

Global Emergency Care

ANNUAL PORTFOLIO OF THE ACEM GLOBAL EMERGENCY CARE NETWORK

2022 / 2023 PORTFOLIO



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An aerial view of Port Moresby at night.

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Locals shop for fish at Gizo Market in the Western Province of the Solomon Islands.

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Global Emergency Care Portfolio

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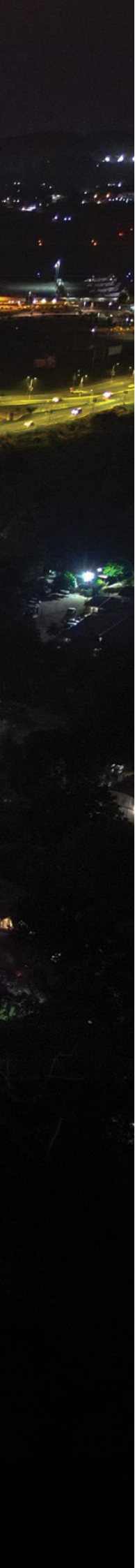
t +61 3 9320 0444 | f +61 3 9320 0400 | gecnetwork@acem.org.au

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**MAPPING GLOBAL
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The Australasian College for Emergency Medicine (ACEM) acknowledges the Wurundjeri people of the Kulin Nation as the Traditional Custodians of the lands upon which our office is located. We pay our respects to ancestors and Elders, past, present and future, for they hold the memories, traditions, culture and hopes of Aboriginal and Torres Strait Islander peoples of Australia.

In recognition that we are a bi-national College, ACEM acknowledges Māori as tangata whenua and Treaty of Waitangi partners in Aotearoa New Zealand.

GLOBAL EMERGENCY CARE IN A POST-PANDEMIC WORLD

Dr Rob Mitchell

Chair of the Global Emergency Care Committee (GECCo)

In early May, Dr Tedros Adhanom Ghebreyesus announced that the World Health Organization (WHO) no longer considered COVID-19 a public health emergency of international concern. Although the disease continues to have a significant impact on communities and health systems across the globe, this new chapter in the history of the pandemic presents an opportunity to reflect on lessons learned, and consider our readiness for future health emergencies.

One of these lessons is the essential contribution of emergency care to universal health coverage and effective public health response. In particular, the experience has highlighted the importance of resilient healthcare systems, with the capability to address emergency care needs under routine conditions as well as during surge events. As evidence of this, the World Health Assembly, at its 76th meeting in May, passed a resolution explicitly acknowledging the inextricable links between emergency, critical and operative care capacity and health security¹.

Members of the Australasian College for Emergency Medicine (ACEM) Global Emergency Care (GEC) Committee (GECCo) and Network, and the affiliated Community of Practice (GECCoP), have already contributed to the reflective process. One example is the Pacific Pandemic Emergency Care Series, published last year in the Lancet Regional Health Western Pacific. This regional, qualitative research project, undertaken in collaboration with the Pacific Community, was launched by Dr Megan Cox, outgoing Chair of GECCo, at September's GECCoP meeting in Darwin. The series of six papers provides detailed insights into the lived experience of clinicians responding to the pandemic across the Blue Pacific.

ACEM-convened regional online support forums, initiated in the early phase of the pandemic, were a primary data source for this project. I was privileged to regularly participate in these meetings, and witness the sharing of experience and advice from colleagues across the region. It's timely to acknowledge the work of Megan in chairing these forums, and leading GECCo, over the last few years. Megan's thoughtful and reflective approach to GEC development has been highly valued by all who have worked alongside her. GECCo has matured and advanced considerably under her guidance.

Although the need for regular, online support forums has passed, there will be ongoing opportunities for regional emergency care clinicians to exchange ideas and resources through the GECCoP. Further details on upcoming GECCoP meetings are detailed below.

As the acute phase of the pandemic draws to a close, it is also a time of change within the College. Over the last few years, much of our GEC activity has been concentrated on COVID-19, with established programs 'pivoting' to embrace emerging areas of need and novel ways of working.

ACEM is contributing to the Clinical Support Program in Papua New Guinea (PNG), which is part of the ANGAU Hospital Redevelopment Project, facilitated by Johnstaff International Development (JID) and funded by the Australian Government Department of Foreign Affairs and Trade through the PNG-Australia Partnership for Development. ACEM-affiliated clinicians are currently supporting ANGAU colleagues in Lae to commission the hospital's new emergency department (ED).

Now that travel restrictions have eased, the Visiting Emergency Registrar Program (VEMRP) has recommenced

in collaboration with the Australian Volunteers Program (AVP), an Australian Government initiative. There are currently emergency registrars and nurses undertaking AVP-facilitated placements in Vanuatu and Solomon Islands. In addition, we have FACEMs volunteering in Vanuatu with AVP, and in Tonga through our partnership with Volunteer Services Abroad (VSA) Aotearoa New Zealand. These placements provide a unique and invaluable opportunity to work alongside local colleagues to support sustainable emergency care delivery and development.

As we enter this new phase of GEC activities at ACEM, and the world embraces post-pandemic challenges and opportunities, it is a great privilege to have been elected Chair of GECCo. I look forward to learning from your experience, working with the new committee, and collaborating on a range of impactful and sustainable GEC projects with clinician colleagues and partner organisations across the region.

Opportunities for engagement with GEC activities in 2023 have included:

- The Global Emergency Care Conference, jointly convened by ACEM, Alfred Health and Monash University, which was held on Tuesday 12 September in Melbourne, exploring emergency care leadership with a global lens
- The GECCoP, which has already met twice this year.

Upcoming and ongoing opportunities for involvement in GEC activities include:

- The ACEM Annual Scientific Meeting, to be held in Canberra in late November, which will include a broad range of content related to GEC
- The VEMRP, which will continue to offer volunteer assignment

¹ World Health Assembly. Resolution 76.2: Integrated emergency, critical and operative care for universal health coverage and protection from health emergencies. Available at: https://apps.who.int/gb/ebwha/pdf_files/WHA76/A76_R2-en.pdf

opportunities in PNG, Vanuatu and Solomon Islands for senior trainees and emergency nurses

- The International Development Fund Grant (IDFG), offered by the ACEM Foundation, which will again provide \$50,000 worth of grants to support emergency care development projects across the Indo-Pacific region
- Other third-party assignment and advisory positions, which will periodically be publicised through the GEC Network.

The best way of keeping abreast of these opportunities is to sign-up to the GEC Network mailing list. Email gecnetwork@acem.org.au to join and remain up to date with the latest in GEC news.

@ Thanks again to all who have contributed to ACEM GEC activities over the last 12 months. I hope you enjoy this collection of stories, tributes and reflections from the emergency care community, both local and global.

Stories from *Your ED*

This Annual Portfolio features a collection of GEC stories published in *Your ED* magazine between 2022-2023, highlighting ACEM Supported Projects across the Indo-Pacific region. This range of content facilitates readers to develop a sense of the challenges and rewards that come with working in resource-limited environments. You can read the full stories and further references at: acem.org.au/Content-Sources/About/Publications/Your-ED.

Image below: Construction of the new ANGAU hospital in Lae, Papua New Guinea. Photo by JP Miller.



THE ACEM GLOBAL EMERGENCY CARE COMMITTEE

Formed in 2015, the Global Emergency Care Committee (GECCo) has been integral to the establishment of Global Emergency Care (GEC) as a key pillar of ACEM's body of work. The committee's primary objectives are to:

- Provide leadership and expertise in sustainable and ethical GEC capacity development and GEC volunteering for development with ACEM membership and key global health partners;
- Collaborate with in-country partners, international organisations and local governments to support locally-led capacity development to deliver safe and effective emergency care in the Indo-Pacific region;
- Advocate for emergency care as a core component for the attainment of health equity in universal health coverage and increased investment in emergency care system development, preparedness and resilience;
- Contribute to the body of accessible GEC research and build capacity of low- and middle-income countries (LMICs) to lead GEC research.

Dr Rob Mitchell – Chair

Rob is an emergency physician based at the Alfred Hospital Emergency and Trauma Centre in Melbourne. He has been a member of GECCo since 2018 and is the current Chair. Through his PhD and ACEM GEC activities, Rob is involved in several emergency care projects in the Pacific, including PNG, Solomon Islands and Vanuatu, focussing on emergency care systems, triage implementation and data registries. Rob is actively involved in the organisation of key GEC events including the annual GEC Conference and was an inaugural Co-Chair of GECCoP.



Dr Jenny Jamieson – Deputy Chair

Jenny is based at the Royal Hobart Hospital, working as an emergency physician and Deputy Director of the new Trauma Service. She has previously worked with Médecins Sans Frontières (MSF) in Afghanistan as an emergency/intensive care doctor and in a medical education role in Dar es Salaam, Tanzania. She is involved in a number of local GEC projects and assists with GEC content for YourED. Recently, she co-edited *When Minutes Matter* with Rob Mitchell, a publication dedicated to bringing GEC stories together from clinicians across the globe.



Dr Alex Markwell – CAPP Representative

Alex is an emergency physician at the Royal Brisbane and Women's Hospital and Past Chair of the Queensland Clinical Senate. She is a member of the ACEM Council of Advocacy, Practice and Partnerships (CAPP) and has been appointed to the National Health and Medical Research Council (NHMRC) Australian Health Ethics Committee (AHEC). She is the CAPP nominee to GECCo.



Dr Anne Creaton

Anne studied medicine in the United Kingdom (UK) before moving to Australia in 1999 and is currently based in Melbourne. She was awarded FACEM in 2007 and completed a Master of Public Health (LSHTM) in 2020. Anne's interests include education, pre-hospital and retrieval, disaster medicine and emergency care systems. Anne was involved in capacity building with Thai emergency physicians from 2006 to 2008. She also has GEC experience in Fiji, where she developed the Diploma and Master of Emergency Medicine (2013) and the Certificate in Pre-Hospital Care (2018) with Fiji National University.



Dr Brady Tassicker

Brady is based in northwest Tasmania and was a member on the inaugural GECCo. Since a volunteer placement in 2003, he has been involved in the development of emergency medicine (EM) in the Pacific, particularly in Kiribati and Tuvalu. Brady's attraction to GEC is complex, involving a deep sense of social justice, professional invigoration, the two-way benefit of learning (educator and learner), and quite frankly, the reward of pushing his own boundaries. He has a strong interest in non-technical skills transfer, nurse education, and the use of simulation as a teaching tool.



