

Fiji Program Report ANZGITA 2015

Introduction:

This year saw the 8th mission of what is now termed the Australian & New Zealand Gastroenterology International Training Association (ANZGITA) 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 ANZGITA 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. ANZGITA 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 Fiji 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. This year a donor provided sufficient funds for CR Kennedy to deliver at a

much reduced price a new inventory of Fuji endoscopes and processor which Jon Long installed in time for our month of intensive training.

- iv) Even though the The Australian Department of Foreign Affairs Department (DFAT) Pacific Islands Program (PIP) has been severely reduced in size, ANZGITA did receive a small grant. This has allowed the accommodation and travel expenses of the nurse trainers to be met by ANZGITA – the doctor trainers will need to meet much of their out-of-pocket expenses. The grant is administered through the Royal Australasian College of Surgeons.

Trainers in Suva, Fiji 2015

The following trainers contributed to the program this year:

13 – 24 July	Terry Gavaghan	Canberra
	Lindsay Mollison	Perth
20-31 July	Sunny Lee	Brisbane
27 July – 7 August	Greg Lockrey	Melbourne
	Martin Schlup	Dunedin
3-7 August	Alice Lee	Sydney
Nurses		
13 July- 7 August	Lyne Dine	Campbelltown
27 July – 7 August	Desley Raynham	Mackay

Maureen Richardson kindly agreed to contribute but had to cancel at the last moment as she suffered a significant injury and Anne Dowling had to abort her contribution as her leave was cancelled by her employer.

Local Trainers

Jioji Malani (Physician and gastroenterologist)

Mai Ling Perman (Physician and gastroenterologist)

Training for Fijian Professionals

November 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:

- Neither nurse this year had previously been to Suva and found the conditions for practice much less developed than they had expected. Both felt that there needs to be a clearer description of what conditions are like in the preparatory material that the nurses receive prior to departure.
- They felt that it would be helpful for the nurse trainees to have one or two days of lectures on evidence based practice, infection control, international guidelines etc. before clinical work was undertaken.
- They felt that while infection control practices had been a major component of previous workshops, it would appear that once the workshops finish the tendency is to revert to previous (unacceptable) practices.
- They felt the numbers of trainees was often too great in the clinical setting. They felt it would be helpful if each trainee was asked before the program to write down what they needed to learn to ensure that the training was appropriately focused.
- Both nurses felt that the longer each trainer could be at CWMH the more effective they could be. The problem that this raises is that it would limit the number of nurses who would have the opportunity to participate.

Gastroenterologists:

- The size of the training group, and the numbers present in the endoscopy room during sessions was thought to be too big for effective teaching.
- The resource of teaching material available on Dropbox is a big step ahead but the organisation of the lecture series could be improved by having the topics decided in advance on the request of the Suva clinicians and having the trainers allocated their topics well in advance. It was also suggested that all the training should be provided in Suva and should be directed at as small number of relatively experienced endoscopists who in turn could provide the basic endoscopy training.
- It was felt that the trainers should be provided with information on each trainee (with a photograph of the trainee) which outlined the current experience and ambition of the trainee so that training could be better focused. Also it might be better to have an evaluation form that was filled in after each endoscopy examination.
- As with the nurses it was felt that if the trainers were present for a longer period they could be more effective. But this raises the same issue of limiting opportunities.
- It was unclear to the trainers as to whether they should negotiate with equipment companies for donations or whether this should be undertaken by ANZGITA organisers.

Trainee profile and training report

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

Features of the program

- All the trainers felt the course had been very worthwhile and effective in transferring skills. All much enjoyed their experience and much appreciated the welcome they received in Suva.
- Endoscopy teaching continues to be enhanced with the utilization 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. Due to unavoidable problems only 2 nurses were present, which resulted in a huge workload and very long days for them.
- 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 again 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 further 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 is developing improved links with 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.
- 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.
- There has been a substantial improvement in the availability of the disinfecting agent glutaraldehyde, but reliable supplies of enzymatic detergent are still not achieved. Mention was made that it would appear that necessary infection control practices are not yet being routinely implemented between courses.
- 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 disinfector which has now been installed and is functioning.
- 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 former Fiji Minister of Health, Mr Neal Sharma has enabled the establishment of a much more affordable service with Gibson Freight which is now being regularly used.

- The DFAT contract for 2013-14 has now come to an end. A much reduced allocation was made by RACS for our Suva program which will not cover all the out-of-pocket expenses of our volunteers.
- The Gastroenterology Nurses again brought important skills and enthusiasm to the service and worked very well with their dedicated and diligent Fijian colleagues. Only 2 nurses were able to participate this year because of last minute cancellations which were in no way the fault of either nurse. The nurses who did participate have provided a number of very useful suggestions on future improvements. Their contributions have been very much appreciated.
- ANZGITA is now on a firm footing but there is much to do to meet the training needs that have been identified.

Opportunities for improvement

- The numbers of trainees for both the medical and nursing programs is proving difficult in the clinical setting. Consideration should be given to limiting the numbers of medical trainees from having hands on endoscopy training so that those who do can have better experience. Those not having hands on endoscopy training could be offered a more intensive gastroenterology training program with lectures, workshops, ward rounds and seminars as well as the opportunity to observe endoscopy procedures.
- The academic program could be restructured to meet the needs of both those who have endoscopy training as well as those who do not.
- For the past 2 years surgeons have not had the opportunity to participate in the program. Work needs to be done to resolve some of the impediments in CWMH to this happening.
- While the GE Nurses have transformed endoscopy nursing practice in Suva the comments from the Nurse Trainers in the Feedback indicates that the changes they have implemented have not necessarily been sustained between each program.
- There is clearly a need to extend endoscopy services elsewhere in Fiji and to other nation islands in the Pacific. ANZGITA 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.
- The reduction in support from DFAT for our volunteers is a concern – particularly for our nurse volunteers.