities representing the 6 selected aimags for physical resources, quality, safety and policy is shown in annex 4.

Directors from the selected health facilities in each of the 6 aimags reached the following conclusions:



sanitation

- Do not have a special room for emergency care in the all selected hospitals.
- Lack of equipment and instrument for emergency care in the admission department
- Emergency care providers are not involved in a continuous training programme
- Lack of specialized health personnel in the selected aimag and soum hospitals, which necessitates the emergency and surgical procedures being performed by non-specialized health personnel
- Not all aimags have running water which impedes good practices in basic hygiene and

7. Training workshop methodology:

The workshop provided participants the experience and tools for the implementation of effective education and training activities. The interactive learning methods were used to train participants with the objective that they would be able to adapt and apply a standardised format to their teaching programmes. Through the hands-on training, group exercises, role play, the participants were able to simulate their future training activities.



This Basic Skills training of trainers workshop had several components with lectures, E-learning, working group discussions, role-play, 'hands-on basic skills training'. The teaching focussed on improving the quality of emergency and essential surgical care at resource-limited clinical settings. The trainers were trained to teach WHO integrated management basic skills in surgery, obstetrics, trauma, anaesthesia in their training and education programmes, in particular non specialist doctors, nurses, technicians and paramedical staff. The working language during the workshop was Mongolian, with simultaneous translations in English for all the sessions (lectures, discussions, hands on skills, e-learning and video conference).

7.1 Lectures and discussions

The topics covered in lectures and discussions included the following: team responsibility and organization of health care facilities; patient safety; disaster planning, appropriate use of oxygen; management of bleeding; burns and trauma; basic anaesthetic and resuscitation techniques; prevention of nosocomial HIV transmission; sterilization of equipment; waste disposal; hygiene; record keeping, monitoring and evaluation on quality of care, and well as checklists prior to surgery to assure that the *Correct Patient gets the Correct Surgery on the Correct Side at the Correct Time*.



Participants discussed the applicability of the WHO integrated management package in emergency and essential surgical care to become a part of the teaching curriculum for medical and nursing students, non-specialist doctors, nurses, technicians and paramedic staff., trauma, obstetrics, surgery, anaesthesia and emergency services.

7.2 E-learning and video conference with facilitators in Switzerland

The video conference and E-learning sessions, supported by the World Bank included lectures, presentations, discussions and training using mannequins and video link. The topics included resuscitation, trauma and bleeding. Participants used the WHO integrated basic skills training tools (E-learning and training manual “Surgical Care at District Hospital”) and discussed the relevance of its contents on guiding day-to-day clinical practice and in training of health personnel at all levels of care.



E-learning tools were pilot-tested for training and discussions with practical skills teaching done through video conference, facilitators included colleagues from WHO/RHR, WHO/EIP, partner organizations Hospital University Geneva, Geneva Foundation of Medical Education and Research.

Participants were trained in using the training tools in the teaching of basic skills to health providers and in the implementation of best practice protocols for behaviour change at resource limited clinical settings.



Practical skills teaching on patient safety best practices, basic life support, intravenous access and maintenance, airway management for resuscitation and safe use of equipment (oxygen, airways), management of postpartum bleeding, discussions on interesting case studies, access to guidelines, journals and useful links for training were done through video conference. The *WHO Integrated Management Package of Essential Emergency Surgical Care* (an E-Learning pilot version, based on the *WHO manual "Surgical Care at District Hospital"*) was demonstrated. The participants were trained in the use of these tools for implementation of good practices. There was agreement on the relevance of its contents on guiding day-to-day practice and it was felt that these would be a useful resource for re-enforcement and further enhancement of the training of health care providers.

7.3 'Hands-on' training in hospital

Part of the training sessions were conducted at the hospital, for 'hands-on training' on essential emergency procedures and equipment to manage trauma, prevention of HIV transmission, disaster planning, basic life support, anaesthetic equipment, hand hygiene, transportation of the critically ill, splint and plaster application, first aid. The facilitators from the university hospital included the Mongolian Association of Surgeons linked to International College of Surgeons (Swiss team). The trainers were trained in the standard WHO best practice protocols with 'hands-on basic skills training' in hand washing, basic life support, safety of anaesthesia techniques, trauma, hygiene, universal precautions and prevention of HIV transmission using blood conservation. anaesthetic and surgical techniques, treatment of anaemia, since at soum and intersoums and some aimag hospitals there is no access to safe blood.



