



AUSTRALASIAN COLLEGE
FOR EMERGENCY MEDICINE
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2018 INTERNATIONAL EMERGENCY MEDICINE SCHOLARSHIP



ACEM
Foundation

Dr. Duncan Sengiromo: Report on the 2018 International Scholarship to the Australasian College for Emergency Medicine (ACEM) Annual Scientific Meeting (ASM) in Perth, Australia.

ACEM 2018 ASM
ON THE EDGE
35th ANNUAL SCIENTIFIC MEETING PERTH 18-22 NOVEMBER

18 - 22 November 2018
Perth Convention &
Exhibition Centre

35
YEARS
1983 - 2018

1. Title

Report on the 2018 International Scholarship for the Australasian College for Emergency Medicine (ACEM) Annual Scientific Meeting (ASM), Perth, Australia.

2. Background

The International Scholarship Award is funded through the ACEM Foundation and is presented to doctors and other health professionals from countries in which the emergency medicine specialty is developing. This year the ASM was held in Perth, Australia at the Perth Convention and Exhibition Centre from the 18th to 22nd November, 2018. The 2018 International Scholars Awardees were from Botswana, Myanmar, Nepal, Sri Lanka and Papua New Guinea.

3. Objectives

The main objectives of the trip were to:

1. Utilise the visits to hospitals to compare and contrast with the Emergency Department of Port Moresby General Hospital (PMGH) in Papua New Guinea (PNG) where I work;
2. Present at the ASM Conference to outline the development, progress and limitations of Emergency Medicine in PNG in relation to post-graduate training, human resource development and infrastructure development;
3. Utilise the ASM Sessions to increase my scope of Emergency Medicine in the world;
4. Thank ACEM for the Scholarship and to acknowledge the contribution of ACEM in PNG and South Pacific/ South-east Asia.

4. Hospital Visits and Tours

The activities done are shown in the Table 1.

Table 1. Summary of Activities Planned by ASM			
Date	Activity	Comments	Acknowledgements
Day 1 Tuesday (13.11.18)	Fly in to Australia. Checked into the Intercontinental Hotel in Perth.	Considering distance and transiting time, the flights and flying time were nicely arranged.	ASM and Mrs. Karen Eastwood
Day 2 Wednesday (14.11.18)	Rest day. Met with International Scholars with Ms. Karen Eastwood in the evening. We were briefed on the scheduled activities.	We travelled from various distances. The rest day was great and refreshing. We were all booked into the same hotel. Very convenient to meet and prepare for the planned activities.	ASM and Mrs. Karen Eastwood.
Day 3 Thursday (15.11.18)	Visit to Royal Flying Doctors Services (RFDS).	The RFDS is a flying ambulance serving the vast and extensive landscape of Western Australia. The tour of the facility was great.	Dr. Chris Curry. Royal Flying Doctors Services
	Visit to State Emergency Rescue Helicopter Service (SERHS).	This helicopter services is another service that is critical in retrievals, transfers or medevac.	Dr. Chris Curry. RFDS. SERHS.
	Visit to Perth Children's Hospital. We were hosted by FACEM Dr. Meredith Borland, Director of Emergency Medicine.	This hospital is dedicated to children's health alone.	Dr. Meredith Borland Dr. Ngaire Caruso
	Scenic walk in Kings Park/ Gardens	The scenes were awesome and breath-taking. The park holds some of the unique plants only to WA like the 'kangaroo paw' plant.	Dr. Chris Curry Dr. Ngarie Caruso
Day 4 Friday (16.11.19)	Visit to Fiona Stanley Hospital hosted by FACEM Dr. Ngaire Caruso	It's huge with many equipment.	Dr. Ngaire Caruso
	Catch Northport Ferry to Rottnest Island. Also has a visit to Rottnest Island Nursing Post, hosted by Claire Parsons. Concluded with a Leisure bike ride.	The Nursing Post was well equipped. It was amazing to see the level of care and standards at the Nursing Post.	Dr. Ngaire Caruso Nr. Claire Parsons Ms. Eastwood
Day 5 Saturday (17.11.19)	Free day	Rested. Also finalized ASM individual presentation.	

4.1 Flights, Accommodation, Allowances and Tours

It was great to travel a few days earlier to rest and absorb the culture and tourist attractions of Australia. The allowance of \$AU 100.00/ day was sufficient to cater for expenses as well. It met the cost of the taxi fares, refreshments, dinners, consumables, etc.

The accommodation (Intercontinental City Centre Hotel) was first class. The hotel was centrally located in the city and close to the ASM venue as well. This was very convenient for international visitors. The complimentary breakfast was great to boost the day.

ASM and Mrs Eastwood organised tours prior to the convention itself. The experience was great and professionally and culturally enhancing. The visits to the tourist sites helped me appreciate the Australian culture and beauty.

4.2 Visit to Royal Flying Doctors Service

The visit to the Royal Flying Doctors was intriguing. The RFDS is practically a flying ambulance service serving the vast and extensive landscape of Western Australia. The service allows patients in rural Australia to access life-saving services that wouldn't be made possible in the best possible time for the best possible outcome. It was awesome to note the risks (for pilot, medic and patient), the capacity and the limitations for the services. Moreover, the difference in plane size, design and speed.

