

# Program Report GeFiTT 2014

## Introduction:

This year saw the 7<sup>th</sup> mission of the Gastroenterology Fiji Training Team (GeFiTT) to Suva. The program has been built on the following principles:

- i) The training should be predominantly provided in Fiji.
- ii) The design and implementation is responsive to articulated needs from the Fiji School of Medicine (FSM).
- iii) It is a skills and knowledge transfer (teaching) program, not a service delivery program.
- iv) It addresses also the needs of the region, where articulated.
- v) The assistance is provided pro bono.
- vi) A spread of age groups of Australians and New Zealanders is encouraged, to ensure sustainability.
- vii) GI Endoscopy Nurses are recognized for their valuable role in training and service delivery in endoscopy.

The main activity of the program is a 4 week period of concentrated teaching at the Colonial War Memorial Hospital (CWMH) in Suva. This period coincides with the gastroenterology module of the FSM postgraduate Diploma and Masters program.

The program has 3 major components:

- i) Endoscopy skills and organization
- ii) Medical training predominantly in gastroenterology through lectures, tutorials and through involvement in clinical practice such as ward rounds.
- iii) Gastroenterology nursing predominantly in the safe delivery of endoscopy by the introduction of the standards and competency benchmarks developed by GENCA for the GeFiTT program based on the WGO tiered standards.

While this is predominantly a training program, this can only occur if there is suitable equipment and facilities to allow safe and appropriate practice. GeFiTT has therefore worked with a number of partners apart from the Fiji School of Medicine and the Colonial War Memorial Hospital to make available better endoscopy equipment, accessories, diagnostic and disinfection chemicals as well as preparations to allow for bowel cleansing and treatment. Advice has also been provided to allow the hospital authorities to purchase effective generic drugs to treat important conditions affordably.

Our partners have included:

- i) The World Gastroenterology Organisation which donated a large amount of endoscopy equipment in 2009 and has established our activities as one of its international training centers for which it has, to date, provided an annual grant of US\$15,000.
- ii) Many hospitals in Australia which have donated accessories and drugs, often nearing expiry dates.
- iii) Endoscopy and other equipment providers who have donated refurbished and out of date equipment, servicing and advice. CR Kennedy Pty Ltd in particular have provided extremely generous terms for the servicing the Fuji endoscopy equipment in Suva, a rebuilt Medivator endoscope disinfecting machine as well as sponsoring training for a Suva based technician to service this machine. We particularly thank Jon Long for facilitating this very valuable support to the program.

- iv) The Australian Department of Foreign Affairs Department (DFAT) awarded GeFiTT a contract for 2 years in 2012 under its Pacific Islands Program (PIP). This has allowed the accommodation and travel expenses of the trainers to be met by GeFiTT – previously the trainers (or occasionally their employers) had paid all their out of pocket expenses. The DFAT grant also has a small allocation for maintenance of equipment which is essential to allow the training program to be effective. The grant is administered through the Royal Australasian College of Surgeons.

## Trainers in Suva, Fiji 2014

The following trainers contributed to the program this year:

- 14-25 July     Chris Hair (Geelong)  
                    Terry Gavaghan (Canberra)  
                    Jacky Burgess (GE Nurse, Perth)
- 21 July-1 Aug Cathy Conway (GE Nurse, Sydney)
- 21-25 July     Paul Urquhart (Melbourne)
- 28 Jul-1 Aug   Dinish Lal (Auckland)
- 28 Jul-8 Aug   Chris Ashton (Canberra)  
                    Peter Wilson (Adelaide)  
                    Felicia Gomez (GE Nurse, Adelaide)
- 4-8 Aug        Alice Lee (Sydney)

### *Local Trainers*

- Jioji Malani (Physician and gastroenterologist)  
Mai Ling Perman (Physician and gastroenterologist)

## Training for Fijian Professionals

- May     Dr Mai Ling Perman attended an endoscopy Train-the-Trainer course in Wolverhampton UK, with sponsorship by GeFiTT members.
- June     Mr Ashrit Lal a CWMH bio-technician attended a 5 day training course in Singapore on the maintenance of Medivator endoscope disinfecting machines and had further training in the workshops of CR Kennedy Pty Ltd in Sydney. Mr Jon Long was responsible for making this happen and obtaining sponsorship from both companies and Rotary.
- Nov     Dr Aminiasi Rokocakau from Suva will be spending up to 6 weeks in Melbourne, Geelong and Canberra getting more advanced skill training.