7.4 Working group discussions and action plan

The participants, divided into 6 working groups representing the 6 aimags, with one facilitator from the Health Science University Hospital, in Ulaanbaatar, developed an action plan for capacity-building of health facilities linked to their aimags. The 6 groups presented their action plan based on the tools developed by the Multidisciplinary Working Group (MWG) for improving skills of health workers (annex 3). This included skills development of health personnel in emergency surgical interventions for road traffic accidents, falls, violence, burns, and infections as well as skills for resource mobilization to fill in the identified gaps.



Action plan:

The following action plan was developed by the working groups to improve the existing emergency and surgical care in the 6 identified aimags:

- Conduct training on Emergency and surgical Care for service providers (doctors, nurses and midwives)
- Provide basic emergency essential equipments, instruments and drugs
- Implement the WHO best practice intervention protocols and standards on emergency and essential surgical care
- The WHO training manual “Surgical Care at the District hospital” will be translated into the Mongolian language, printed and distributed for the emergency and surgical care providers of aimag, soum and intersoum hospitals.
- The trainers will organize local trainings in each of the 6 selected aimag using the WHO training tools.

The training will be conducted in the General Hospital of the selected 6 aimag, from November 2004 to April 2005 and the following persons will be responsible for the organization of the training of health personnel:

- Health Department of each aimag
- Central Hospital of each aimag

Multidisciplinary approach for training at aimag, soum, intersoum hospitals:

The working group decided on the relevant topics at various levels of care for resuscitation, surgery, trauma, obstetrics and anaesthesia to be covered for training of all health personnel at aimag, soum, intersoum and bagh health care facilities:

- Team management in trauma and disasters
- Assessment, emergency care and transportation of a critically ill, injured patient
- Basic life support, Cardio-Pulmonary Resuscitation, management of shock and care of an unconscious patient
- Oxygen therapy and maintenance of equipment
- Venous cut down, how to find a vein, intravenous fluid therapy, fluid balance
- Blood conservation techniques, blood type and cross match
- Using and monitoring of the essential emergency equipment
- Psychotherapy
- Regional anaesthesia, prevention of complications during of anaesthesia, preoperative checklist
- Early diagnosis of anaemia, respiratory diseases prior to surgery
- Prevention and treatment of postoperative complications
- Early diagnoses and primary care of acute surgical diseases, abscess
- Diagnosis and emergency care of bleeding
- Sterilization of instruments
- Hand washing technique, wearing of gloves, disinfection, cleaning of the surgical site

- Splint and cast application, skeletal traction, immobilization of fractures, dislocation
- Management of open fractures, injury of soft tissue and open fracture
- Hip disorders, dysplasia and congenital dislocation of the hip, talpes equinovaris
- Burns, Freezing, snake bites
- Guidelines of surgical procedures in the soum and intersoum
- Early diagnosis of complications in pregnancy
- Management of preeclamsia, normal labour, third stage of labour , vaginal bleeding
- Perinetomy, repair tears of cervix and vagina after delivery
- Record keeping

Support from the following organizations will be sought:

Ministry of Health, WHO, Asian Development Bank, UNFPA, Directorate of Medical Services, Maternal and Child Research Center, Health Science Medical University, First General Hospital, Trauma-Orthopedical Clinic Hospital, Emergency Medical Centre, professional associations (surgery, orthopaedic, paediatric, anesthesiology, obstetrics and gynaecology, nursing, trauma, disaster management)

The following training materials will be used:

- Integrated Management Package on Emergency & Essential Surgical Care (WHO E-learning tools)
- “Surgical care at the district hospital” WHO 2003 Mongolian edition
- Handbook of Best Practice Protocols, WHO and Ministry of Health 2004, Mongolian edition
- Management of Complication in Pregnancy and Delivery (WHO, 2001)
- Clinical guideline on reproductive health care (UNFPA, 2000)
- Newborn management (WHO, 2004)
- Essential Trauma Care Guidelines WHO 2004
- Training modules
- Surgical equipments
- Equipment and instruments of intensive care
- Training video
- TV, Flipchart, Markers, LCD (Power point presentation)

8. Recommendations

The following recommendations were made on the concluding day of the workshop:

Participants

Participants agreed to undertake the following actions after the workshop:

1. Share the workshop report with the recommendations to sensitize:
 - Professional associations and scientific society
 - Education and training institutions/libraries
 - NGOs and other relevant organizations
 - Potential funding agencies.