Dr Dani Clark

Dani is a FACEM who works across a few hospitals in Sydney. She holds a Master of Public Health and is passionate about building the capacity of healthcare to those in need. Dani spent one year as a volunteer registrar in Vanuatu at the beginning of the pandemic and has kept strong connections with her colleagues in Vanuatu giving ongoing support helping registrars complete the ACEM emergency certificate.



Dr Donna Mills

Donna has a strong interest in emergency care development including post-graduate medical training, tropical medicine and public health in the Pacific region. She has lived and worked in Solomon Islands and Fiji, assisting with the development of emergency care systems and Diploma and Masters programs for emergency medicine. She has also been involved with COVID-19 preparedness and response in PNG and Vanuatu. She is currently studying the Gorgas Diploma of Tropical Medicine and Global Health. Donna's other passions include ocean swimming, spending time with her pet parrot, Jack, and enjoying a good glass of wine with her husband and friends.

**Dr Ed Sixsmith**

Ed is a paediatric emergency physician working at Barwon Health, Geelong, and the Royal Children's, Melbourne. He has worked with Medecins Sans Frontieres firstly in the Central African Republic, and more recently in North-East Syria. Ed is interested in disaster and tropical medicine, which he holds a diploma in, and is committed to improving global access to medical education. He lives down on the Surf Coast where he enjoys pretending to be a surfer.

**Dr Emma Lawrey**

Emma grew up in Canada, with Aotearoa New Zealand (NZ) expat parents, and studied medicine at the University of Auckland. Emma came to GEC from disaster preparedness and response, having worked as the clinical director of the NZ Government Field Hospital (NZMAT) and for the Emergency Medical Teams (EMT) Secretariat of WHO, assisting governments and medical teams with disaster preparedness. Emma currently works for Auckland Hospital and as the Clinical Operations Lead



at the NZ Northern Region Health Coordination Centre. Her most recent outbreak related deployments include PNG, Cook Islands and Samoa, while her previous deployments were focused on sudden onset disaster in the Pacific region.

Dr Ngaire Caruso

Ngaire is an Emergency Physician at Fiona Stanley Hospital, Perth, and adjunct Senior Lecturer in Emergency Medicine at the University of Botswana. Ngaire's experience in GEC includes volunteering with MSF in Uganda, Ethiopia and on the Thai-Burmese border. Ngaire worked for the University of Botswana Medical School from 2010 to 2012 and again in 2019 to 2020. Ngaire and her colleagues introduced and developed Emergency Medicine Specialist Training in Botswana. Since leaving Botswana, Ngaire established and coordinated a weekly remote learning program for the Botswana registrars and continues to contribute regularly. Ngaire also has a Master of Public Health (International Health) from Monash University.

**Dr Nicholas Taylor**

Nick is based in Canberra where he works in a variety of roles at Canberra Hospital and ANU. Nick has been interested in GEC for many years but was inspired for life when in 2015-16, he worked in Galle, Sri Lanka as a volunteer. In this role he was involved in clinical care, education and assisting with the new EM specialist training program. Since returning, he has ongoing involvement in teaching and support of Sri Lankan emergency care providers both locally and within Australia where he coordinates a program to employ Sri Lankan senior registrars in Canberra ED to complete their Sri Lankan EM fellowship.

**Dr Rose Skalicky**

Rose is an emergency specialist who, having worked across a number of states, moved overseas with a desire to assist in bringing equitable, accessible, and quality emergency care health services. For the past decade she has been involved in humanitarian work in low resourced countries, first Tanzania and then Myanmar. Her work contributed to emergency medicine being recognised as a specialty, as well as emergency training and EDs being developed in the major universities and tertiary hospitals. Rose was privileged to work alongside her colleagues with their COVID response in 2020. Rose was awarded an IFEM Humanitarian Award 2021, for her work in Tanzania and Myanmar.

**Dr Sanj Fernando**

Sanj grew up on a coconut plantation in Sri Lanka. He immigrated first to the UK and then to Australia in the late 1970s, completing his EM training at St Vincent's hospital in Sydney. Sanj currently works at Liverpool Hospital in Sydney and with NSW Ambulance. He is the co-Director of DevelopingEM, a not-for-profit organisation dedicated to supporting acute and critical medicine in geographically remote or resource poor environments. He has been closely involved in the development of pre-hospital services in Sri Lanka and is currently in the process of setting up GlobalEMS to support training prehospital providers around the globe.



Dr Mim Scharkie – Trainee Representative

Mim is an advanced trainee, soon to become FACEM who trained in Tasmania. She is currently based in Sydney, after spending most of her training in Victoria. She first got involved in GEC when she spent a year in Vanuatu as the Visiting Emergency Registrar working alongside the local doctors. Whilst she was there, she helped with the COVID pandemic, implementing the Emergency Medicine Certificate, disaster relief, as well as mentoring and teaching. This sparked her interest in global care and in helping support her colleagues to build emergency care capacity. Her other interests include travel, hiking, her dog Billy as well as spending time with friends and family.



Dr Adrian Kerner – supernumerary

Adrian is a late-career educationalist with a love of travel. He currently works part-time as an emergency consultant at Waitemata District Health Board and intersperses this work with reviewing and teaching opportunities. Originally from Leeds, Adrian moved to Torbay on the north shore of Auckland in 2008 and has loved living there ever since. He is involved in the GEC Network, as well as various IFEM committees, and volunteers with VSA advising on emergency and other healthcare needs. Adrian also acts as a supporting FACEM in Tonga through VSA.



Dr Dhinakar Kannan Lakshmanan – supernumerary

Dhinakar graduated in the southernmost part of India – Tamil Nadu – and worked in the UK before settling in Australia. He is currently based on the Central Coast, NSW, where he is also the local ACEM work-based assessment coordinator and Director of Prevocational Education and Training for International Medical



Graduates. Dhinakar strongly believes that access to standardised health is a fundamental human right and he is passionate about promoting the principles and practice of EM, especially in resource limited settings. Coming from the subcontinent, Dhinakar has a keen interest in watching cricket and Bollywood movies.

Dr Megan Cox – supernumerary

Megan is a FACEM with over 20 years of global health experience, mostly with NGOs and faith-based organisations in sub-Saharan Africa. She worked six years fulltime as head of department at the University of Botswana, graduating their first doctors and specialists. Megan continues to mentor staff and students in the ED as an Adjunct Associate Professor. Now back in Sydney, she works across a suburban ED, NSW Ambulance retrieval service, and at Sydney University where she leads courses in humanitarian emergencies, research skills, and resource limited critical care. Megan was the past chair of GECCo and has been involved with ACEM GEC for over 10 years.



Dr Mohamed Elwakil – supernumerary

Mohamed completed his studies in Egypt before moving to Australia in 2018. His extensive work experience included six years in Saudi Arabia, and he currently works at the Lyell McEwin Hospital in Adelaide. Mohamed recognises the critical need for accessible, quality emergency care in LMICs, and his commitment to capacity-building includes through online COVID-19 support forums, developing online courses for non-emergency doctors, and hosting regular webinars for junior doctors in Egypt. Mohamed was awarded FACEM in 2021 and completed a Master of Clinical Simulation in 2023.



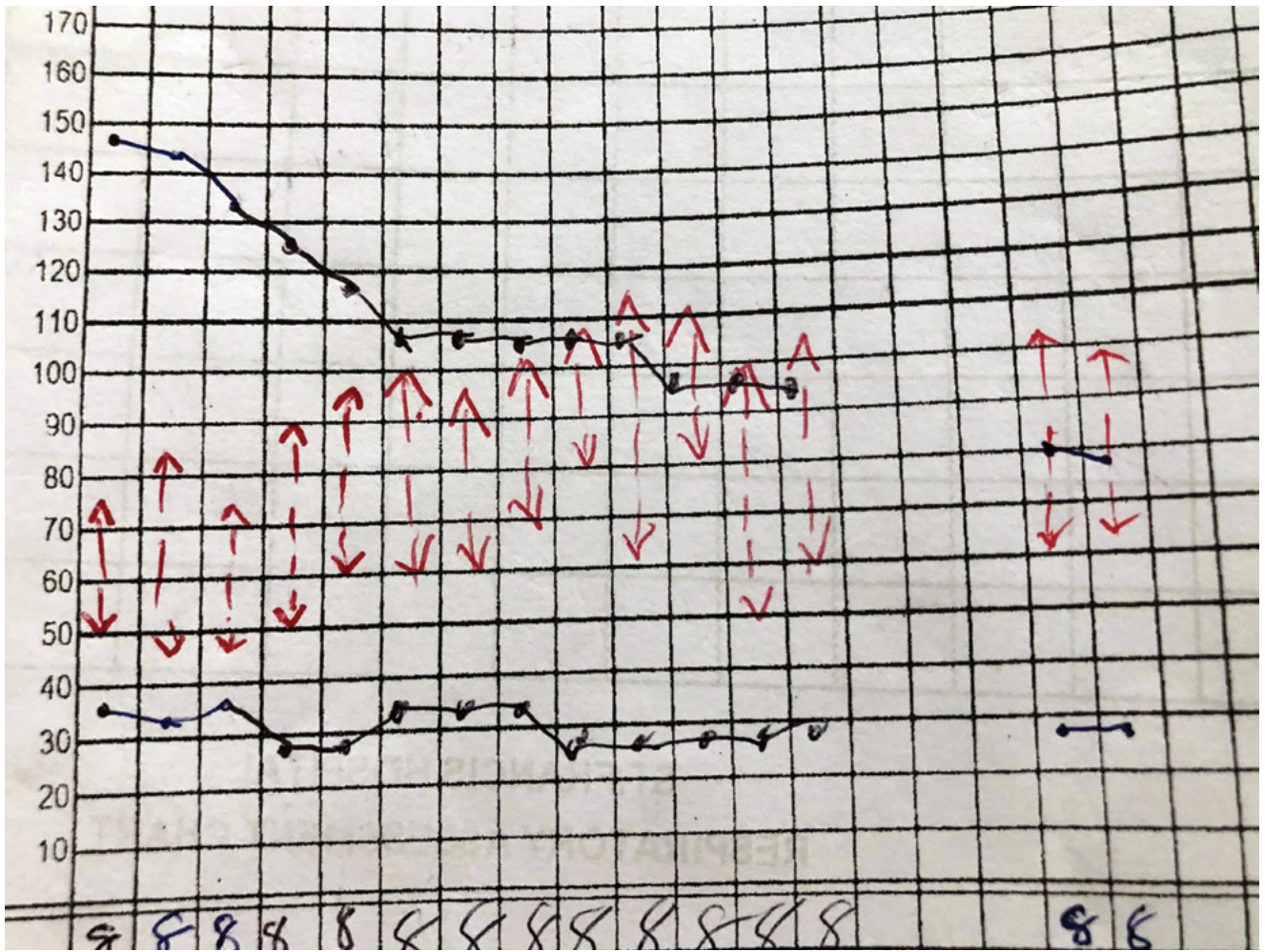
Dr Sandy Inglis – supernumerary

Sandy is a millennial FACEM who spent his early career in Christchurch, NZ. Since then, he has wandered the globe working in various EDs in both high- and low-income countries from Reykjavik to Karachi and Letterkenny to Kassala, and a good stint in his hometown of Pietermaritzburg in Kwa-Zulu Natal, South Africa, where he was clinical director and oversaw the development of the ED and EM in that area. He now lives in a small village in the west of France and spreads his time working for the International Committee of the Red Cross, WHO, expeditions to the polar regions and clinical locums in Ireland and Australia.



