

# GECCoP Meeting Communique - 19 June 2023

The Global Emergency Care Community of Practice (GECCoP) meeting was conducted as an online meeting on 19 June 2023 at 13:00-15:00 AEST. There were 32 virtual attendees.

## 1. Introduction

The GECCoP chairs, Sarah Bornstein and Donna Mills, after initial standing proceedings, introduced themselves and welcomed all virtual attendees to the second GECCoP meeting.

Sarah Bornstein is an emergency nurse, who's been working in EDs around Australia and PNG for the last 12 years and joined the meeting from Port Vila, Vanuatu. Donna Mills, who has taken over from Rob Mitchell, is an Emergency Physician currently based in Alice Springs, who has lived and worked in multiple Pacific Islands, particularly The Solomon Islands and has a passion for postgraduate education and training.

The chairs then outlined the aim of GECCoP and how a community of practice works. The GECCoP aim is to provide an informal community-led forum that brings together like-minded individuals to share ideas, innovations and opportunities in global emergency care. It hopes to facilitate effective communication and partnership between individuals and organisations engaged in GEC capacity development, particularly in the Indo-Pacific. This Community is informal and multidisciplinary with an aim to create collaborative partnerships. This will hopefully build relationships and improve efficiency and minimise duplication.

It was acknowledged that even though ACEM is facilitating this meeting, GECCoP is designed to be community-led and governed. Part of that is reflected by the shared co-chairing arrangement between a Fellow of ACEM, and a non-medical non-ACEM chair. Also, membership is for any health worker with a passion for emergency care and not limited to just doctors and nurses.

The theme of this GECCoP meeting is 'Collaboration in Global Emergency Care' and involves three different speakers presenting on their experiences on collaborating in global emergency care with opportunities for questions and discussions after each presentation.

## 2. Collaboration in Global Emergency Care

### 2.1 'Joy of Collaboration': EMAT in Tanzania – Libby White, Critical Care Nurse

#### Presentation Outline

Libby became involved through her workplace, Alfred Health, who had a MOU with Emergency Medicine Association of Tanzania (EMAT) in 2016 to develop clinical support in Tanzania.

EMAT was formed by nurses and doctors. It is run as an NGO and able to receive funding, where the nurses and doctors can determine where the funding was spent.

The role is based at Muhimbili National Referral Hospital (MNRH) in Dar Es Salaam, which is a big and busy hospital. The ED started in 2010, with first batch EM specialists in 2013. Nursing support was sporadic, which is why the role was established.

Libby worked in the role of emergency nurse mentor working on the nurse mentor program, which involved:

- Formal education
  - developing clinical education framework
  - providing skills to independently deliver and progress education
  - developing a postgraduate emergency nursing curriculum with the university, including nursing research capacity

- Nursing leadership:
  - creating capacity and support for nurse leadership roles
  - Supporting a nursing leadership structure within the EMD that compliments the medical structure
  - developing opportunities for multidisciplinary staff training

Lots of collaboration and support from: :

- The local team - supported Libby as much as she supported them
- Employer – Alfred health
- New boss - EMAT
- Workplace – MNRH
- Funder – Abbott Funds

Benefits of collaboration:

- Support
- Guidance
- Local knowledge sharing
- Sharing resources
- Not 're-inventing the wheel'

What Libby would do differently:

- Minimise burden of collaboration requirements on the local team, such as:
  - Reporting to so many different groups
  - Looking after visiting people and partners
  - Ongoing justification of what they do

Top 2 Collaboration Tips:

1. Nurture the nurses
  - Empower nurses with knowledge
  - Support development
  - Encourage multidisciplinary training
  - Build a team
2. Make the most of every opportunity
  - Learn about the culture
  - Learn the language
  - Build the relationship and respect through involvement

### **General discussion and responses to questions:**

Collaborate through cake: Cake is a unifier and global strategy!

Describe collaboration at many levels including governance level – how did all key decision makers come together to make it happen:

- Small group of leaders who worked together
- Strong sense of community – people wanted to do the right thing

How has your experience changed your practice:

- A lot!
- Minimise waste when working in ED
- encourage the sense of community – humility and people who care about each other

It was highlighted that there is a significant commitment required by in-country partners, who have to do a lot of reports and record keeping and hosting to provide justification for multiple partners/collaborators. External partners look at relationship bilaterally, and not necessarily collectively, and potentially further burdening under resourced system.

Strategies for management of multiple relationships/collaboratives/partnerships and the 'reporting' burden:

- Can only take one day/project at a time and prioritising. Generally, people/partners are very understanding
- Identify champions to lead different arms which they feel passionate about and lots of delegation
- Managing multiple collaborations in country is challenging, however when you have a good team to assist and prioritise the key outcomes you wish to achieve, makes it worthwhile in the end

Strategy on how to communicate with people who did not understand the context/constraints in which you were working i.e., manage expectation of funders and donors:

- Monthly newsletter back to workplace – expressed through articles what daily work/life was like. It is difficult to portray different cultures and situations.
- Communication important - listen to needs of those around you and translate into a language which other collaborators could understand so take on the role as a translator.