2. Act as focal points and facilitators in organizing training workshops to promote emergency and essential surgical care for health personnel for aimag, inter-soum and soum health facilities.
3. Facilitate the dissemination of recommendations and WHO learning materials, on essential surgical care, in conjunction with appropriate institutions and organizations.
4. Assist in the establishment of a system for the monitoring and evaluation of emergency and essential surgical care.

National Health Authorities

Participants recommended that Ministries of Health/national health authorities should:

1. Support the development of national policies and guidelines on essential emergency and surgical care.
2. Promote the integration of essential emergency and surgical care services into undergraduate and postgraduate programmes in medical, nursing and paramedical schools.
3. Establish and promote education and training in emergency procedures and equipment for surgery, obstetrics and anaesthesia.
4. Support establishment of running water for basic hygiene and sanitation in health care facilities.

WHO

Participants recommended that the World Health Organization should:

1. Support Ministry of Health, Mongolia in the implementation of national policies, guidelines and plans to link the Essential Emergency and Surgical care projects with disaster planning, HIV, trauma, maternal and child health projects .
2. Make WHO training manual ‘Surgical Care at the District Hospital’ and other training materials adapted to needs of Mongolia to facilitate their wider use.
4. Support Ministry of Health in national initiatives to promote emergency and essential surgical care.
5. Support professional associations involvement in promoting essential surgical skills.
6. Plan and implement follow-up activities.
7. Support research on outcome and public health impact of emergency and essential surgical care.

Partnerships

Participants found that the role of partnership is essential in supporting national initiatives to promote essential emergency and surgical care through training and education of health personnel in the prevention of HIV transmission and other infectious agents through:

1. Implementation of best practice guidelines and education
2. Training in the use of universal precautions

3. Reduce unnecessary blood transfusions particularly in essential emergency and surgical procedures in particular trauma and pregnancy related complications through the following:
 - reducing blood loss using surgical and anaesthetic techniques
 - assessment and treatment of anaemia
 - use of intravenous fluids

9. Evaluation and Follow Up

The aim of this evaluation was to learn from the participants if such a model of integrated basic skills in cross-cutting themes applicable to all priority areas of patient care and policies, was applicable for training health providers at resource-limited health care facilities.



At the end of the training workshop an evaluation was done, using the WHO training workshop evaluation tool (translated in Mongolian). The participant scored their opinion and gave comments on the training contents, presentations, training tools (training manual Surgical Care at the District Hospital, e-learning tools, best practice protocols), duration and their confidence to teach basic skills following this training workshop. The average mean score was 4.83 on a scale of 1 to 5. The comments included addition of Caesarean Section in the video training, changes

and additions to some of the topics in the WHO training manual 'Surgical Care at the District Hospital' (trauma, frostbite, paediatric surgery, HIV, anaesthesia techniques), basic skills in intensive care neonatology, paediatric care.

A decision was made that monitoring and evaluation to assess the impact of the trainers workshop at each of the 6 aimag will be organised by the 'Multidisciplinary Working Group', 6 months following this training workshop, using the WHO needs assessment tools.

10. Conclusions



In the closing session, the Ms Gandhi, the Minister of Health, was pleased that the e-learning was introduced in this training workshop and emphasised the need for the training in basic skills to manage trauma and pregnancy-related complications, as the incidence of road traffic injury, post operative complications, burns in children, falls from horseback and frostbites was rising in Mongolia. Considering the difficulties in resources, geographical situation, long distances for referrals in between soum, intersoums and aimag hospitals, the participants reiterated that this project has enormous potential to fulfil the need of training health providers in the management of emergency procedures in trauma, pregnancy-related complications and anaesthesia.