GECCo would like to acknowledge and thank the following outgoing members for their contribution:

- Dr Alan Tankel
- Dr Arun Shivam – Trainee Representative
- Dr Claire E. Brolan – Community Representative
- Dr Colin Banks
- Dr Georgina Phillips
- Associate Professor Gerard O'Reilly
- Dr Gina Watkins
- Associate Professor Anthony Joseph.



Images: by Dr Lara Bowell.



MAPPING GLOBAL EMERGENCY CARE AT ACEM

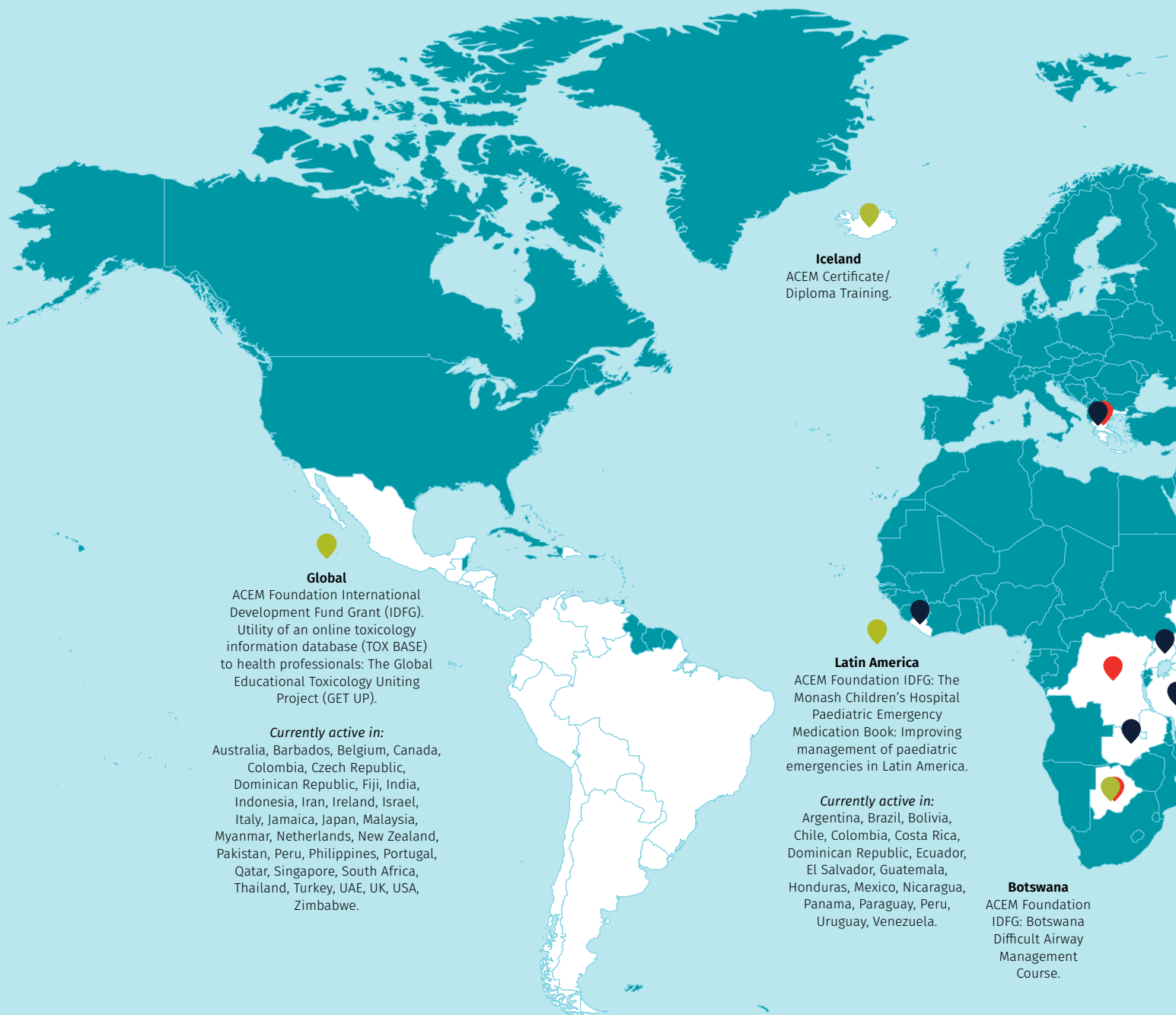
This map features ACEM's 2022-2023 portfolio of work in GEC




ACEM supported projects and activities are a growing body of work managed by ACEM's GEC Desk focused on building capacity in emergency care in LMICs. This work supports locally-led development and adheres to best practice in volunteering for development.

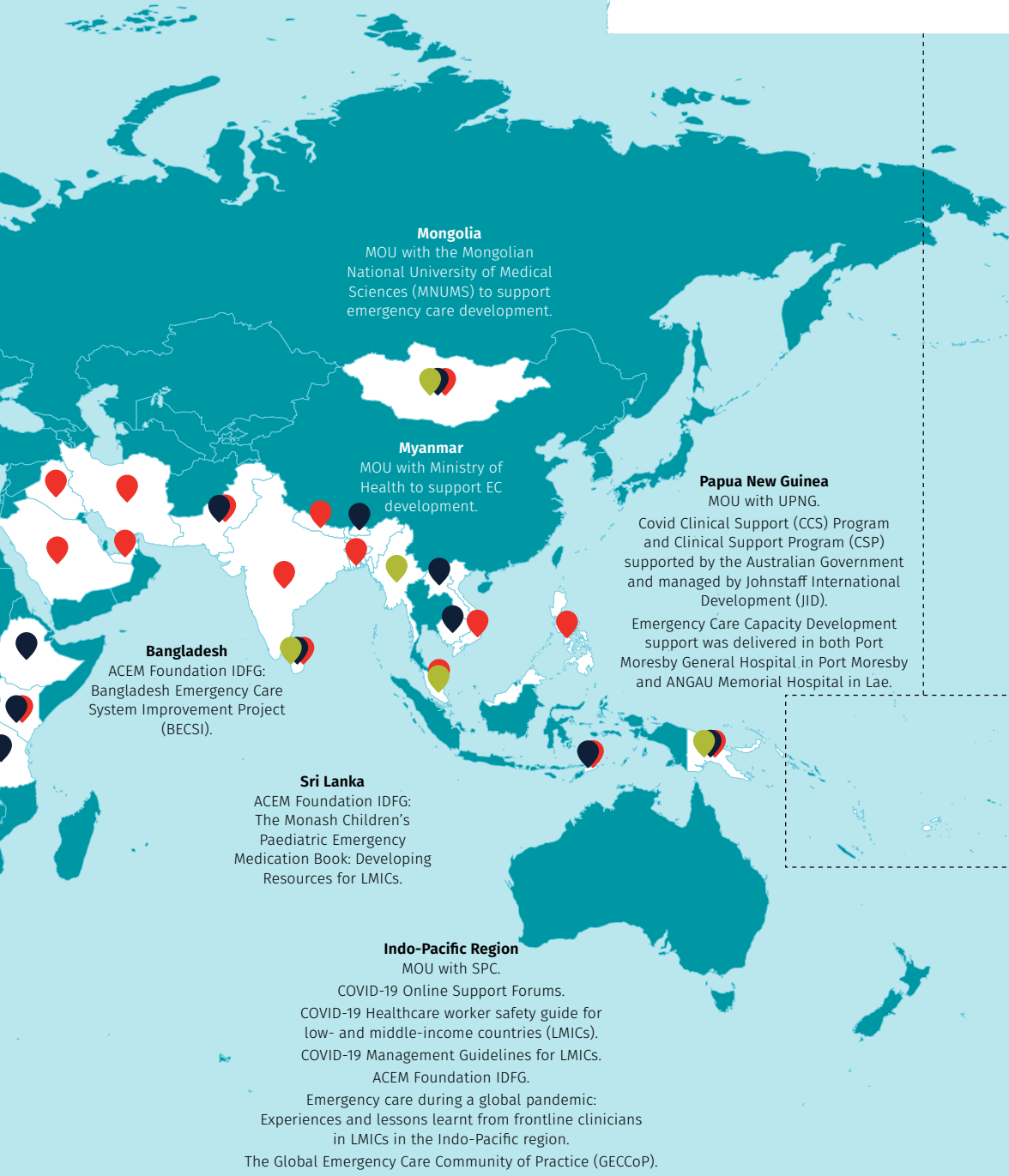
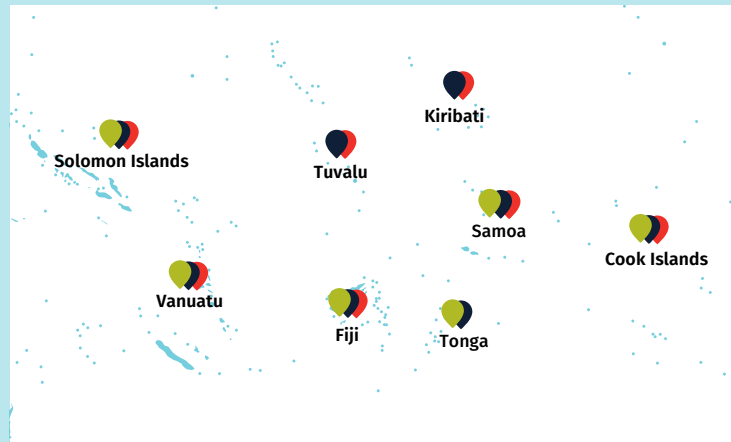
GECCo's 37 Country Liaison Representatives (CLRs) are in 31 locations and act as a point of linkage between local providers of EC and ACEM to facilitate discussions and opportunities to support LMICs countries to deliver safe and effective EC.

