

Supporting anaesthesia in the Pacific

How are we supporting our Pacific colleagues and helping to enhance anaesthesia care in the Pacific region? Our special feature on the Pacific highlights the reflections of participants who attended this year's Pacific Society of Anaesthetist's (PSA) 30th Annual Refresher Course, with a focus on locums who volunteered their services to enable Pacific anaesthetists to attend their meeting.

Dr Indu Kapoor, Chair, NZSA Overseas Aid Sub-Committee

The PSA's 30th Annual Refresher Course was held in Fiji in August and as in previous years, the NZSA and its members wholeheartedly supported the PSA and the Course, making it the biggest PSA meeting ever held.

Historically, NZSA and ASA members have provided anaesthesia services in various Pacific countries during the PSA refresher to help maintain anaesthesia services in these countries, while freeing up our Pacific colleagues to attend the refresher – their only opportunity to engage face-to-face with their colleagues from the region.

This year we had the largest ever contingent of NZSA members who volunteered their services as locums during the week of the refresher course. Our volunteer locums came from: Middlemore (2), Waikato (1), Wellington (5), Palmerston North (1), Nelson

(1) and Christchurch (3). I would like to thank PSA member Dr Emily Fuakilau who provided invaluable assistance in organising locum cover.

This was the first time provisional fellows (post-FANZCA; three from Wellington and one from Palmerston North) volunteered as locums under the oversight, mentorship and supervision of Drs James Dalby-Ball and Richard Collins from Christchurch. Thank you to James and Richard for supporting these fellows. All four provisional fellows have come back enthused, wish to remain engaged in the Pacific and would like to go back!

The NZSA and PSA are certainly keen to continue this very successful engagement of NZSA trainees in the NZSA's overseas development work. So, for all post FANZCA provisional fellows/ ATY3s, who wish to become involved in development work in under-resourced settings, I recommend this as a safe and well supported opportunity to get you started.

Every year the NZSA provides a trainee with the opportunity to attend the PSA, through its Trainee Grant. Trainee Dr Marcus Lee was the recipient of this grant this year and you can read his reflections about this experience in this article.

NZSA members were also busy contributing to the PSA Refresher. Dr Dalby-Ball gave a thought-provoking account of Christchurch Hospital's response to the March shooting incident; Dr Zacharias presented on his experience with Doctors Without Borders, and I facilitated a meeting on the sidelines between ANZCA, PSA,



Delegates (largest ever attendance) at the Pacific Society of Anaesthetist's Refresher Course

ASA and NZSA to explore ways of sharing ANZCA educational resources with our Pacific colleagues. I also coordinated a meeting with our Pacific colleagues to streamline the locum process for future PSA meetings. Dr Alan Goodey (Immediate Past Chair of the NZSA Overseas Aid Sub-committee) explored, with ASA and PSA, the logistics of a Fiji National University distant anaesthesia training programme in Samoa.

While clinicians were sharing clinical experience and knowledge, NZSA CEO Renu Borst was at hand to assist PSA members interested in becoming NZSA Associate members (the NZSA offers free Associate Membership for Pacific anaesthetists), posting conference highlights on social media and having discussions about Pacific needs and future projects.

It was an excellent meeting and a fabulous opportunity to engage with our Pacific neighbours!

I invite you be part of next year's 31st PSA Refresher Course (21-25 September 2020, Lautoka, Fiji).

Please email NZSA nzsa@anaesthesia.nz for conference information or myself at kapoor.indu@gmail.com if you are interested in providing anaesthesia services in the Pacific.

New Zealand anaesthetists, who volunteered their services as locums during the PSA Refresher Course to enable Pacific anaesthetists to attend the meeting, share their insights. Thank you to Dr Indu Kapoor for her immense work to organise locums for the PSA meeting.

Dr Richard Collins, (locum, Fiji), Christchurch

Why did I offer to volunteer to be a locum anaesthetist in Suva? It's easy to forget just how well resourced we are in New Zealand and how privileged we are to have access to high quality continuing professional development. I see volunteering in the Pacific as a simple gesture of support for our Pacific anaesthetic colleagues and their professional development. But it is not a one-way street. In volunteering I get the opportunity to learn from their practice and culture. Tangible things which I can take home to my department. While it may not always be easy to spend a week in someone else's shoes (or operating theatre) the result is a Pacific anaesthetic community that is not worlds apart from ours.