Participants were given certificates by the Ministry of Health. The important role of WHO in partnership with ministries of health, local and international organization, professional societies

and institutions in addressing the need to strengthen collaboration in training in essential emergency and surgical care at resource-limited healthcare facilities was acknowledged.

11. Acknowledgements to collaborations and support

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International College of Surgeons (Swiss Surgical Team)

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12. Annexes

Annexe 1

List of Participants in Essential Emergency Clinical Care Workshop

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**WORLD HEALTH ORGANIZATION
ORGANISATION MONDIALE DE LA SANTE**

**WHO Training Workshop in collaboration with Ministry of Health
on Essential Emergency Clinical Procedures
Ulaanbaatar, Mongolia, 11-15 October 2004**

Agenda and Programme of Work

Day 1 (Orientation) 11 October 2004 (9:00h - 17:30h)

- 1. Opening session (WHO, Mongolia/MoH)**
Introductions, orientation to the WHO/EHT/CPR project
- 2. Situation Analysis & assessment needs in Mongolia on essential emergency and surgical care at first referral level health facilities :**
(MoH, Health facilities in aimags, soums)
- 3. Introduction to the WHO training tools on “Essential Emergency Procedures at first referral healthcare facilities” (WHO)**
 - The “Surgical Care at the District Hospital” training manual, training videos, checklist on minimum requirements, e-learning tools, for health providers and policy makers
 - Recommendations for minimum basic requirements to improve essential surgical care
 - Requirements for appropriate essential emergency and surgical care at first referral level health facilities and the role of health providers & policy makers
- 4. Working group discussions based on WHO training tools on essential emergency and surgical care**
 - Using the WHO education, training and e-learning tools in first referral level health facilities, medical and nursing education and training programmes. **(WHO)**
 - Collaborative approach & integration to emergency procedures in trauma, obstetrics, anaesthesia, infection control (HIV), patient safety at first referral level health facilities with links to training materials from other WHO departments: **(MoH, focal point)**
 - Evaluation forms for assessment of quality of care at first referral level health facilities (aimags, soums) **(MoH focal point)**
- 5. Orientation to the training sessions for day 2, 3 , 4 (WHO)**

Day 2 (Training sessions) 12 October 2004 (9:00h-17:30h)

6. Training of trainers to Improve the Quality of Care at first referral level health facilities, using WHO training materials on Essential Emergency and Surgical Care:

- WHO training manual “Surgical Care at the District Hospital” **(Teaching Hospital)**
- Policies & recommendations for minimum basic requirements to improve essential surgical care (Aide Memoire on Essential Surgical Care) **(MoH)**
- Leadership, team skills & management of first referral health care facilities **(MoH)**
- **Planning in trauma and disaster situations (Surgery and Trauma team)**
- **Patient safety at resource limited clinical settings (MoH)**
 - Anaesthesia in emergency situations
 - Pre-anaesthetic checklist: Best practice protocols (printable poster)
 - Correct patient, for the correct surgery on the correct site
 - Evaluation and monitoring for improvement in the quality of emergency care: Needs assessment form

Day 3 (Training sessions) 13 October 2004 (9:00-17h30)

7. Patient safety best practice protocol interventions in essential emergency procedures (teaching & visit to hospital) Chair person: (Teaching hospital)

- Check list for essential emergency equipment (WHO generic EEE list)
- Preoperative preparation & assessment of co-existing diseases: anaemia, respiratory infections
- Intra-operative and postoperative monitoring
- Care of the unconscious patient
- Infection control and prevention of HIV transmission
- Cleaning, sterilization and disinfection
- Waste management
- Record keeping and reporting of errors and adverse events

8. Basic skills training through video conference 14:00-15:30 hours (Geneva 8:00-9:30 hours)

- IV access, maintenance of IV, cut-down **(HUG)**
- Basic Life Support **(HUG)**
- Airway Maintenance **(HUG)**
- Safe use of equipment (oxygen, airways) **(HUG)**

9. WHO E-learning tools : 15:30-17:30 hours (WHO)

Day 4 (Training sessions) 14 October 2004 (9h00-17h30)