Fellows in country (FICs)/ trainees in country (TICs) are individuals supporting GEC activities independently of the College. We link in with our FICs and TICs and share information via our GEC Network.

If you are a FIC or TIC and do not see the geographical location of your work reflected on this map please reach out to the GEC Desk at GECNetwork@acem.org.au. We would love to hear about your work in GEC.



-  Fellow in country / trainee in country (FIC/TIC)
-  Country Liaison Representative (CLR)
-  ACEM supported project or activity



Mongolia
MOU with the Mongolian National University of Medical Sciences (MNUMS) to support emergency care development.

Myanmar
MOU with Ministry of Health to support EC development.

Bangladesh
ACEM Foundation IDFG: Bangladesh Emergency Care System Improvement Project (BECSI).

Sri Lanka
ACEM Foundation IDFG: The Monash Children's Paediatric Emergency Medication Book: Developing Resources for LMICs.

Indo-Pacific Region
MOU with SPC.
COVID-19 Online Support Forums.
COVID-19 Healthcare worker safety guide for low- and middle-income countries (LMICs).
COVID-19 Management Guidelines for LMICs.
ACEM Foundation IDFG.
Emergency care during a global pandemic: Experiences and lessons learnt from frontline clinicians in LMICs in the Indo-Pacific region.
The Global Emergency Care Community of Practice (GECCoP).

Papua New Guinea
MOU with UPNG.
Covid Clinical Support (CCS) Program and Clinical Support Program (CSP) supported by the Australian Government and managed by Johnstaff International Development (JID).
Emergency Care Capacity Development support was delivered in both Port Moresby General Hospital in Port Moresby and ANGAU Memorial Hospital in Lae.

Solomon Islands
Solomon Islands Medical Partnership for Learning, Education and Research (SIMPLER)

Visiting Emergency Medicine Registrar Program (VEMRP) site

Cook Islands
ACEM Certificate Training

Tonga
ACEM Certificate/ Diploma Training

FACEM Emergency Care Advisor site

Fiji
MOU with Fiji National University (FNU) to support EC Development

Vanuatu
VEMRP Site

FACEM Emergency Care Advisor site

Emergency Care Nursing Advisor Site

Samoa
ACEM Certificate Training

GEC Scholarship
The ACEM Foundation GEC Scholarship program supported 11 scholars to attend the 2022 ICEM

SOLOMON ISLANDS MEDICAL PARTNERSHIP FOR LEARNING, EDUCATION AND RESEARCH

Ruth Cavill

Volunteering with ACEM and AVI

Working as the Emergency Department Nurse Advisor at the National Referral Hospital in Honiara for the last seven months has been a privilege.

The nurse advisor is supported by ACEM and Australian Volunteers International (AVI) as part of the Solomon Islands Medical Education Partnership for Education and Research (SIMPLER) program, and the aim of role is to support the ED nurses, through continued education, role-modelling, and exploring and supporting locally-led initiatives. There is a strong 'train the trainer' focus with the nurse advisor directly supporting and mentoring the local ED nurse educator to promote ongoing sustainable local delivery of quality ED nursing education.

The nurses in the ED play a crucial role in the provision of immediate care during emergencies and the management of acute healthcare.

The role of emergency nurse advisor was designed to support the nursing staff through clinical training, advice, and support.

I am the fourth ED nurse in the role since it was established in 2015. The previous amazing emergency nurse advisors left big shoes to fill, so we collaborated as a leadership team to build on key concepts that are evidence-based and introduce mandatory training and practical competency-based training.

Understanding and incorporating cultural and contextual considerations that are unique to the Solomon Islands has been crucial, and I have had to overcome my own learning barriers.

Taking the incredible work of previous expert volunteers, we created a single accessible mandatory training compendium, that was implemented by defining, updating, educating on and communicating the model of care to staff and the community using visual tools with posters, handbooks, practical working stations and snapshot topics.

Quality improvement here is very rewarding on human levels both professionally and personally. As a team we continue to strive for improved delivery of care as we navigate the constraints and frustrations that are encountered daily.

I have developed a love and appreciation for the Solomon Islands, and the people that call it home. Walking into the ED as a volunteer each day, it's hard not to smile when I hear the echo of giggles from the nursing office.

But behind this laughter is the grim reality of the immense pressure of emergency care in an overburdened healthcare system. It has blown my previous conception of resource limitations out of the water.

Some of my first encounters were truly humbling as I witnessed the resilience and strength of patients, their families, and staff.

On my first day, I moved through a busy and overcrowded department where the fast-track alone had 50 children waiting with standing room only.

I was led into the three-bed resuscitation area where seven children were top-and-tailed on single trolleys, while others were cradled by their parents hovering near the oxygen cylinders.

The team moved seamlessly through the chaos, calmly resuscitating a seizing infant – likely a complication of cerebral malaria – while troubleshooting small, finite oxygen tubing supplies that are cleaned, hung out to dry and reused.

A week after I arrived, an earthquake measuring 7.3 on the Richter scale struck the Solomon Islands and a tsunami warning was issued because Honiara is at sea level.

The ED rapidly evacuated, as people began to move to the hillside for safety.

The staff and I continued to treat the critically unwell, taking the tsunami risk to the edge for the sake of these patients' lives.

These experiences and more have transformed my perspective. The reality of providing emergency care with few resources makes me thankful for my home country's ready resources such as equipment, medication, infrastructure and consumables. At the same time, I am in awe of what the Solomon Island people achieve with what is within their reach.

The MacGyver moments are priceless and open my eyes to applying clinical principles in new, simple, and innovative ways. It exposes the brilliance required to be an emergency nurse in a low resource setting and it deepens and broadens my own nursing practise.

The Solomon Islands is a country that is known for its natural beauty and climate – and did I mention its humidity?!

My time here has been saturated with adventures: whether attempting to island dance to the local music, snorkelling pristine reefs, hiking the local volcano, or learning to navigate the local bus system, I've received the warmest of welcomes and made lifelong friends.



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SHARE YOUR SKILLS OVERSEAS

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[Visit australianvolunteers.com for more information](https://australianvolunteers.com)

SUPPORTING LOCAL SPECIALIST TRAINING: GOOD FOR DOCTORS AND GOOD FOR COMMUNITIES

Dr Adrian Kerner

Volunteering with ACEM and VSA

Dr Adrian Kerner cares deeply about the people he meets while volunteering, and the communities he becomes a part of when he works with doctors and other healthcare workers.

‘I talk about my Cambodian and my Tongan brothers and sisters... when you make those connections, you become part of their family,’ says the Volunteer Service Abroad Te Tūao Tāwāhi (VSA) volunteer and GEC Country Liaison Representative for Cambodia.

For Adrian, teaching emergency medicine abroad has helped him understand and appreciate the role he can play in empowering and supporting new clinicians in a culturally sensitive way.

Adrian’s first experiences volunteering in a medical capacity were in Cambodia. His attachment to Cambodia developed through his early adolescence. Adrian recognised that an entire generation of informed medical leaders was lost in the 1970s, and organisations like ACEM and the International Federation for Emergency Medicine (IFEM) could play an important role in helping Cambodia rebuild their emergency care capacity.

Adrian’s second major volunteering relationship developed recently and was more a product of chance and circumstance.

During 2020, for five months, Adrian volunteered in Tonga through VSA Te Tūao Tāwāhi. He originally planned to return to Cambodia during this time, but the COVID-19 pandemic made that impossible, so he decided to volunteer somewhere new.

‘I’d been to Tonga so knew the geography of it but didn’t know much about the medical system.’

Adrian discovered that a major challenge for the Tongan healthcare system is that specialist medical training isn’t widely available. While the Tongan healthcare system has established training programs for general practice, doctors often have to leave Tonga to access hospital-based specialty training, meaning that skilled doctors are removed from Tonga’s hospital system during this period of their professional development. This leaves a gap in the medical workforce, especially when doctors who leave Tonga choose not to come back.

‘The great benefit of the ACEM and VSA partnership is it allows FACEMs to go in country and assist with advanced training toward completion of the ACEM post-graduate certificate and advanced diploma in countries like Tonga,’ Adrian reflected. ‘It’s a really solid model.’

For Adrian, volunteering is ultimately about supporting countries which lack the medical structures and resources to train doctors self-sufficiently.

For other people considering volunteer work, he stressed that you need to accept that you can’t fix everything, or occupy space in leadership roles, because you may not have the cultural background and knowledge necessary to be involved in certain decisions.

For him, the most rewarding part of this work is being about to see the positive change that is possible when people are empowered to take on medical leadership positions within their communities.

‘People need a bit of support,’ Adrian says, reflecting on ACEM’s GEC programs.

‘They realise that somebody outside of their own communities actually does care about improving global emergency care.’



THE PAEDIATRIC EMERGENCY MEDICATION BOOK: A JOURNEY AROUND THE WORLD.

Professor Simon Craig

Professor Simon Craig is a paediatric emergency physician at the Monash Children's Hospital in Melbourne, and an Adjunct Clinical Professor in the Department of Paediatrics, School of Clinical Sciences at Monash Health.