Relating to a country like PNG and its isolated communities, a service of this type would be of great help to the vast isolated communities. A good concept to plan for at provincial levels to access patients and ultimately transport them to provincial hospitals.

4.3 Visit to State Emergency Rescue Helicopter Service

This service is similar to the RFDS. It provides a link to retrieve, transfer or medevac patients to hospitals. Services like this and the RFDS requires great commitment by staff and stakeholders to maintain its service.

4.4 Visit to Perth Children's Hospital

It was an extra-ordinary experience to see a whole hospital dedicated to a single specialty, in this case, children's health. The children's emergency department was massive. Noting individual beds, rooms, cardiac monitors, x-rays, ultrasound machines and even television sets was overwhelming.

One concept noted was the triage system and patient movement from the outpatient and the emergency department. The colour-coded floor prints was intriguing to allow better patient flow. The Computerised system for results and treatment was a highlight to note for efficient patient management and disposition. Some difficulties raised included solving patient crowding and admission to the wards themselves. This continues to be a problem in my department in PNG. Issues noted may assist me to improve my department in the future.

4.5 Visit to Fiona Stanley Hospital

My first impression of Fiona Stanley Hospital is that it was huge with a lot of equipment. The Emergency Department itself had a huge staff room with computers per desk per doctor.

There was a convenient emergency department entrance with a decontamination facility. There were professional armed guards for general security and to assist with the aggressive patients. The Emergency Department was divided into sections pertaining to the level of care the patient needed. All sections needed access cards.

We witnessed a resuscitation code. Communication was paramount. The use of the Ultrasound machine in the ED and certification for doctors was outlined. Moreover, the need for FACEMs to initially perform USS under a certified supervisor and to continue to do USS to ensure accreditation is maintained.

The magnitude of the technology in the ED was overwhelming. Despite this, the principle performance indicators like Length of Stay and ED crowding remains important. However, the level of commitment and development through government support and development improves performances. The set-up or plan of the ED was great to consider in planning the extension of the ED in my hospital.

4.6 Visit to Rottneest Island Nursing Post

The Nursing Post was isolated by sea with the last ferry out by evening. It was well equipped. Moreover, it was located on a significant tourist location. Whilst there we witnessed a patient being managed there: an adult male who fell off a bicycle. The facility had an x-ray machine as well.

The idea of the nursing post is similar to an aid-post in the PNG setting. However, the nursing post was extremely well equipped with enough staffs to perform its duties. This nursing post set-up is an ideal model to develop in PNG in the sub-districts.

5. ASM Scheduled Sessions and Events

The sessions for the ASM was well organised with programs available in a booklet and available on an app accessible via the internet with free Wi-Fi given at the venue. The convention center used was convenient as all talks were done within it. There were many talks/ seminars and plenary sessions attended; however, the highlights will be discussed below.

5.1 ASM ACEM College Ceremony

This occurred on Sunday (18.11.18). During the Ceremony, International Scholars received a **certificate for the scholarship.**

It was also great to hear the history of ACEM; from its humble beginnings in the 1970s/ 1980s to the dominant force it is now in the South Pacific, Asia and the world.



Figure 1. ACEM ASM Scholarship Recipients 2018.

5.2 ASM Welcome Reception

This occurred on Sunday (18.11.18) as well. The event was at the State Reception Centre, Kings Park. The Australian classical culture of live entertainment with dominant violin sounds was tranquil. With this session I was able to meet other international scholars, FACEMs and visitors. I was able to establish foundations for future dialogue in terms of email and Whatsapp connections.

5.3 International Emergency Medicine (IEM) Sessions

I acknowledge Dr. Georgina Philips for mentoring and coordinating IEM sessions. IEM sessions attended included:

- ACEM International Development Fund Grant: Lessons Learnt;
- Interactive session: Around the Globe/ Progress;
- ACEM International Scholar Presentation; and
- IEM Dinner.

5.3.1 ACEM International Development Fund Grant: Lessons Learnt

It was interesting to see how the grants were used to fund projects in developing countries. There was debate over whether such grants would benefit FACEM/ ACEM only and not the countries involved. I was fortunate to make a comment in which I explained that from a Papua New Guinea point of view, the involvement of FACEMs and ACEM have resulted in the production of Emergency Medicine Physicians in Papua New Guinea (via University of Papua New Guinea) and certain training like the PTC, SIREN, etc. Without ACEM support, these would not have been possible. These projects are seen as investments in developing EM in these countries.

5.3.2 IEM Interactive session: Around the Globe

I was very fascinated and grateful for ACEM and its commitment to develop EM in the world. I was surprised to note its spread to Asia, Africa and the Pacific.