10. Essential Emergency Clinical procedures : (teaching & visit to hospital) (Surgical and Nursing Education team)

Basic skills in essential emergency and surgical procedures

- IV access, maintenance of IV, cut-down, airway maintenance, Basic Life Support, Cardio-Pulmonary Resuscitation

- Bleeding ,wound management, burns, splint and immobilization of fractures:
Best practice protocols
- Universal precautions for prevention of HIV transmission: Best practice protocols
- Essential Emergency Equipment use and maintenance
- Transportation of the critically ill: Best practice protocols,
- Hygiene (cleaning, washing of hands, asepsis etc): Best practice protocols

**11. Basic skills training through video conference 14:00-16:00 hours
(Geneva 8:00-10:00 hours)**

- Patient safety at resource limited clinical settings (WHO)
- Bleeding management at resource limited clinical settings (WHO)
- Splint, immobilization of fractures, on line discussions on case studies, access to
guidelines, journals, useful links for training (GFMER)

Day 5 (workshop concluding session) 15 October 2004 9h00-17h00

- 12. Teaching and training of basic skills in the aimag and soum health facilities (using WHO training tools). (WHO, MoH)**
- 13. Recommendations (WHO, MoH)**
- 14. Next steps and action plan for follow-up activities (WHO, MoH)**
- 15. CLOSING SESSION (WHO)**

Needs Assessment and Evaluation Form for Primary Health Care Facility

Essential Emergency Equipment in Emergency Room*

*An entry point in any health facility such as:
Emergency room/ Admission room / Treatment room/ Casualty room

1. **Name/Address of Health Care Facility** _____

2. **Type of Health** (please check one)

- First referral level health facility/ District Hospital/Rural Hospital ☐
- Health Center ☐

3. **Human Resources** in emergency room (please indicate number of health staff)

- Doctors ____
- Nurses ____
- Technicians ____
- Paramedical staff ____

4. **Physical Resource**

(a) Infrastructure

	<u>Yes</u>	<u>No</u>
▪ Is there an area or room designated for emergency care?	<input type="checkbox"/>	<input type="checkbox"/>
▪ Is there running water?	<input type="checkbox"/>	<input type="checkbox"/>
▪ If yes: Interrupted / Uninterrupted (please circle one)		
▪ Is there an electricity source?	<input type="checkbox"/>	<input type="checkbox"/>
▪ If yes: Interrupted / Uninterrupted (please circle one)		

(b) Equipment

- Is a list of essential emergency care room equipment available? Yes ☐ No ☐

	<u>Yes, in some equipment</u>	<u>Yes, in all equipment</u>	<u>No</u>
▪ Is the equipment in working order?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
▪ Is there access to repair if equipment fails?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
▪ Is there access to repair within the health care facility?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
▪ Is there access to repair outside the health care facility?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
▪ If yes, how far (in km): 1-25 / 26-50 / 51-200 / >200 (please circle one)			
▪ Is there an agreement for the maintenance of the	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

equipment with the supplier?			
▪ Do the health care staff in the emergency room get training in the use of the equipment?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
▪ Is information available on supply, repair, and spare parts for the equipment?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

5. Quality, safety, access and use

	Yes, in some procedures	Yes, in all procedures	No
▪ Are the protocols for management of essential emergency procedures available?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
▪ Are the protocols for safe appropriate use of equipment in essential emergency procedures available?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

<p>▪ How often is 'room to room inspection' performed to ensure that equipment and supplies required for the essential emergency procedures are available and functioning? (please circle one)</p> <p>Daily / weekly / monthly / 6-monthly / yearly / once in ____ years / never</p>
--

	Yes	No
▪ Are the information, education and training materials on emergency procedures and equipment available in the emergency room for health care staff use?	<input type="checkbox"/>	<input type="checkbox"/>
<p>▪ Are there introductions of any new procedures/interventions?</p> <p>▪ If yes, which procedure/intervention: _____ (please specify)</p>	<input type="checkbox"/>	<input type="checkbox"/>
▪ Has referral to other health facility decreased because of skills and knowledge of procedures and intervention?	<input type="checkbox"/>	<input type="checkbox"/>
▪ Are records maintained ?	<input type="checkbox"/>	<input type="checkbox"/>