The importance of bringing the nursing team along with the medical team in terms of training and education was highlighted.

## 2.2 Collaboration in Emergency Care in Solomon Islands– Dr Trina Sale, Emergency Medicine Physician at the National Referral Hospital, Honiara, Solomon Islands

### Presentation Outline

Background on the National Referral Hospital (NRH): ED is one of 11 departments; only NRH in SI; 40,000 patients per year with a quarter of these are paediatric cases; admission rate is 10%; ED staffing – 44 nurses, 16 registrars, 4 consultants, 1 clerk, 1 porter and 0.6 cleaner.

A number of groups have supported NRH overtime, with the Solomon Islands Medical Partnerships for Learning, Education and Research (SIMPLER) project being a key one over the recent years.

SIMPLER began: 2015 to help transition foreign trained medical graduates into the system, which included:

- 1 year bridging program followed by a 2-year internship
- Post graduate medical education

Since commencement:

- About 30 volunteers involved
- About 123 interns completed the training program and become registrars, with 51 enrolled this year in the program this year
- Establishment of graduate career pathway for junior doctors and the development of a Post graduate diploma in rural medicine

SIMPLER is a collaboration between:

AVI and Australian Volunteers Program – involving Australasian medical colleges  
Ministry of Health and Medical Services, Solomon Islands  
NRH, Honiara

Strengths of Collaboration:

- Work side by side and learn from each other, this fosters a sense of community and belonging
- See situations from different perspectives which provides creative, innovative solutions and recommendations
- Expansion of SIMPLER to include the post graduate career pathways prevents burnout and keeps the fire burning in young doctors
- More effective problem solving
- Enlarge professional network

Challenges of Collaboration:

- Communication
- Unclear goal
- Culture
- Lack of feedback

Future:

- Have enough local capacity to carry on the bridging program
- Have postgraduate diploma in rural medicine program up and running
- Strengthen with regional medical schools and improve infrastructure and equipment availability to have the NRH serve as a training site for other post graduate diploma courses in other disciplines. Current training site for University of PNG for emergency, surgery, obstetrics and gynaecology and anaesthesia.
- Work towards having own medical schools

#### **General discussion and responses to questions:**

Any plans to scale the SIMPLER model to other countries? Currently Vanuatu is considering a similar initiative and is under negotiation.

It was noted that SIMPLER continued despite the COVID pandemic due to positive collaboration between all partners. The different partners were able work remotely and get through COVID due to strength of established relationships and networks.

Pre-existing relationships and mutual respect are important for establishment and maintenance of partnerships, especially cross-cultural partnership. ACEM's COVID support forums for EC clinicians built on this to create a safe space for collaboration and support.

SIMPLER is a complex project as it multidisciplinary and involves many partners. It requires a lot of communication and organisation at different levels that relies on central facilitation, that has been provided by AVI.

### **2.3 Resources that support collaboration in GEC – Dr Rob Mitchell, Emergency Medicine Physician, Australia**

#### **Presentation Outline**

Effective collaboration and partnership is hard especially in cross cultural and global settings – 'easier said than done'.

Resources that may help guide efforts in collaboration in GEC collaboration:

1. [ACFID Guidance on Collaboration and Partnerships:](#)

Tips and tricks in this resource Includes:

- The collaboration continuum - helps frame your collaboration approach
- Outlines core principles of collaboration: equity, transparency, accountability and mutual respect. Plus, additional principle- shared interests. All useful principles to have in mind when designing collaborative initiatives
- Template partnership agreement – if wanting to establish collaborative relationships, this assists with how to structure the arrangement, governance arrangements, how you operationalise it and the commitments you may wish to make.

2. [WHA76.2](#) Integrated emergency, critical care and operative care for universal health coverage and protection from health emergencies:

This World Health Assembly (WHA) resolution, passed on 30 May 2023, can be used as an important multidisciplinary framework for collaboration across the acute care continuum and a useful tool to drive GEC collaborative efforts

Background on the WHA resolution:

- WHA is the peak decision-making body for the WHO, which is made up of member states (countries). WHA resolutions carry significant weight as they are the result of the yearly WHA meetings that direct advice to the WHO. Structure of WHA resolutions includes: background, direction to member

states, direction to WHO director-general on activities that WHA would like to do and how they would like the WHO report on them.