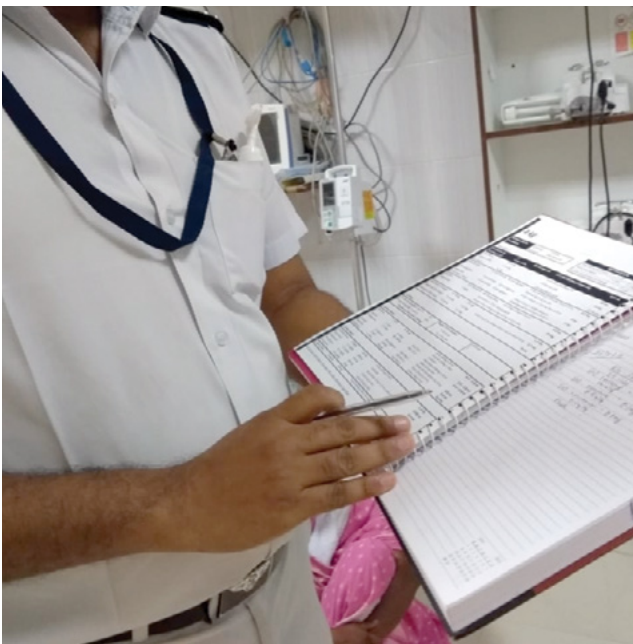


Paediatric resuscitation events create the “perfect storm” for medication errors: a high-stakes, often unfamiliar situation and the need to calculate doses, dilutions and volumes to administer in a high-stress environment.

A serious medication error made by staff working overnight in my ED prompted us to develop the *Monash Children's Hospital Paediatric Emergency Medication Book*. We recognised that, although every critically ill child is different, the calculations required are likely to be the same each time.

Our book provides a weight-based guide to:

- Medication doses in resuscitation situations (cardiac arrest, intubation)
- Equipment sizes and positioning
- Emergency management of major bleeding, croup, seizures, asthma, anaphylaxis, and electrolyte disorders.



PEM Nurse using book in India

Since its release in 2014 (2nd edition in 2018), hundreds of copies have been printed, and the book is now incorporated into the Australian Advanced Paediatric Life Support (APLS) course. Work is currently underway on the 3rd Australian edition, and a Newborn Emergency Medication Book was released in 2022.

The book has made its way to various countries, where it has been found to be a valuable resource. However, what “works” in Australia may not be suitable for other settings.

With the assistance of the ACEM Foundation International Development Fund Grant (IDFG), the Monash team has collaborated with colleagues in India, South Africa, Central and South America and Sri Lanka to develop country-specific or region-specific resources. Some of these projects are complete, despite COVID-related delays, while others are still in progress.

Each of these projects involved a collaborative effort between front-line clinicians working in each setting, a series of surveys, iterative design, incorporation of local algorithms and flow-charts, and changes to the medications listed according to availability and relevance. Examples include the addition of prazosin (to manage the autonomic storm associated with scorpion bites in India), antibiotics to cover severe sepsis (much more common in LMICs), and antidotes to organophosphate poisoning. Printing and publishing strategies have also varied according to the country.

I am very grateful for the opportunities provided by the ACEM Foundation IDFG, as well as support from APLS Australia and Oliver Karam (DrugDoses App). The process of working with colleagues from other countries has been an incredible privilege. Their experience and expertise in managing critically ill children, which is a relatively rare event in my usual work, has led me to challenge my own clinical practice. Ongoing collaborations and friendships will allow strong working relationships into the future.

Paediatric Emergency Medication Book collaborators

Prof Simon Craig, Monash Children's Hospital, Australia

Ms Nicole Dirnbauer, Monash Children's Hospital, Australia

Prof Indumathy Santhanam, Project Coordinator, State Nodal Officer-PREM-NHM, Regional Collaborative Center, Institute of Child Health, Madras Medical College, Chennai, India

Dr Baljit Cheema, University of Cape Town, South Africa

A/Prof Heloise Buys, Red Cross War Memorial Children's Hospital and University of Cape Town, South Africa

Dr Prinetha Moodley, Paarl Provincial Hospital, Stellenbosch University, Cape Town, South Africa

A/Prof Adriana Yock-Corrales, Hospital Nacional de Niños “Dr. Carlos Sáenz Herrera”, Costa Rica

Dr Liliana Cáceres, Hospital de Pediatría “Prof. Dr. Juan P. Garrahan”, Argentina

Dr Srilal de Silva, National Coordinator for Education & Training, Sri Lanka College of Paediatricians

Dr Sellapillai Kamalatheepan, Paediatric Intensivist, Ministry of Health, Colombo, Sri Lanka

Funding for this project was provided by the ACEM Foundation International Development Fund Grant.

POINT OF CARE ULTRASOUND TRAINING AND PROFESSIONAL DEVELOPMENT OF EMERGENCY CLINICIANS IN ÓSPITAL NASIONAL GUIDO VALADARES, TIMOR-LESTE

Dr Luke Phillips and Dr Rob Mitchell

Supporting emergency care development in Dili

In 2021, Alfred Health emergency physicians Dr Luke Phillips and Dr Rob Mitchell, supported by emergency registrar Dr Rahul Snelling, were awarded an ACEM 'Foundation' International Development Fund Grant to plan and deliver professional education and training for ED staff at Óspital Nasionál Guido Valadares (HNGV) in Timor-Leste. This collaborative development program was initiated in response to a request from HNGV ED and reflects long standing relationships between Australian and Timorese clinicians.

HNGV is a large and busy centre serving the population of Dili but is also the main referral hospital for the whole country. The ED has 35 beds and receives approximately 150-200 patients per day, of whom 25-50 are admitted. The hospital is a key training site for many clinicians. Emergency medicine is a developing speciality in Timor-Leste, and there is currently a single emergency physician for a population of 1.3 million people.

The project began with a learning needs analysis, led by Dr Eldegar Lopes Martins (ED Director) and Dr Gustodio 'Todi' Alves de Jesus (emergency physician and ED education lead) along with key HNGV stakeholders. Locally identified priorities included point of care ultrasound (POCUS) training, ongoing professional development and triage systems improvement. The team at HNGV ED had

obtained a new Sonosite SII Ultrasound machine over two years ago but had received no training in its use.

A bespoke course was adapted from the Alfred Ultrasound Core Course, an established Alfred Health Emergency educational program aimed at providing core POCUS skills to emergency physicians. Local leaders identified ultrasound guided peripheral vascular access, extended focused assessment with sonography in trauma (eFAST) and basic early pregnancy scanning as priority areas.

A flipped classroom model was utilised, with pre-reading and educational material provided prior to the course. Day one of the course consisted of the core subjects with a large group of 15 emergency doctors and nurses. On day two, a smaller group of seven departmental clinicians learnt basic early pregnancy scanning. Lectures were minimised to maximise time practising skills and image acquisition. There was also a practical supervised scanning component in the ED.

Underpinning this course was a train-the-trainer model, with an emphasis on recognising local champions, and enabling them to provide ongoing POCUS training and develop a sustainable local governance and oversight structure. The final day of the course focused on POCUS curriculum development, governance and administration, as well as quality and audit. Additionally, local and remote mentoring arrangements were established using digital communication technology.

The grant has also facilitated access for local clinicians to online training through Alfred's Emergency Medicine Theory and Practice (EMTP) and Clinical Leadership and Management (CLAM) courses. These online, collaborative learning opportunities have been embraced by the HNGV team.

The visit coincided with a scoping assessment by critical care colleagues from the Alfred and Royal Darwin Hospital intensive care units. Plans are being developed for future capacity development and mentorship for the emergency and critical care teams at HNGV and across the country. This will help build on the outcomes of a recent World Health Organization Emergency Care Systems Assessment, and the strategic vision of Dr Gustodio 'Todi' Alves de Jesus to improve emergency care capacity across Timor-Leste.

Sincere thanks go to Dr Eldegar Lopes Martins, Dr Gustodio 'Todi' Alves de Jesus and their HNGV colleagues for providing such warm and generous hospitality to the visiting team. This program has served to further strengthen the strong partnership between Australian and Timorese emergency care clinicians.

Funding for this project was provided by the ACEM Foundation International Development Fund Grant.



IDFG PROJECT UPDATES

The below projects have also been supported by the ACEM Foundation International Development Fund Grant (IDFG)

Emergency care during a global pandemic: Experiences and lessons learnt from frontline clinicians in low- and middle-income countries in the Indo-Pacific region – Dr Megan Cox

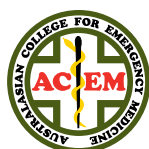
With co-funding from IDFG and the WHO, this research project explored the experience of emergency care stakeholders in LMICs in the Indo-Pacific region during the COVID-19 pandemic. The project provided a number of outcomes, including:

- Mentoring and support of emergency care clinicians in the Indo-Pacific region
- Developing ongoing relationships between GEC stakeholders and assisting in the development of the GECCoP
- Research authoring, mentoring and presenting opportunities for Pacific Community emergency care colleagues
- Publication of seven articles in the Lancet Western Pacific Journal

These qualitative studies provide recommendations for strengthening and empowering LMIC health and emergency care systems for future surge responses, and support for multidimensional health system policy and planning responses.

The Bangladesh Emergency Care System Improvement (BECSI) Project – Associate Professor Gerard O'Reilly

The BECSI Project has engaged with emergency care doctors in Bangladesh to support emergency care quality improvement in this emerging specialty. In 2022, BECSI delivered a series of online emergency quality improvement program workshops with doctors from across Bangladesh. Eight scholars from Bangladesh were supported to attend the GEC workshops and symposium at ICEM22 in Melbourne and the Developing EM Conference in Darwin in September 2022. Additionally, five scholarships have been awarded to Bangladesh applicants to complete the semester-long Capacity Building in GEC course delivered online by Monash University.



Australasian College
for Emergency Medicine

ACEM Foundation

Established in 2012, the ACEM Foundation program contributes philanthropically towards providing opportunities to improve and develop emergency care in low and middle-income countries.

Grants, scholarships and awards

ACEM Foundation Global Emergency Care scholarships, grants and awards aim to increase awareness and support for emergency medicine in low and middle income countries.

- ▶ **Global Emergency Care Research Award**
- ▶ **Global Emergency Care Scholarship**
- ▶ **International Development Fund Grant**



Find out more here
acem.org.au/foundation



A GUIDE TO RESPONSIBLE AND SAFE VOLUNTEERING IN GLOBAL EMERGENCY CARE

By Dr Megan Cox and Dr Jenny Jamieson

What you need to know about volunteering in GEC



There will always be changes, difficulties and unforeseen issues when volunteering in Global Emergency Care (GEC), but it is guaranteed that you will learn a lot about yourself, your view of medicine – and the world. Carefully planning your work or volunteering in advance can give you the best chance at a supported, safe, and successful experience.