6. Policy

	Yes	No
▪ Is there a policy to promote training for health care staff in the essential emergency management of trauma and obstetric care?	<input type="checkbox"/>	<input type="checkbox"/>
▪ Is there a policy to update the protocols for the emergency management of trauma and obstetric care adapted to local needs?	<input type="checkbox"/>	<input type="checkbox"/>
▪ Are there any guidelines on donation, procurement, and maintenance of essential emergency equipment?	<input type="checkbox"/>	<input type="checkbox"/>
▪ Is there a list of extra personnel to be contacted in disaster situations?	<input type="checkbox"/>	<input type="checkbox"/>

Annexe 4: Reference Materials

Working tool for Improving Skills of Health Personnel

1. Main objectives for training:
2. Main topics to be covered:
3. Venue and Dates:
4. Who will be responsible for organizing the training:
5. Who will be the participants (number and designation);
6. Who will be the resource personnel (number and designation):
7. What training materials will be required:
8. Tentative budget:
9. Possible source of funding:

1. Work sheet for improving information systems

What record keeping is currently in existence	What improvement is needed?	Who will be responsible?

2. Work Sheet for Improving Physical structure and essential equipment

What is currently lacking in terms of essential infrastructure and equipments?	What is the estimated cost?	What are the possible sources for funding?

3. Work sheet for resource mobilization

Who are the current partners in essential emergency care?	Suggested New Partners?	Area of support

WHO tools: “Needs Assessment and Evaluation Form for first Referral level of Health Facility”, “Essential Emergency Equipment list”, policy guidelines on “Essential Surgical Care”

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Annexe 6: Programme of Work

WHO Training Workshop in collaboration with Ministry of Health on Essential Emergency Clinical Procedures

Time	Introduction	Chairperson	Facilitator
Day 1 (Training sessions) 11 Oct 2004			
1. Opening session			
9.00-9.20	Registration	Dr. G.Oyuntsetseg (DMS)	Dr. G.Oyuntsetseg (DMS)
9.20-9.30	The opening	Dr.S.Dulamsuren, MD. PhD Director of Directorate of Medical Services	
9.30-9.40	Speech of Vice Minister of Health Dr. N.Udval , MD. PhD.,		
9.40-9.50	Speech of WHO Representative, Mr Robert Hagan		
9.50-10.05	Introduction of objectives training “Implementation emergency and surgical care” project	Dr.S.Dulamsuren, MD. PhD DMS	
10.05-10.45	<ul style="list-style-type: none"> The “Surgical Care at the District Hospital” training manual, training videos, checklist on minimum requirements, e-learning tools, for health providers and policy makers Recommendations for minimum basic requirements to improve essential surgical care Requirements for appropriate emergency and essential surgical care at first referral level health facilities and role of health providers policy makers 	Dr Meena N.Chерian WHO	Dr. G.Oyuntsetseg (DMS)
10.45-11.00	<ul style="list-style-type: none"> Introduction of participators 		
11.00-11.15	Tea break		
Situation Analysis & assessment needs in Mongolia on essential emergency and surgical care at first referral level health facilities (health facilities in aimags, soums)			
11.15-13.00	Introductions Situation Analysis and assessment of selected aimags <ul style="list-style-type: none"> Bayan-Ulgii aimag Bayankhongor aimag Bulgan aimag 	Leaders of assessment team	Dr.S. Dulamsuren, MD, PhD (DMS)
	<ul style="list-style-type: none"> Dundgobi aimag by video Khentii aimag Tub aimag 	Leaders of assessment team	