Dr Hamish Holland has volunteered as a locum in the Pacific over many years. He is mainly based in Australia and in the last year has worked at Wagga Base and Royal Darwin, along with casual work sessions for the Nelson Marlborough DHB, at both Nelson Hospital and Wairau Hospital.

I first became involved with the PSA and the refresher course after being in contact with Dr Sereima Bale. I was very impressed that I could travel, work with local staff, using the local resources, and leave minimal disruption to the normal functioning of the local health service. As a member of an aid team there is a danger of living in an expatriate ghetto for your entire trip. In

addition, because I have worked in isolated and short-staffed areas, I have an intense awareness of the importance of continuing medical education activities. Over the years it has been a pleasure and a privilege to work in Fiji and see the steady improvement in facilities during that time. And that is despite the political uncertainties that were a feature for some years.

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I regard the opportunity to allow a local practitioner to attend a refresher course as one of the most useful "aid" activities that it is possible to provide. I have also enjoyed having contact with local trainees, junior doctors, nursing staff, medical students and technicians; I often come back home feeling I have learnt more than I have been able to impart.



The new PSA Executive

Dr Graham Roper, (first-time locum, Fiji), Christchurch

A chance conversation in a theatre corridor introduced me to the opportunity of spending a week at Lautoka Hospital in Fiji during the PSA meeting, and it was a rewarding experience I would love to repeat. Many years ago, I was involved with a volunteer group that visited Lusaka in Zambia to provide cardiac surgery. That project was short-lived and required a huge undertaking to fundraise and bring to life. Since then, I have always felt there should be something simpler that I can do within my local region. I enjoy the challenge of working in an environment that is different to my usual "comfort" zone and using my skills to teach. Lautoka Hospital provides care for the population of the north west corner of Fiji and is a busy regional hospital. The medical and nursing staff were all welcoming and very appreciative of the help we provided, and the junior anaesthetists were keen for any teaching opportunities, whether clinical or book work related. It was amazing to see how they manage day-to-day with limited resources, and to observe their compassion and caring.

I was fortunate to be there on the last Friday of the month when all medical and nursing staff who work in theatre gather for a combined lunch. It was a great team building activity and they use this gathering to show thanks to one another for all the support

that they give each other while working. It was a fantastic whānau moment and so grounding. Staff and patients would light up the room with their smiles and it was a joy to meet the real people of Fiji.

Dr Petra van der Linden-Ross, (first-time locum, Tonga), Wellington

I have been interested in global health for as long as I can remember. I went to the PSA meeting in 2016 as an advanced trainee (having been awarded the NZSA Trainee Grant) and was able to see the benefits of short-term locums to allow local anaesthetists to attend their conference. Typically, departments in Pacific countries are run by a very small group of hardworking anaesthetists who rely on overseas locums so they can take leave to attend conferences and courses. This is an important capacity building step as they return with new ideas and training, and benefit from a short break!

Having volunteered in South East Asia and having completed the Diploma in Tropical Medicine in East Africa, I found that working in the Pacific felt more sustainable and rewarding for me. The relationships are long lasting and culturally it feels comfortable and familiar.

On a personal level, working in the Pacific makes me a better anaesthetist as you need to quickly learn to be adaptable and flexible. There may not be all the mod cons you are used to, however you can still deliver high quality patient care. It's always a huge benefit to see how other places do things and make it work – and very humbling at times. The staff are so welcoming and take enormous pride in their work. They are keen for you to enjoy your time with them and want to show you their workplace and their country. By fostering relationships, I am more aware of the areas that can be improved and therefore when I return, I can be more useful by using the established framework to build on rather than arriving with preconceived ideas.

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Locum Dr Petra van der Linden-Ross and Dr Siale Hausia, a senior anaesthesia diploma student in Tonga

My advice for trainees is to have a mentor or sponsor to help you make good connections. Attend the PSA Refresher to meet some of the anaesthetists working in the region, and once you have progressed through your training, seek opportunities to expose yourself to this type of work.

Dr Phillip Quinn (first-time locum, Fiji), Wellington

As a trainee I worked in Hawkes Bay for a year and was fortunate to have Dr Kenton Biribo as a colleague. Kenton was in Hawkes Bay for over a year of fellowship, after completing his training in Fiji. I learnt a great deal from Kenton and noted that some time working in the Pacific would be a great project in the future. Fast forward several years, and when the NZSA asked for volunteers I knew this was my chance.