## Trainer Feedback

The trainers were requested to complete an evaluation form after their tour to Suva. Their responses indicate a high level of satisfaction with the program organisation, their living conditions in Suva, the Teaching Program, the Hospital and the Trainees. All felt they were well utilized and are prepared to go again. Concerns about the onerous features of the temporary registration process were less evident than in previous years.

### Comments from the Trainers:

#### GE Nurses:

- All felt that the clinical space available this year left a lot to be desired. They were hopeful that the new endoscopy suite would resolve this problem.
- They suggested that the training program could be better planned with teaching sessions held in a suitable space.
- They suggested that trainees would benefit from having access to instruments and accessories to be able to have hands-on experience.
- They felt that having internet access at the CWMH would also open the possibility of access to additional training opportunities.
- While the equipment was in a much better functional state when compared to previous years, there were still issues such as not having a functional diathermy unit.
- Supplies of gluteraldehyde were adequate this year, but the availability of enzymatic detergent was inadequate. They felt that endoscopy should not be undertaken if the supplies of items to maintain proper infection control were not reliable.
- Some felt that having to share a bedroom on some days was unsatisfactory.

#### Gastroenterologists:

- They also had reservations about the clinical space and the absence of a functioning diathermy unit.
- They felt that the resource that Peter Katelaris had made available on Dropbox was very valuable.
- Many felt that the organisation of the lecture program to both the CWMH audience and to the postgraduate program was inadequate. It was suggested that the Suva clinicians and Peter Katelaris should have a discussion well in advance to plan for the lecture topics and then allocate them to the trainers with sufficient time for them to prepare.
- It was observed that many of the trainees were often relatively under occupied and that there were many opportunities for them to receive mini-tutorials or hands on training sessions, particularly if simple simulation aids were available.
- At present there are no ERCP services in Fiji with many patients undergoing surgery as an alternative. Paul Urquhart looked at the issue of introducing an ERCP service at the CMWH. A NZ-trained surgeon who has been partially trained in ERCP has recently returned to Suva and appears motivated to develop this service. As the introduction of an ERCP service would involve significant hurdles including dedicated training, specialised endoscopy equipment and the need for a large number of

consumables, input from the GeFiTT team would be invaluable in helping to guide this process. Thought could be given to fostering an 'ERCP team' of volunteers who would be willing to provide planning and practical support to the Endoscopy and Surgical units at CWMH.

- Chris Hair trialled the American College of Gastroenterology online Universal Curriculum which has been made available to WGO Training Centres. He felt that at least some of units would be useful in Suva and felt that this should be further explored.
- Two trainers commented on sedation practice at CWMH. One felt that techniques using propofol should be introduced, the other that it should not!

## Trainee profile and training report

Please see separate GeFiTT Training Report prepared by Dr Mai Ling Perman

## Features of the program

- Even though the program had to cope with the relocation of endoscopy to a temporary area whilst the new theatre complex is being completed the throughput of work (and resulting educational opportunity) remained high.
- Endoscopy teaching has been enhanced by the further development of 'Train the Trainer' techniques which has been shown to speed up learning technical skills particularly when trainees have limited opportunity to actually undertake the procedure themselves.
- As in previous years there was an emphasis on 'Endoscopy Training in Totality' The delivery of the training, with all its component parts (including administration, access to equipment, maintenance, service organization, cleaning, GI Nursing, endoscopy training and now Train the Trainer training) is recognized as being far more valuable than just transferring endoscopy skills. There are many challenges to establish and sustain a service which can perform safely and beyond the training month. These need to be identified and addressed as a service, which the Centre has done.
- The Gastroenterology Nurses again brought important skills and enthusiasm to the service and worked very well with their dedicated and diligent Fijian colleagues. They have had a good reception to the introduction of the GeFiTT competencies. The third nurse trainer this year again provided smooth transition throughout the four weeks with a one week overlap with each of the trainers. This enabled seamless transition as vital information was passed on and the level of skills of each of the participants was communicated to the incoming trainer.
- The large number of procedures undertaken certainly gave a lot of opportunity for the trainees to get some hands on training in a large variety of activities. Pleasingly all trainees reached competency and completed their assessment in the cleaning and reprocessing of endoscopes and accessories. This is such a vital area in endoscopy that reaching competency is essential for the safe delivery of the service.
- The Fijian endoscopists, having been part of the program now for several years have gained skills to the level of being able to train colleagues from other centers. This obvious improvement and growth is pleasing as it reinforces the fact that the program

is meeting its goal of transferring skills and each year these skills are expanding and the trainees are moving into the role of trainers.