2. Introduction to the WHO training tools on “Essential Emergency Procedures at first referral health facilities”			
12.45-14.00	Lunch		
Working group discussions based on WHO training tools on essential emergency & surgical care			
14.00-16.00	<ul style="list-style-type: none"> Using the WHO education, training and e-learning tools in first referral level health facilities, medical and nursing education and training programmes, Collaborative approach & integration to emergency procedures in trauma, obstetrics, anaesthesia, infection control, patient safety at first referral level health facilities with links to training materials from other WHO departments Evaluation forms for assessment of quality of care at first referral level health facilities (aimags, soums) 	Working group discussions	Dr. G.Gansukh (DMS) Dr Ya. Buyanjargal (DMS)
16.00-16.20	Tea break		
16.20-16.30	<ul style="list-style-type: none"> Summary of assessment in aimags and soum hospitals 	Dr.Ya.Buyanjargal DMS	
16.30-17.30	Presentation of each working groups and discussion	Team leaders from each groups	
Orientation to the training sessions for day 2, 3 , 4 WHO			
16.45-17.00	<ul style="list-style-type: none"> Orientation to the training sessions for day 2, 3 , 4 	Dr Meena Cherian WHO	
17.00-17.15	Conclusion	Dr.S.Gansukh DMS	

Day 2 (Training sessions) 12 Oct 2004			
Training of trainers to Improve the Quality of Care at first referral level health facilities, using WHO training materials on Essential Emergency and Surgical Care			
9.30-10.45	<ul style="list-style-type: none"> WHO training manual “Surgical Care at the District Hospital” Recommendations for minimum basic requirements to improve essential surgical care 	Dr.O. Sergelen Head of surgery Health Science University of Mongolia	Dr. G.Oyuntsetseg, DMS Dr.S. Sergelen, HSUM
10.45-11.00	Tea break		
11.00-12.00	<ul style="list-style-type: none"> Leadership, team skills and management of first referral health care facilities 	Dr.S.Gansukh DMS	Dr. G.Oyuntsetseg, DMS
12.00-13.00	<ul style="list-style-type: none"> Planning in trauma and disaster situations 	Dr.Ch.Chuluunbaatar Officer of MoH	

13.00-14.00	Lunch		
14.00-16.00	<ul style="list-style-type: none"> • Patient safety at resource limited clinical settings • Anaesthesia in emergency situations • Pre-anaesthetic checklist Best practice protocols (printable poster) • Correct patient, for the correct surgery on the correct site 	<p>Dr.O. Sergelen HSU of Mongolia</p> <p>Dr. L.Ganbold HSU of Mongolia</p>	<p>Dr. G.Oyuntsetseg, DMS</p> <p>Dr S. Sergelen, HSUM</p>
16.00-16.20	Tea break		
16.20-16.45	<ul style="list-style-type: none"> • Evaluation and monitoring improvement in the quality of emergency care Needs assessment form 	<p>Dr.O. Sergelen HSU of Mongolia</p>	<p>Dr. G.Oyuntsetseg, DMS</p> <p>Dr.S. Sergelen, HSUM</p>
16.45-17.00	Conclusion	<p>Dr.S.Gansukh DMS</p>	

Day 3 (Training sessions) 13 Oct 2004			
4. Patient safety best practice protocol interventions in essential emergency procedures			
9.30-11.00	Teaching & visit to hospital (Introductions, to play in above-mentioned role) <ul style="list-style-type: none">• Check list for essential emergency equipment (WHO list)• Preoperative preparation & assessment of co-existing diseases: anaemia, respiratory infections• Intra-operative and postoperative monitoring• Care of the unconscious patient	Dr. O. Sergelen HSU of Mongolia Dr. .Munkhtogoo HSU of Mongolia Dr. L.Ganbold HSU of Mongolia	Dr. G.Oyuntsetseg, DMS Dr.O. Sergelen, HSUM
11.00-11.15	Tea break		
11.15-13.00	Teaching & visit to hospital (Introductions, to play in above-mentioned role) <ul style="list-style-type: none">• Infection control and prevention of HIV transmission• Cleaning, sterilization and disinfection• Waste management• Record keeping and reporting of errors and adverse events	Dr. O. Sergelen HSU of Mongolia Dr. Munkhtogoo HSU of Mongolia Dr. L.Ganbold HSU of Mongolia	Dr. G.Oyuntsetseg, DMS Dr.O. Sergelen, HSUM
13.00-14.00	Lunch		
5.Basic skills training through video conference			
14.00-15.30 (Geneva 8:00-9:30 hours) (<ul style="list-style-type: none">• IV access, maintenance of IV, cut-down (HUG) Basic Life Support (HUG)• Airway Maintenance (HUG)• Safe use of equipment (oxygen, airways) (HUG)	Dr Michel Pellagrini HUG Mr Robert HUG Dr Meena Cherian, WHO Ms. N.Selenge, World Bank	Dr. G.Oyuntsetseg, DMS Dr.O. Sergelen, HSUM Mr Saha, Director World Bank
15.30-15.45	Tea break		
15.45-17.45	<ul style="list-style-type: none">• WHO E-learning tools	Dr Meena Cherian WHO Ms N.Selenge World Bank	Dr G.Oyuntsetseg, DMS Dr M. Nandinchimeg, DMS Mr Saha, Director World Bank,Mongolia
17.45-18.00	Conclusion		Dr.S.Dulamsuren, (DMS)