Early preparations

Early on in your preparation, email the GEC desk to discuss your plans and ideas at GECNetwork@acem.org.au. Review the ACEM GEC website and reflect on where you would like to work, and in what capacity.

Make sure you have the appropriate insurance and registrations with the local medical board if intending to provide clinical care.

Next, consider possible work or volunteer opportunities and contact local supervisors and mentors using the Australian Council for International Development (ACFID) Practice Note for Responsible International Volunteering for Development as a guide for selecting a reputable organisation.

For ACEM trainees

Term supervisors should be experienced in the ACEM special skills term requirements and have worked in global health settings themselves.

You will need to arrange a local ACEM and a host country supervisor for the term. Both should be easily accessible, agree to be available to mentor you for the time frame, and help you establish some achievable objectives.

Ideally, meet and contact supervisors before you have concrete plans. This will reduce the urgency in discussions and allow for the early identification of any potential ACEM training issues.

Host country supervisors should be contacted regarding logistics issues such as bringing donations, possible research projects and teaching expectations.

Before you deploy

Visit your primary care provider for a health check, to discuss any health-related concerns and ensure you are up to date with vaccinations. If you are working in a public hospital, arrange to see your vaccination clinic to check your Hep B, Tetanus and other immunisations.

Ensure you have appropriate in-country safety and security support – including access to psychological support – for the duration of your placement.

Discuss potential unexpected delays and problems with your loved ones and supervisor, particularly if you are contemplating a remote, emergency or potentially dangerous mission. Communicate your expectations, and what could happen if there's a problem. I.e., a breakdown in communication, personal or family member sickness, or financial issues.

During deployment

While you are deployed, always ensure you are cultivating an ethical sensibility – this means that, above all, we do no harm to ourselves, to other individuals or to the communities within which we work.

Always remember that patient rights are universal, and put the interests of the hospital and local community first and give local practitioners and trainees priority. Building relationships is key!

Consider the broader implications of your presence in-country and focus on long-term sustainability and education.

It is vital that you know your individual limits – it's easy to feel overwhelmed, and that you "should" be doing as much as possible, but this is a fast-track to burnout.

Preparing to return

Reverse culture shock is a real phenomenon, and it is important to have realistic objectives for your return. Anxiety and depression are common, especially in emergency missions and we recommend professional support, such as a psychologist or counsellor, or ACEM Assist for ACEM trainees and members.

ON ASSIGNMENT WITH MÉDECINS SANS FRONTIÈRES

Dr Adelene Hilbig

Life on international assignment

For Dr Adelene Hilbig, an ACEM Trainee and emergency medicine registrar, originally from rural western Victoria, the decision to work in humanitarian medicine abroad was one fuelled both by curiosity and the desire to learn from health professionals working in varied locations.

'I'm intrigued by different health systems and ways of delivering healthcare, and with healthcare delivery in rural contexts,' Dr Hilbig says, having previously studied in Malaysia before working with Médecins Sans Frontières (MSF) during her post-graduate training.

'You need to do your due diligence to try to understand the intricacies of the system in which you're operating... You're joining an amazing team of local staff who are hugely experienced. They likely have been there for a long time, and they'll be there long after you leave.'

Ultimately, Dr Hilbig believes her three placements with MSF have not only allowed her to make positive contributions and become a better clinician for her patients wherever she finds herself, but draw upon a community of peers and mentors when working abroad.

'Through working in different places and different contexts I've built a network of people who have some shared experiences,' she says.

'Being able to call on them and talk to them about unexpected situations, or recalibrating when leaving or coming back, is probably one of the most useful [support] strategies.'

Working in Myanmar (2017), Palestine (2019) and Sierra Leone (2021-22), Dr Hilbig says ensuring you have taken the time to build a strong foundation in your own clinical practice is an important pre-requisite for going on assignment with MSF.

However, while having an appropriate level of clinical practice is important, she adds that a willingness to learn from your colleagues is also key to being a positive team member, especially when working for organisations like MSF.

'That means talking with the team that you've joined and understanding where your service fits in the healthcare system, and how you can best support patients to access the care they need within that system,' Dr Hilbig said.

'I have learned so much more from the teams I've worked with than I could ever hope to bring to them. That includes everything from patient care and specific disease management, to innovation and resourcefulness, and some of those management and leadership skills.'

While learning from others plays a huge role in the appeal of medical humanitarian work for Dr Hilbig, her recent assignment in Sierra Leone reminded her that the ability to share her own knowledge and skills to empower junior staff is also important.

'One of the highlights of my time there was working with some of the senior clinicians and nurses to deliver an 'ETAT' refresher course, on emergency triage assessment and treatment of sick children, for staff.

'It was rewarding to see newer colleagues in the team have the opportunity to develop and practice those skills, and witness how that translated into their clinical care.'

The ability to witness this clinical progression, and its subsequent effect on patient-centred care, is key to Dr Hilbig's ongoing involvement with MSF.

'The most rewarding aspect has been seeing a fellow clinician master a new skill and seeing how that builds their confidence and ability to deliver the best patient care possible,' she explains.

'Patients need to always be front and centre of what we do.'

@ This article was based on previously published content featured on Croakey and The Pulse (a quarterly publication produced by Médecins Sans Frontières).





CRITICAL CARE IN THE LAND OF BEAUTIFUL CHITENGES

Dr Lara Powell

Working internationally has been off limits for most FACEMs and ACEM trainees in recent years, but this article describes one ACEM trainee's experience in Zambia during the pandemic.

Saint Francis' Hospital, rural Zambia.

After several cancelled flights, numerous COVID-19 tests and a bumpy nine-hour drive, I arrived at Saint Francis' Hospital – a large limited-resource hospital in the Eastern Province of rural Zambia, and my home for the next seven months.

Emergency medicine was not an official specialty in Zambia, I was the only doctor I knew with emergency medicine and critical care experience in the Eastern Province. The superintendent (hospital director) tasked me with integrating my knowledge in paediatrics, internal medicine and obstetrics, and to also assist with the newly established intensive care unit (ICU).

Patients arrived in swaths, mostly referred from rural clinics, some having travelled from the neighbouring countries of Mozambique or Malawi. They waited patiently in line: barefooted children and woman dressed in brightly coloured patterned wraps, called *chitenges*, around their waist, often with a child strapped on their back. At times people lay on the ground weak from illness, or slumped in a wheelchair. A clinical officer-run 24-hour clinic would assess the ever-growing line of patients and allocate them to a ward, awaiting clerking by a white coat-clad doctor or clinical officer.

At home, my clinical acumen would normally be swiftly confirmed or refuted by a host of labs and imaging, with reams of evidence-based and population relevant guidelines that I have at my fingertips. Here, investigations took time to return, so diagnoses relied heavily on clinical expertise.

There was ample exposure to hone a clinician's capability of managing significant pathology – from severe acute malnutrition, enteric fever, neonatal syphilis, severe prematurity, complications of HIV, TB, sickle cell and schistosomiasis, to cerebral malaria, black-water fever, and seizing children with cryptococcal meningitis.

With no 'between the flags', readily available escalation protocols or rapid response teams, and with limited goals for resuscitation end points, the staff do what they can, when they can.

An unforgettable first on-call shift

After a hectic day I was about to tuck into *nshima* (a maize based local dish), when the single night nurse covering a ward of over 50 children, called about a child's '*change in condition*'. I ran to find the child not breathing, her mother screaming on the ground.

Whilst performing CPR with the nurse, a further two neonates arrived on the special care baby unit (SCBU) needing resuscitation. I guided the SCBU nurse over the phone then ran outside, between the wards with ethical conundrums swirling around in my tired and hungry brain. As we began resuscitating the neonates, there was a knock on the window; the mother of the little girl from the ward had placed her lifeless child in a *chitenge* on her back, wanting to return to her village and needing paperwork to allow her child's burial.

Later that evening I had a cry in the medicine cupboard. However, I still needed to get intravenous access in the unconscious emaciated child with likely diabetic ketoacidosis, and the child with cerebral malaria who wouldn't stop seizing was now in respiratory extremis. This was going to be hard.

The paediatric 'ICU'

My first weeks on the SCBU and the paediatric ward continued to be overwhelming. My colleagues answered my endless questions, taught me local protocols and skills for re-purposing equipment: we used milk bottles for a tension empyema drain, used IV fluid bags for a catheter bags and urine dipsticks were cut down the middle making two!

With no ability to ventilate children, unconscious and critically ill children lay together in the paediatric 'ICU' – a section of the ward where we could provide oxygen via concentrators.

After several children aspirated and died having been lovingly fed strawberry milkshake by family members while unconscious, my focus of teaching became basic airway protection and how to perform an A-E assessment. We improvised by ensuring broken bed heads were elevated using cupboards, positioning unconscious children on their side, and implementing nasogastric feeding – when families agreed.

There is a balance between the allocation of finite resources and advocacy of individual patients care, whilst building new skills and sharing knowledge to bridge healthcare gaps. I remember my internal frustration with the decision to palliate a toddler, who became apnoeic and bradycardic each time the endotracheal tube was removed in theatre, due to large lymph nodes obstructing her airway. The ICU nurses supported me, pushed beyond their comfort zone and we ventilated this toddler with only adult tubing available, until her obstruction resolved and she went home. After this, paediatric tubing was acquired.

Early development of the adult ICU

In 2019, a ward for patients requiring closer observation had been established. In March 2020 two ventilators were donated, along with two training sessions for the nurses. Without a critical care or emergency doctor, an anaesthetic officer would intubate the patient. The ICU nurses maintained the basic ventilator settings and would extubate when the patient could no longer tolerate the endotracheal tube, without the use of sedation.

Deciding who to intubate, and when to extubate a patient, was complex, and a dynamic balance of risk. Challenges included regular electricity cuts requiring hand-bagging of intubated patients, no reliable oxygen flow, infection risk with rewashing circuits and airway equipment in buckets between patients, minimal monitoring including no end-tidal CO₂, cardiac monitoring, blood gas or electrolyte tests. Saint Francis' Hospital has improved electricity stability with solar panels and now has piped oxygen to some wards since the pandemic.