5.3.3 ACEM International Scholar Presentation

International Scholars who presented were:

- Myself, Dr. Duncan Sengiromo, from Papua New Guinea;
- Dr. Kago Thuto Mokute, from Botswana;
- Dr. Maung Wunna and Dr Htet Htet Win, from Myanmar;
- Dr. Masum Poudel from Nepal; and
- Dr. Madurangi Ariyasinghe, from Sri Lanka.

These presentations revealed a lot of challenges and limitations experienced in our countries. However, it also showed the commitment we all have to ensure Emergency Medicine is successful and prosper in our countries.

Moreover, great acknowledgement must be given to ACEM for its continuous support to our countries and also to ASM for making the scholarship possible. Therefore, I must acknowledge ACEM Foundation as the provider of the International Scholarship(s).

5.3.4 IEM Dinner

The IEM Network Dinner provided a venue and atmosphere for networking for members of the International Emergency Medicine Network, International Scholars and those with an interest in improving emergency medicine in the regions where EM was developing.

This created an atmosphere to discuss the needs of my ED with interested FACEMs willing to help. I was very humbled to exchange contacts with some of the FACEMs.

5.3.5 ACEM ASM Gala Dinner

This occurred on the evening of Wednesday (21.11.18). The Gala Dinner is one of the most anticipated events in the Emergency Medicine social calendar for 2018. The food and entertainment were great. The event showcased entertainment that I personally had seen on television only. It also highlighted the responsibility surrounding socializing and consuming alcohol in positive way.

5.3.6 Highlights of Sessions Attended

There were many sessions attended during the conference. A few highlights were:

- ‘On the Edge of Change’ by A/ Prof Anna Holgate

What I understood from the talk was the challenge on different generations of doctors and the difference in practice and learning now compared to the past. A certain understanding and merging is needed to progress and develop Emergency Medicine and Medicine as a whole.

As a keen academic and mentor to newly graduating MBBS students and young Emergency Medicine doctors, the awareness of change and generation culture is something to take note of and to merge certain traits to accomplish positive development for EM.

- ‘On the Edge of Burnout’ by Dr. Ken Milne

What I perceived from the talk was how burnout was real. I also appreciated the skill at which Dr. Milne presented. The ability to give a seminar to an audience with the use of character, body gestures, pauses, jokes, etc. to engage your audience for a lengthy period was remarkable. I personally was inspired to pursue and develop my presentation skills.

- 'Access Block Session' Chaired by Prof Drew Richardson

Access Block is a global issue. An image was shown of a freeway in the United States in which the number of lanes were increased to improve the traffic congestion; however, the more lanes added, the more cars and congestion occurred. In a similar way, increasing the size of the department or hospital may not be the answer; therefore, the process or system or policies may have to be improved or changed to address access block. Such an example is communication between departments, e.g. surgeons and medical teams over patients with co-morbidities.

Increasing the size of ED in PNG has been a thought of mine to improve ED crowding. Access block issues may well be the answer for now. Such an issue of communication between ED and specialty disciplines and delays in patient diagnostic studies remains a challenge for me and will look forward to addressing it in PNG.

5.3.7 Trade Exhibitions and Poster Display Presentations

This was something I would use in the future. Presenting multiple researches on individual posters was a good to have many people read through a research and vote online was very innovative.

6.0 Summary

As an aspiring leader, I was humbled by the scholarship given by the ACEM Foundation and ASM. I will forever be grateful. I continue to be in awe at the professional organization of the whole event.

The interaction with the Main Talks and Plenary Sessions has increased my scope of Emergency Medicine in the international perspective. I acknowledge and am grateful for the ACEM initiative in playing a senior role in developing EM in the Pacific, Asia and Africa. Such an investment in Papua New Guinea has resulted in an increase in Emergency Physicians in Papua New Guinea to 30 in 2018.

Furthermore, PNG has supported the South Pacific in terms of Post-graduate training of Emergency Physicians with three Emergency Physicians in Solomon Islands and one in Fiji.

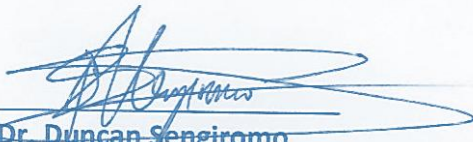
The International Scholars presentations were inspirational. Presenting the development of EM in these countries revealed a lot of hardship, sacrifice but satisfaction in the awesome establishment and progress of EM in these/ our countries.

As portrayed by the report, I was able to accomplish my objectives for the scholarship.

7.0 Acknowledgements

- Australasian College For Emergency Medicine (ACEM) and ACEM Foundation.
- Australasian College For Emergency Medicine Annual Scientific Meeting Organizing Committee, 2018.
- Mrs. Karen Eastwood.
- Dr. Georgina Phillips.
- Dr. Collin Banks.
- Dr. Chris Curry.
- International Scholarship Recipients.
- Port Moresby General Hospital, Papua New Guinea.
- University of Papua New Guinea, Papua New Guinea.
- Papua New Guinea Society For Emergency Medicine, Papua New Guinea.
- Family (Mary, Alisha, Junior Duncan and Maryanne).

I certify that this is my own work dated 25th February, 2019:



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