I worked for a week at Lautoka Hospital in Fiji to support our Pacific anaesthesia colleagues to attend the PSA Refresher Course. There were two volunteers from the NZSA and two from the ASA. Unfortunately, due to equipment problems much of the elective surgery was cancelled that week, so the four of us were tripping over each other a little, but it did provide time to do teaching sessions with the trainees, and we even had some time to explore locally.

The acute surgery workload is intimidating, many of the patients are very sick, but the local nurses and doctors handle it with skill, and a smile. Volunteering to support the PSA meeting is a great way to challenge yourself professionally and to promote ongoing anaesthesia education in the Pacific. The climate is not too bad either!

Dr Craig Birch (first-time locum, Tonga), Auckland

I had been inspired by Dr Tony Diprose from Hawkes Bay, and others to work in the Pacific and thought that this would be a meaningful way to assist. I like working in different environments and the challenge of working outside my comfort zone, and to be honest the idea of escaping Auckland in winter to go to a tropical island was appealing!

Staff are so dedicated to providing the best possible care for their patients

I was made to feel incredibly welcome by all staff at the hospital in Nuku'Alofa, Tonga. It's the friendliest place I've ever worked, and we were treated to delicious lunches every day and taken out for wonderful seafood dinners. I was also humbled by the gratitude that local people expressed repeatedly.

Each day begins with a prayer and a song in the staff tearoom, and the singing is moving and beautiful. Staff are so dedicated to providing the best possible care for their patients. I was assisted

in theatre by very capable anaesthetic nurses who double up as ICU and PACU nurses. Equipment was basic but well maintained and I had everything I needed, and more. I was surprised to find an ultrasound machine, and a videolaryngoscope available.

There are specialist surgeons and I did Obstetrics, Gynaecology, General Surgery, Max Fac and ENT lists. After hours work mostly comprised of caesarean sections and the surgeons very impressively completed these in 20 minutes. There is a small ICU, which had one patient while I was there. The laboratory and radiology services are efficient and organised. There are two physicians and two paediatricians on staff.

I highly recommend working in Tonga, and I hope to return in the not too distant future.

Dr Jane Carter, provisional fellow, (first-time locum, Fiji), Wellington

I was part of a locum team at the Colonial War Memorial Hospital in Suva, Fiji, allowing local anaesthetists and trainees to attend the PSA Refresher Course. After signing up for the locum role, I confess to a rapid decline in bravery. By the time I reported for my first day of duty, trepidation was the predominant emotion! However, I'm pleased (albeit embarrassed by the cliché) to describe the experience as genuinely satisfying and enjoyable.

The week provided some stimulating and complex clinical cases – lots of diabetic foot sepsis, obstetric patients with severe rheumatic heart disease, a typhoid laparotomy, and a lip SCC excision and neck dissection which turned into a 20-hour mandibulectomy. Theatre was never dull (even for ASA 1 patients) – with variable levels of intraoperative monitoring, experimentation with halothane gas inductions and frugality where vasopressors and anaesthetic technicians were concerned. Our locum team comprised three

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Discussing the distant anaesthesia training program for Samoa

provisional fellows and three consultant anaesthetists from across New Zealand; two were (happily, for the rest of us) paediatric anaesthetists. Being part of a group meant great practical support in theatre day-to-day, and robust evening debriefs, while sampling Suva's restaurants.

It's heartening to reflect on strong relationships between anaesthetic departments in New Zealand and the Pacific, and the scope for making this an even more substantial and sustainable connection in the future. Thank you to the NZSA Overseas Aid SubCommittee (particularly Dr Indu Kapoor) for coordinating and supporting the various Pacific locum groups, and to the theatre staff at the Colonial War Memorial Hospital who welcomed us with patience and generosity.

Dr Jocelyn Christopher, Immediate Past President PSA, Co-convenor 30th PSA Refresher Course

We were blessed to have three of the founding members of the PSA Refresher Course in attendance: Dr Haydn Perndt (Australia), Dr Anthea Hatfield (New Zealand) and Dr Sereima Bale (Fiji). They each regaled us about how the PSA was founded and how the postgraduate training programme for anaesthesia was established at the Fiji School of Medicine. It was clear that these three distinguished mentors had perseverance, dedication, and resilience, as did all those who worked with them at this time.