- The lecture program to the postgraduate trainees and to the hospital staff as a whole proceeded satisfactorily and was well received. It is however felt this does need improved organisation and preparation, with respect to coordination with the local curriculum. This will be discussed with our colleagues in Suva. Grand Rounds were delivered and well received, with topics of mutual interest. X-ray and Pathology sessions are constructed to be outstanding teaching opportunities for students and postgrads.
- Hepatology needs were assessed by Alice Lee who has provided a detailed report which will be a very useful template for further development of services in this important area. She established very good engagement with many Fijian public health officials working in this area.
- All trainers provided their time and skills with enthusiasm and worked very well with all their colleagues. All have indicated that they much valued and enjoyed the experience as well as the very collegial home stay where they were accommodated.
- As always the camaraderie and opportunity for reflection on each day's activities, was a wonderful feature of the experience, hosted so warmly by Sangeeta at Vale Ni Tadra in Lami Town.
- Cathy Conway has established a storage and sorting area in Sydney for donated accessories and other equipment prior to shipment to Suva or elsewhere. The procedures for shipping these items to Cathy still need to be formalised and understood by donors.
- There has been a substantial improvement in the availability of the disinfecting agent gluteraldehyde, but reliable supplies of enzymatic detergent are still not achieved.
- CR Kennedy Pty Ltd has very generously supported the servicing of the Fuji Endoscopes in Suva including the offer of a preventative maintenance service. This has transformed the availability of functioning instruments in Suva. They have also provided a refurbished Medivator endoscope disinfectant.
- In the past the transport of instruments and donated equipment to Suva or for servicing has been a major headache but the involvement of the Fiji Minister of Health, Mr Neal Sharma has enabled the establishment of a much more affordable service with Gibson Freight.
- Suva now has a complete set of Savary Gillard dilators thanks to a generous donation.
- The AusAid/DFAT contract for 2013-14 has now come to an end. It is unclear as to whether we will receive a similar allocation for the coming years but we have been in touch with DFAT and its agent RACS and are reasonably optimistic, but the two parties still need to commence negotiations.
- The Gastroenterology Nurses again brought important skills and enthusiasm to the service and worked very well with their dedicated and diligent Fijian colleagues. They have had a good reception to the continued use of the GeFiTT competencies. The third nurse trainer this year again provided smooth transition throughout the four weeks with a one week overlap with each of the trainers. This enabled seamless

transition as vital information was passed on and the level of skills of each of the participants was communicated to the incoming trainer.

- With the extension of training outside Fiji and the growth of the program it has been recognised that it would be best if the program was established on a more formal footing by being incorporated, and undergoing a name change – to Australian & New Zealand Gastroenterology International Training Association (ANZGITA). A constitution for this has been drafted and incorporation should occur within the next few months. A temporary Board membership has been agreed to which will serve till the first AGM.

## Opportunities for improvement

- The comments from the trainers' feedback contain many suggestions that need to be considered.
- There is still a need to better support the postgraduate academic program with curriculum development and teaching aids such as PowerPoint presentations, course material etc. With Prof Peter Katelaris supporting this activity good progress has been made.
- This year we did not include surgeons in our program as the Operating Suite was being rebuilt and major changes had been made to the personnel in the Department of Surgery. It is hoped that it will be possible to send a surgical contingent in 2015.
- While the GE Nurses have transformed endoscopy nursing practice in Suva the comments from the Nurse Trainers in the Feedback indicates that further improvement in the training course should be made in coming years.
- There is clearly a need to extend endoscopy services elsewhere in Fiji and to other nation islands in the Pacific. GeFiTT is willing to provide support to such developments but recognizes that this can only be effective if the centre can guarantee that it will be able to maintain and service a reasonable inventory of endoscopes and related equipment, provide the essential consumables for disinfection and cleaning and is committed to maintaining best practice infection control.
- While the current 4 week program provides a huge boost to training and a focus for trainees from elsewhere in the Pacific, further visits by single gastroenterologists for 2 week periods at other times of the year could provide good consolidation of learning.
- The WGO is keen for the offer from the American College of Gastroenterology to use their Universal Curriculum to be taken up. This is an on-line interactive tool to support training in gastroenterology in WGO Training Centre environments. Use in Latin America has been positive.
- Prof Shimuzu from Japan has a WGO brief to facilitate tele-education across Training Centres. He visited Melbourne on August 26<sup>th</sup>. Preliminary discussions, and the first "test" of tele-education with Fiji was conducted by Prof Geoff Hebbard and Prof Malani over the last weekend in August. Further developments can be anticipated, including at the World Gastroenterology AGW GASTRO 2015 meeting in Brisbane Sept 28-Oct 2 2015.