- This resolution is integrating the three disciplines of emergency, critical and operative (surgical and anaesthetics) care (ECO care) and their unique relationship with primary care and universal health coverage and putting this on the WHO agenda. Also, it highlights the important relationship between ECO care and universal health care with the ability to respond to health emergencies. This is critical because those involved in the GEC development space recognise that capacity to respond to health emergencies relies upon resilient systems. Highlighting the importance of strengthening the capacity of health systems across the globe in any resource context to provide not just routine care needs but also respond to surge event, if and when they occur.
- That link is often forgotten and not always apparent to donors and policy makers. So important that there is a WHA resolution that speaks to resilient health care systems being able to optimise capacity to be able to respond to health emergencies and enshrines the continuum of care across the emergency, critical and operative care. The framing is about the relationship between all these disciplines with primary care, with ECO care and primary care collective delivering on a primary health care and universal health care agendas.

This resolution provides a useful roadmap which will hopefully guide effective multidisciplinary collaboration, which maximises impact, is sustainable and minimises burden on local clinicians/collaborators.

#### **General discussion and responses to questions:**

These tools and templates in the ACFID guide are very useful - not reinventing the wheel.

EC is often strongly linked in with public health: how does this fit?

- The WHA76.2 does not link emergency care with a site of delivery, so delivery of care can be done anywhere and need to view it as all part of the continuum. Public health is part of the emergency care continuum, which is delivered within the community.
- The [WHO Emergency care system framework](#) illustrates essential emergency care functions at the scene of injury or illness in the community, during transport, and through to the hospital emergency unit and early inpatient care, and importance of investing in all these points within the systems. Often EC clinicians are the ones driving these changes.

Encourage those involved in development/delivery of emergency care training and guidelines, to include those people/areas within the continuum of care to break down silos.

How do you integrate the recommendations in the ACFID guidelines and make it happen:

- Acknowledged that effective collaboration is hard, especially in organisations where international development is not its primary focus such as ACEM and other medical colleges.
- Approaches include:
  - Need a reflective approach
  - Demonstrate best practice as best as we can and deliver upon it such as meet ACFID standards. This requires resources to work towards it and takes time to develop organisation capability
  - Involve all stakeholders who are part of the emergency care continuum: get input from everyone and potentially funding

Approaches used to engage stakeholders:

- Engagement is a mindset – how you come into it (scene setting) - aim to get it right at the start
- Example of stakeholder engagement – running primary trauma course (PTC) with prehospital EC workers: all stakeholders brought something to the partnership resulting in ownership of a sustainable ongoing EC training initiative as well as addressing funding/resourcing needs and established ongoing networks/relationships between all the EC workers
- Recognition of learning from previous interactions and engagements and aim to make it better
- Having a supportive network so can talk and understand different perspective
- Support forum - Strong relationships and providing a space to interact and share- don't need to have answers

- Strong sustainable relationships that result from relation building and listening to needs and working with partners. Also, focus on establishing cross specialty relationships so reduce siloing.
- Connecting people to the right people working in this space and understanding who the best individual/group is to provide support for the specific goals at the right time and ensuring not replicating what others are doing.
- Leverage off other 'trustworthy' relationships.

### 3. Top 10 Tips for effective collaboration in GEC

The top tips for successful collaboration in GEC recommended by the speakers and the audience were compiled into the list of the 'Top 10 tips for effective collaboration in global emergency care', which the meeting recommended be used as a tool and shared amongst their networks. Refer to the Communicate attachment A for this list.

The co-chairs thanked all the speakers and GECCoP audience for their contributions and collaboration, highlighting the diverse range of GEC clinicians and non-clinician in attendance. They encouraged the audience to involve all people interested in GEC from their networks so can continue to grow this Community.

### 4. Next GECCoP Meeting

The next GECCoP meeting is scheduled for 13 September 2023 and will be run as a hybrid meeting from Melbourne, Australia after the 2023 GEC Conference.

The theme of this meeting will be: **Deciphering GEDSI: what inclusion means in Emergency Care**. The co-chairs asked the audience to recommend potential speakers on this theme of 'gender equality, disability and social inclusion' in GEC.

In addition, the audience was asked for their feedback on future GECCoP meeting themes using a poll. The audience's preferred themes are:

1. Leadership
2. Research
3. Pre-hospital/retrieval medicine
4. Postgraduate training/ongoing professional development

## Top tips to effective collaboration in Global Emergency Care

- 1 Create safe spaces for sharing
- 2 Value relationships and understand their importance for creating mutual trust and understanding
- 3 Paint the picture for those who are not familiar with the context
- 4 Use multidisciplinary approaches and consider external supports
- 5 Have a growth mindset
- 6 Communicate regularly and keep all stakeholders informed
- 7 Don't be afraid to have hard conversations
- 8 Nurture the nurses with knowledge, development and training - grow as a team together
- 9 Make the most of every opportunity learn about culture, language, build respect through involvement
- 10 Collaborate through cake! 