The build-up to the meeting included a month-long media campaign in Fiji to highlight the 30th anniversary of our meeting and to educate the public on the role of anaesthetists – across operating theatres, intensive care, and hospital emergency teams.

Officiating at the meeting's opening ceremony was Dr Ifereimi Waqainabete, the Fiji Minister of Health and Medical Services, who is also a local surgeon. The theme of "Safe Anaesthesia in Times of Disaster" was chosen to highlight global warming and climate change issues faced by our member countries, including: more frequent and severe cyclones, flash flooding, eroding coastal areas, erupting volcanoes, moderate to severe earthquakes and the constant threat of tsunamis. In his speech, Dr Waqainabete acknowledged these challenges and encouraged the continued practice of quality, safe anaesthesia and disaster preparedness.

Conference attendees came away with fresh ideas on how to approach safety at work and at home in the face of climate change. As always, we also spent time discussing anaesthetist wellbeing in our region. We listened to quality talks, and there were excellent courses, great learning and collegiality. We also celebrated how far the PSA has progressed. A major highlight of the week saw the PSA adoption of the WFSA-WHO International Standards for Safe Practice of Anaesthesia.

New and old friendships were strengthened, and networks established. There was no shortage of great food, wines, fresh coconuts, afternoon sports, sun, sand and sea. We thank our members, the speakers and guests for attending and for contributing to the success of our meeting. We thank

every one of the locums who worked that week in the Pacific. We thank our sponsors for their unwavering support; RACS, NZSA, ASA, GE Healthcare, Mindray, and the Fiji National University.

I wish the new PSA Executive Committee all the best, as they lead us into a promising future!

Dr Marcus Lee, a final year trainee from Auckland, was this year's recipient of the NZSA Trainee Grant. The grant contributes to a trainee's travel and accommodation costs so they can attend the PSA Refresher Course. Marcus shares his experiences of attending, describing it as a "privilege."

As a trainee in New Zealand, I have worked with many consultants who have strong links to the Pacific. This led me to develop a strong interest in becoming involved in the Pacific in some capacity.

Conference delegates came from the Pacific Islands, South East Asia, New Zealand and Australia, and all enjoyed Fijian hospitality, camaraderie and learning via presentations and practical courses. The conference theme was "Safe Anaesthesia in Disasters" and particular highlights for me included the presentation by Dr James Dalby-Ball about how the team at Christchurch Hospital dealt with the March mass shootings, as well as the talk by Dr Mathew Zacharias about his work over several decades with MĒdicins Sans FrontiĒres (Doctors Without Borders). It was also interesting to hear about the founding of and the international accreditation of the Fiji Medical Assistance Team, which is the first of its kind in the Pacific Islands.

I was also in awe when meeting some of the stalwart pioneers of anaesthesia in the Pacific, including Dr Sereima Bale, one of the first local anaesthetists in Fiji and a co-founder of the PSA. She shared insights on the hurdles they faced founding the PSA, and explained that under the laws of the time, they needed to obtain parliamentary approval to establish a professional society. The initial request was buried under piles of paperwork and red tape until she realised the exact person she had to speak to was the surgeon sitting in the operating theatre tearoom that very day! After she made her request to him in person, approval was granted the following day.

I took part in the Major Incident Medical Management and Support (MIMMS) course, an internationally recognised course on developing a systematic approach to mass casualty events. It was well organised and well presented (mostly by the local Fijian faculty), covering topics such as communication and organisation for mass casualty events, via lecture-based formats, small group problem based learning and practical scenarios to put the theory that we learnt into practice.

The conference also included country specific updates on projects by anaesthesia doctoral students from the Fiji National University. These were eye opening, and I learnt how vulnerable the Pacific Islands are to the devastating effects of climate change. Some Pacific nations are experiencing regular, strong cyclones with increasingly short intervals, hence the strong relevance of the conference theme.

Personally, the conference highlight was building connections with people across the Pacific. I had always known there was a strong Pacific-New Zealand link, and this was reinforced. I enjoyed learning about the many ways to become involved, including locum work, helping with education, or doing a provisional fellowship in Fiji.

The intertwining of the New Zealand and Pacific anaesthesia communities is incredibly valuable and should be continued by trainees into the future. Thank you to the NZSA for the Trainee Grant and I strongly encourage anaesthetic trainees to attend future PSA meetings.



The Tongan anaesthetic team added colour and culture with their exceptional performance