Working closely with the local ICU nurses and doctors, I taught mechanical ventilation in different scenarios, troubleshooting alarms, weaning ventilation, extubation and managing the complications of ventilated patients. After acquiring several non-invasive ventilation (NIV) masks, I put together guidelines and observation sheets and helped initiate the use of NIV, with the aim of reducing the need to intubate patients.

Throughout the walls in ICU, we plastered guidelines that we had adapted to be locally relevant: from an intubation/extubation checklist, to protocols for high pressure alarms, unexplained hypoxia and hypotension and the use of peripheral adrenaline.

Together we performed some prolonged ventilations and weaning, such as a young farmer who was intubated for 15-days from an organophosphate ingestion after an argument. Despite status epilepticus, ventilator associated pneumonia, paralysis from Intermediate Syndrome, and two unsuccessful extubation attempts, he returned home to his family.

The drive to progress

The benefit of such an experience is multifold. I gained invaluable knowledge from my colleagues, acquiring new practical and teaching skills, whilst learning to embrace culturally unique decisions, and navigate the challenges of driving change within a complex system. With a combination of my colleagues' knowledge of local issues and desire for progress, coupled with my experience of managing critically unwell patients in a well-resourced system, we worked to empower locally relevant, pragmatic and sustainable progress.

This transformative journey instilled in me a deep appreciation for the resilience and resourcefulness of healthcare providers in limited resource settings, who care for their patients with ingenuity and compassion despite overwhelming challenges.

Sub Saharan Africa is rapidly embracing emergency medicine with many training programs on the continent. The next African conference on Emergency Medicine will be in Botswana, a neighbour of Zambia, on 6-8th November 2024. ACEM will advertise details soon. Please consider sponsoring our EM health colleagues such as these in Zambia to attend this conference through their Supadel programs, promoted in IFEM and the African Federation for Emergency Medicine (AFEM).

Megan Cox is the Africa Regional Liaison Representative for ACEM GEC.



POCUS FOR EMERGENCY AND ACUTE CARE IN RESOURCE LIMITED SETTINGS (PEARLS)

Dr Jonathan Henry

Delivering point of care ultrasound training in the Pacific Islands

Sub-optimal access to radiology and ultrasound services is a common limitation in low- and middle-income settings, including the Pacific Islands. CT and MRI imaging are rarely available, or function less smoothly than in well-resourced settings. X-ray facilities are frequently out-of-order, or only available on hard films.

This is exacerbated outside of business hours when radiology and ultrasound services are further restricted. There may be no on-site radiologist, so responsibility for x-ray film interpretation will lie with the treating clinician. For sonographers, the absence of a radiologist to interpret imaging means there is no capacity for collaborative scanning and on-the-job education.

Enter POCUS – Point of Care Ultrasound – and PEARLS – POCUS for Emergency and Acute care in Resource Limited Settings.

PEARLS is a FACEM-led project which aims to educate emergency and acute care clinicians who work in resource-limited settings in the use of POCUS, a technology which allows bedside diagnosis of emergent pathology in rural and remote locations.

‘POCUS offers numerous advantages for emergency physicians in rural and remote locations,’ says Dr Jonathan Henry. ‘It’s available 24/7, is battery operated, highly sensitive to life-threatening pathology in critically ill patients, covers all organ systems, and novice clinicians can be trained in its use in a reasonable timeframe.’

PEARLS is focusing on the Pacific Islands and using the adaptability of POCUS to educate and empower clinicians on its usage in the provision of safe, immediate, and effective diagnoses for emergency and acute care patients.

‘A cluster of factors have influenced the project’s success,’ explains Dr Henry. ‘These include progressive telecommunication and medical technological improvements, a large influx of new medical graduates into the Pacific, and the assistance of highly skilled volunteers.’

PEARLS Courses – Vanuatu & Tonga

An inaugural PEARLS ED course was run in Port Vila, Vanuatu in August 2022. This location utilised Dr Henry’s prior connections from a previous deployment in 2019 at Northern Provincial Hospital.

Ten Ni-Vanuatu doctors, primarily from ED and rural hospital settings, attended. Each participant received a handheld ultrasound probe. Visiting instructors Dr Darsim Haji, Dr Mick Killeen, sonographer Jo McCann and Dr Henry taught for two days on Extended Focused Assessment with Sonography in Trauma (E-FAST), first trimester and

ultrasound-guided IV access, followed by a day of ward and ED scanning.

Post-course, learners have continued to upload scans to the cloud storage platform and attend monthly Zoom lectures. Ultrasound-trained ACEM trainee, Dr Ant Allso, was recently placed at Vila Central Hospital ED and was able to provide ongoing post-course in-person supervision and training of local trainees during his volunteer placement.

After this early success, the second PEARLS-ED course was run in Nuku’alofa, Tonga in May 2023, facilitated through FACEM Dr Mike Nicholls’ in-country connections. The faculty was built around a core of his Auckland ED colleagues, including course director Dr Gabby King, sonographer Jo McCann, Dr Owen Doran, Dr Emma Lawrey, and Dr Suzi Hamilton from Christchurch. The Tongan learners came from various departments – three from ED, three from obstetrics and gynaecology (O&G), two surgical, two from family medicine, and a radiology registrar and sonographer.

Dr Henry reports that feedback from across the two courses has been very positive, with numerous written responses from participants who were pleased with the learning experience.

‘Amazing sessions and very hands-on. I love that we had four different models and four different lecturers, each one taught differently or added different useful techniques; repetitive practice sessions are an excellent approach,’ one participant wrote.

PEARLS coaching

PEARLS has also been able to respond to coaching requests from individual clinicians in the Pacific who are interested in upskilling in POCUS. Since early 2023, PEARLS Coaches Dr Elise Pascoe, sonographer Josie MacFarlane and Dr Jacques Loubser have mentored Dr Donna Piamnok in Papua New Guinea, as well as Dr Tabutoa Eria and Dr Teannako Rutiano in Kiribati.

Remote coaching has mainly consisted of didactic Zoom tutorials, remote image review via cloud uploads, and assigned reading or resource review, but FACEM Dr Brady Tassicker’s on-site guidance during a recent month-long trip to Kiribati also bolstered the remote coaching.

Dr Tassicker, who was initially uncertain at the prospect of teaching ultrasound, spoke enthusiastically of his experience.

‘I am a convert. POCUS is perfect for this environment given the range of pathologies present, and the timeliness compared with alternative diagnostic modalities. Every shift we were ultrasounding patients, giving plenty of opportunity for practice,’ Dr Tassicker said.



The lecture series

Since February 2023, University of Melbourne medical student Bilal Hafeez has organised and hosted open-access Zoom lectures on the first Monday of each month, which features experts from around the world who specialise in the delivery of ultrasound in resource-limited settings.

Attendees so far are primarily PEARLS learners who have either attended a course or have a PEARLS Coach, but the opportunity is open to anyone with an interest.

For further information on the lecture series, please email pearls.lectureseries@gmail.com

Recorded lectures can also be found online: www.youtube.com/@PEARLS_POCUS

Partner organisations and supporters

PEARLS would like to recognise the many organisations and individuals who have contributed to the project, through funding, educational content, advice, leadership and other forms of support:

- ACEM has been a key partner in the PEARLS project, particularly when applying for funding from St Vincent's Pacific Health Fund.
- The Emergency Medicine Ultrasound Group (EMUGs) supported the project's formation; volunteer instructors are drawn primarily from EMUGs' broader cohort.
- Sonographer Jo McCann is the head of RAD-AID in the South Pacific and is a key leader in the growth of the PEARLS project. A senior member of the Australasian Society of Ultrasound in Medicine (ASUM) board, Jo artfully bridges the radiology-acute medicine divide to fulfil multiple objectives during Pacific Island trips.
- Bronwen Griffiths from Pacific Emergency Education has been invaluable in connecting us to Pacific Island clinicians, writing grant proposals, and encouraging clinicians in their ongoing scanning.

Early success

Dr Henry recognises that while POCUS provides direct improvements in patient care, the PEARLS initiatives are also providing several intangible benefits across the Pacific, including opportunities for Pan-Pacific teaching, research and collaboration.

'There is a regular tele-educational forum for rural and remote clinicians who may have limited educational opportunities,' he says. 'The second PEARLS course in Tonga has also driven interest in a more sustainable, long-term POCUS training program in-country, and demonstrated potential for an improvement in inter-specialty relationships – case discussions between surgical, ED, O&G, and radiology clinicians during the course were collaborative and fruitful.'

Moving forward

PEARLS hopes to expand over the coming years as ultrasound technology becomes more affordable and accessible.

Planned activities include:

- Refresher and advanced courses for return trips to Vanuatu and Tonga
- Expansion to new sites
- Increasing the pool of PEARLS coaches
- Increasing collaboration with similar projects
- Design of a PEARLS critical care course
- Research to investigate the impact of the PEARLS program.

The aim of this work is to facilitate clinicians in resource-limited settings to accurately diagnose patients at the bedside and allow safe procedural guidance, no matter how rural or remote the location.

@ For further information please contact: pearls.enquiries@gmail.com



ICEM 2022 – BETTER CARE FOR A BETTER WORLD

ICEM22 panel discussion on GEC in a post-pandemic world, from L-R: Mamutuki Sosefo, Megan Cox, Ajay Thapa, Pauline Convocar, Sally McCarthy, Mangu Kendino, Seye Abimbola, Georgina Phillips

A highlight for ACEM and the GEC community was the International Conference on Emergency Medicine (ICEM) 2022 held in Melbourne, which brought together over 1600 emergency care providers from more than 60 countries. The overarching theme of ‘Better Care for a Better World’ was underpinned by core values of social justice and sustainability, with key subthemes of global health, equity, planetary health, and innovation and technology.

The opportunity to meet face-to-face once again with international colleagues in the wake of the pandemic was made possible for some through the generosity of the GEC Scholarship program and the inaugural LMIC Delegate Subsidisation Scheme (LDSS).

ACEM Foundation provided scholarships to 11 GEC Scholars to cover their travel and registration to ICEM22. Scholars came from Botswana, the Cook Islands, Fiji, Papua New Guinea, Samoa, Solomon Islands, and Vanuatu. The GEC Scholars were invited to present at the conference, further enriching the ICEM academic programme.