## Training provided outside Fiji

This year saw the extension of training to both Honiara, Solomon Islands and Yangon, Myanmar at the invitation of local authorities. For many years a surgeon from San Diego California, Dr Eileen Natuzzi has provided training and material support to the National Referral Hospital Honiara in part as a memorial to her uncle who died in the battle of Guadalcanal during the second world war. Eileen has brought extraordinary energy and wisdom to this task and has involved Australian health-care workers in her program before. But we now have a more formalised relationship with her and will be contributing to all parts of her program in the future.

A stalwart of GeFiTT, Dr Thein Htut who left Myanmar some 3 decades ago has re-established links with colleagues and authorities in Yangon which led to an invitation to assist in the establishment of an Endoscopy Training Centre at Yangon General Hospital's Gastroenterology Unit which is led by Prof Thein Myint. The first training program was held over 2 weeks in May and it is clear that there is a massive need for training in Myanmar and very willing trainees. An application has been made to the World Gastroenterology Organisation to support the development of a Training Centre in Yangon.

## Trainers in Honiara, Solomon Islands 2014

March	Mark Norrie (Brisbane)
	Di Jones (GE Nurse, Brisbane)
August	Catherine Croag (Melbourne)
	Daniel Croag (Surgeon, Melbourne)
	Lea Wiggins (GE Nurse, Brisbane)

## Trainers in Yangon, Myanmar

May	Finlay Macrae (Melbourne)
	Thein Htut (Brisbane)
	Di Jones (GE Nurse, Brisbane)
	Peter Katelaris (Sydney)
	Tony Clarke (Canberra)

## Thanks

The Training Centre wishes to acknowledge the wonderful support of DFAT's Strengthening Specialized Clinical Services in the Pacific (SSCSIP) who supported the attendance of all the trainees (Doctors and Nurses), Royal Australasian College of Surgeons PIP, the World Gastroenterological Organisation, and DFAT through Royal Australasian College of Surgeons for the travel and accommodation costs of the trainers. The enthusiastic support of Dean Ian Rouse, the CWMH administration (Dr Jemesa Tudravu), Jon Long and CR Kennedy, Robyn Nagle (for donation of endoscopy capsules) all the hospitals that donated equipment, Zafirah Khan and her family for arranging container loads full of donations to reach Suva. Geelong and Fiji Rotary Clubs also arranged for freight by ship. The past-president of The Rotary Club of Suva Dr Bernadette Pushpaangaeli is also acknowledged. We thank them all.

Of course, this program would never happen without the support of the Internal Medicine Department at CWMH and the College of Medicine, Nursing and Health Sciences – especially our dear friends Associate Prof Jioji Malani, Dr Mai Ling Perman and Nurse Unit Manager Maraia Ratumaiyale and all her nursing staff. We also acknowledge the warm reception of the all the hospital consultants particularly Dr Ganeshwar Rao and Dr William May.

We also thank Dr Eileen Natuzzi for inviting us to help with her established program in Honiara and Professor Thein Myint for his invitation to assist in Myanmar. In both these countries we found a very warm welcome and a genuine commitment to improving health services despite the resource challenges.

As organizers, we are deeply indebted to all the enthusiastic GeFiTT members who have volunteered their time to support the program over the years.

Finally we make note that all the GeFiTT trainers derive much pleasure from the opportunities to train, to learn from the local very experienced physicians (especially around clinical problem solving across the breadth of medicine, much focussed on raw clinical skills and observations) and the CWMH. It is an experience that will always be etched into the memories of all GeFiTT team members.