Day 4 (Training sessions) 14 Oct 2004			
6. Essential Emergency Clinical procedures			
9.30-11.00	<p>Teaching & visit to hospital (Introductions, role performance) Basic skills in essential emergency and surgical procedures:</p> <ul style="list-style-type: none"> • IV access, maintenance of IV, cut- down, airway maintenance, Basic Life Support, Cardio-Pulmonary Resuscitation • -Bleeding ,wound management, burns, splint and immobilization of fractures 	<p>Dr.O.Sergelen HSU of Mongolia</p> <p>Dr.Davaasuren HSU of Mongolia Dr.A.Erdenebileg HSU of Mongolia</p>	<p>Dr. G.Oyuntsetseg, DMS</p> <p>Dr.O. Sergelen, HSUM</p>
11.00-11.15	Tea break		
11.15-13.00	<p>Teaching & visit to hospital (Introductions, role performance)</p> <ul style="list-style-type: none"> - Essential Emergency Equipment use and maintenance -Transportation of the critically ill -Hygiene (cleaning, washing of hands, asepsis etc) 	<p>Dr.O. Seregelen HSU of Mongolia Dr.L.Ganbold HSU of Mongolia</p>	<p>Dr. G.Oyuntsetseg, DMS</p> <p>Dr.O. Sergelen, HSUM</p>
13.00-14.00	Lunch		
7. Basic skills training through video conference			
<p>14.00-16.00</p> <p>(Geneva 8:00-10:00 hours)</p>	<ul style="list-style-type: none"> ▪ Patient safety at resource limited clinical settings ▪ Bleeding ▪ Splint and immobilization of fractures on line discussions on case studies, access to guidelines, journals, useful links for training (GFMER) 1 hour 15 min 	<p>Dr. Pauline Philips, WHO Dr. Metin Gulmezulo WHO Dr. Regina Kullier GFMER Dr . Meena Cherian WHO Ms. N.Selenge World Bank</p>	<p>Dr. G.Oyuntsetseg, DMS</p> <p>Mr Saha, Director World Bank,Mongolia</p>
16.00-16.20	Tea break		
16.20-17.00	Discussions / Conclusion	Dr.S.Dulamsuren, MD. PhD (DMS)	

Day 5 (Training sessions) 15 Oct 2004			
8.Teaching and training of basic skills in the Aimag and Soum health facilities (using WHO training tools)			
9.30-10.30	<ul style="list-style-type: none"> Next steps and action plan for follow-up activities 	Dr .Meena Cherian WHO Dr.S.Dulamsuren DMS	Dr. G.Oyuntsetseg, DMS
10.30-11.00	Teaching and training of basic skills in the Aimag and Soum health facilities (using WHO training tools) <ul style="list-style-type: none"> Team Programme of training/ time Training materials Adoption	6 working groups from provinces Dr. Salik Govind Dr. S.Gansukh DMS Dr. O.Sergelen HSU of Mongolia Dr.L.Ganbold HSU of Mongolia Dr. Ya. Buyanjargal DMS	
11.00-11.20	Tea break		
11.20-12.20	Presentation of teams	Leaders of working teams	
12.20-12.50	Recommendations	Dr. Meena Cherian WHO Dr.Ya.Buyanjargal DMS	
12.50-13.30	Closing ceremony To confer a certificate upon participants	Dr.S.Dulamsuren DMS Mr.Robert Hagan WHO	