In present days trauma related death toll is increasing throughout the world, this include road traffic accidents, deaths following bomb blasts, air crashes as well as those following natural disasters etc.

In trauma patients lots of precious lives can be saved by timely intervention and logical stepwise but quick decision making hence well trained and well equipped teams are required both for initial evaluation and for final final management. All over the globe the importance of trauma teams have been recognised and special trainings are provided to both medical and paramedical staff in this regard. In Pakistan because of worsening law and order situation plus non implication of traffic rules has resulted in increased casualties and thus deaths; much of this can be attributed to non availability of trained personals to give first Aid and TRIAGE at the scene of accident plus less resources and lack of properly trained medical and paramedical staff at different medical canters.

We are also lacking in dedicated trauma care canters all around the country. Although guidelines have been given by College of Physicians and Surgeons Pakistan for resident training in this regard but as lot of institutes recognised for training are not regularly managing these issues and they are directed only towards few hospitals hence resident training also suffer; Due to lack of proper training in this regard most of trainees learn management of trauma patient patients through trial and error resulting in loss of many precious lives which could have been saved.

Now question arises what is the solution to this problem? Answer is though simple but need proper planning and team work on part of government, medical council and different institutions for execution.

First of all we need to train our medical students, medical officers and residents through simulated patients and mannequins. Postgraduate exchange programmes with trauma canters both within and outside country to improve approach towards trauma patients. Development of local protocols with integration of international protocols to standardise care throughout the country.

In order to give the best services to trauma patients we need to establish special trauma centre for every 500,000 population; and highly trained residents, para medical staff and nurses should be available to provide round the clock emergency coverage. All those residents and related staff should be trained in Advanced trauma life support (ATLS) course. To develop further skills in the residents who are dealing with trauma patients we should use Human patients simulator (HPS). Marshall et al1, Ali, JameelMD et al2 have concluded that these human patient simulator in conjunction with ATLS appears to enhance the development of trauma management skills. Marshall, Reene etal 1 further supported that surgical interns participating in the study deemed the H.P.S. to be a worthwhile experience and a confidence building tool In particular, trauma, team behavior improved significantly after ALTL and HPS courses.
Further to this Barsuk D, Ziv A et al\(^3\) in their prospective study proposed advanced simulator for recognition and correction of gaps in airways and breathing management skills in the pre-hospital trauma patient similarly Bulinski, PatricMD et al\(^4\) produced a retrospective study conducted at Michigan State University surgery department, they in this article “The changing face of Trauma Management and its impact on surgical Residents training provided cumulative data then in their study of 434 patients, stressed that only 14.7%, 64 out of 434 patients required operative management and 325 patients were managed without surgical intervention, many of their patients with solid abdominal organ injuries, as these patients did not meet the operation requirement expected by P.R.C.

We will have to incorporate all the above suggestion while making a training programme for our Resident in order to provide better services to the community.

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References:
4. Bulinski, Patric et al. the changing face of trauma management and its impact on surgical resident training.