The LDSS was an initiative of the ICEM22 local organising committee and administered by ACEM, as the local host. The scheme created an opportunity for clinicians working in LMICs to apply through a centralised process for subsidised registrations and support at ICEM. Funding for the LDSS was provided through both organisational donations and a “Supadel” scheme. Supadel is an initiative of AFEM that uses peer-to-peer sponsorship for conference attendance, and this model was successfully implemented at ICEM for the first time. Donations were also received from the ACEM Foundation, Australian Volunteers Program, Melbourne Convention Bureau (MCB), the Pacific Community (SPC), St Vincent’s Pacific Health Fund, and Therapeutic Guidelines. The LDSS supported 22 in-person registrations and 81 virtual registrations.

Emergency care clinicians understand how structural inequities impact clinical care provision and the ICEM22 Conference Summary calls for diversity and inclusion among the GEC community, as a foundation for better knowledge, advocacy and equity for patients. The ICEM22 statement reflects the solidarity and shared commitment of the GEC community to translating knowledge into action and working together to address global challenges:

1. As an emergency care community, we commit to international partnerships that are reciprocal and collaborative, and aim to address locally identified needs and priorities.
2. As an emergency care community, we must continuously strive to be inclusive, to advocate and work towards equity of access and outcomes for all our patients, and to acknowledge that diversity fundamentally strengthens our discipline.
3. Using interdisciplinary collaboration and knowledge integration, the emergency care community should focus on translating and using planetary health science to advocate for policy development and health systems reform that recognises the crucial link between planetary ill-health and emergency care.
4. The emergency care community encourages investments in research, technology and models of care that promote equity in healthcare access and outcomes, and enable sustainability for the emergency care workforce.

The ICEM Conference Summary was drafted by the local organising committee, with input from the Presidents of IFEM and ACEM. All delegates who participated in the conference were invited to provide feedback on the content, based on their personal reflections and discussions at ICEM. The ICEM Conference Statement was subsequently published in the EMA journal and provides a collective mission statement for the GEC community.

WHEN MINUTES MATTER HIGHLIGHTS VITALITY OF GLOBAL EMERGENCY CARE

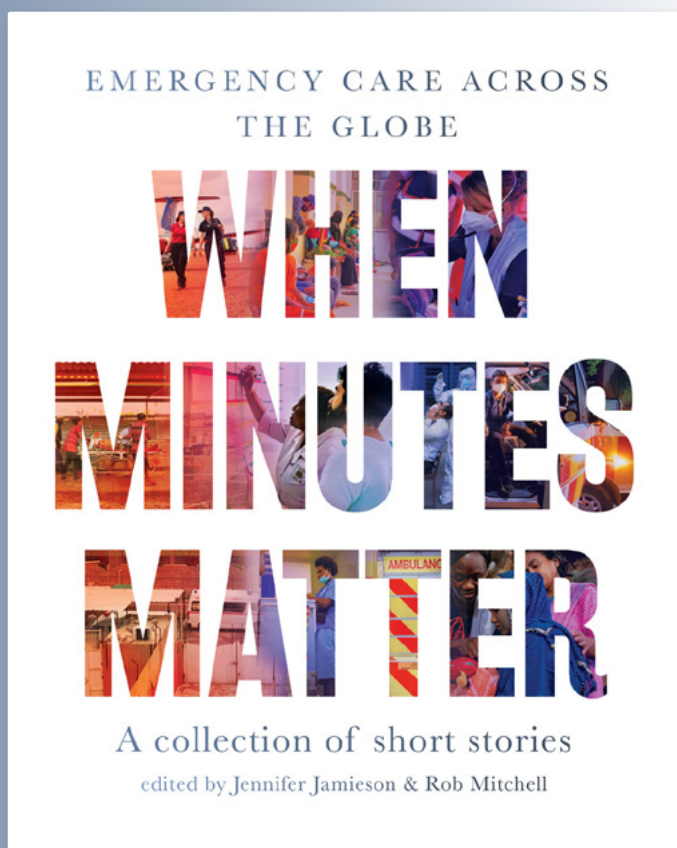
Every patient who receives emergency care, no matter how briefly, leaves behind a story. *When Minutes Matter* (2022) recounts a small number of them, from within and beyond the ED.

Edited by FACEMs Dr Jenny Jamieson and Dr Rob Mitchell, *When Minutes Matter* is a moving compilation of stories and profiles from across the globe, with contributions from every continent, including Australia and Aotearoa New Zealand.

The product of a two-year project involving ACEM, IFEM and Hardie Grant, the book was launched by ACEM President Dr Clare Skinner and IFEM Immediate Past-President Professor Sally McCarthy at the GEC dinner during the ICEM22.

The book was curated by an editorial committee with global representation, with the aim of amplifying the voices of clinicians from low- and middle-income countries. The stories provide insight into their work, their humanity and the highs and lows of clinical practice on healthcare's frontline.

It contains critical messages about the social determinants of health, the construct of humanitarian aid and the impending devastation of climate change. But the stories also convey a strong sense of optimism about global emergency care provision. In the foreword, Dr Jamieson and Dr Mitchell write, 'The stories in *When Minutes Matter* can help us imagine a different future, where quality healthcare is universal and emergency care is considered a right, not a privilege.'



A book of deeply personal stories written by frontline healthcare workers who connect with patients experiencing acute illness and injury, and support communities in times of crisis.

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Stories contained within the book reflect the experiences and perspectives of the individual authors, and do not represent the College's formal views or positions.

IFEM HUMANITARIAN OF THE YEAR AWARDS

ACEM is incredibly excited to share that FACEMs Associate Professor Gerard O'Reilly and Dr Georgina Phillips have received one of the International Federation for Emergency Medicine's highest honours – the Humanitarian Award.

The Award, which began in 2004, celebrates an individual or organisation that has made a significant public health or humanitarian contribution through their work and collaboration in the international emergency medicine community.

IFEM Humanitarian of the Year 2022 – Associate Professor Gerard O'Reilly

Associate Professor Gerard O'Reilly was awarded the IFEM Humanitarian Award in 2022.

He is a senior emergency physician and Head of Global Programs at the Alfred Emergency and Trauma Centre in Melbourne.

He has worked in disaster response missions for decades, including in Afghanistan, Kenya and Indonesia, with *Médecine Sans Frontières* and International Rescue Committee.

Associate Professor O'Reilly has led multiple global emergency and trauma care system capacity development activities, including with colleagues in India, Sri Lanka, Vietnam, Myanmar, Tanzania, Iran and at the WHO.

He has more than 140 journal publications and is the co-Chair for the Quality Improvement Working Group for the WHO Global Alliance for the Care of the Injured.

He is driven in his work by a deep respect and admiration for humanity. 'It's the people,' he says.

'Individuals and their families travelling huge distances to seek care, any care. Or others who are seeking care, en-masse, amid fleeing or enduring conflict, hunger or sudden natural disasters.'

It is also the healthcare workers across the world that inspire him – the nurses and doctors who persist enthusiastically in 'endless days of hard work'.

Associate Professor O'Reilly believes that working in global emergency medicine is a tremendous privilege. 'It's the honour to be in a position where one might envisage – idealistically and somewhat naively – maybe making a positive difference. Just maybe.'

A longer article about Dr O'Reilly's achievement can be found in the Spring 2022 edition of *YourED*, available on ACEM's website: <https://acem.org.au/Content-Sources/About/Publications/Your-ED>.

IFEM Humanitarian of the Year 2023 – Dr Georgina Phillips

Dr Georgina Phillips is the winner of the IFEM Humanitarian Award in 2023.

Dr Phillips, who has worked in emergency medicine for nearly 30 years, began her involvement in emergency care capacity development in Kiribati as an Australian volunteer doctor.

Since then, she has maintained an extensive and ongoing relationship with the Asia-Pacific region, practising and teaching in Papua New Guinea, the Solomon Islands, Fiji, Timor-Leste and Myanmar. She is a former Chair and long-standing member of GECCo, a PhD candidate at Monash University and the co-editor of the GEC section of the *Emergency Medicine Australasia* journal.

Dr Phillips described the award as 'a very incredible and unexpected honour', paying tribute to the work of GEC.

'I feel like I'm part of a big team of really wonderful colleagues who've all contributed to this elevation of global emergency care, within our College and with IFEM, but also coming from our region – The Pacific and South East Asia.'

Throughout her involvement in emergency care training and education, Dr Phillips has appreciated young doctors she has previously mentored go on to become leaders and mentors in their own right.

'It's that great reciprocity of having perhaps started with doing some teaching and being the teacher, and then now, being the learner, back from watching wonderful colleagues in action, thinking, "Wow, I've never thought to do it that way, but that's amazing what you're doing there,"' Dr Phillips says.

A longer article about Dr Phillips' achievement can be found at ACEM's digital magazine, *YourED* – www.youred.org.au.

@ 2024 IFEM Awards now open

IFEM is currently accepting nominations for the 2024 IFEM Awards, including the Humanitarian Award. Applications will be accepted until 8 December 2023. Further information can be found on IFEM's website: https://www.ifem.cc/humanitarian_award

THE GLOBAL EMERGENCY CARE COMMUNITY OF PRACTICE

Dr Donna Mills and Ms Sarah Bornstein

An update from GECCoP

In September 2022, the Global Emergency Care Community of Practice (GECCoP) launched with a hybrid meeting in conjunction with the Global Emergency Care (GEC) Symposium at the Darwin Convention Centre. Over 100 attendees took part in the inaugural event, a great start for this growing community.

In the first meeting, organisations who signed up to join the community introduced themselves and their activities, to provide members with a preview of the networking opportunities and experience they can access from within the community. We also heard from Dr Megan Cox, who presented the outcomes of a collaborative Pacific region emergency care research project.

This year, following an expression of interest process, GECCoP is pleased to announce its newest co-chairs Dr Donna Mills (FACEM chair) and Ms Sarah Bornstein (non-medical chair).

GECCoP events

GECCoP hosted an online meeting on 19th June with the theme 'Collaboration in Global Emergency Care'. This was an exciting opportunity to hear from speakers with a broad range of experience to engage in discussions about how we can better work together to make change.

A second hybrid meeting will be held alongside the 2023 GEC Symposium on September 13th in Melbourne, and we look forward to continuing the conversation.

How to join

Participation in GECCoP is free of cost. There are two categories of membership: organisational and individual. The latter is for clinicians and development practitioners with an interest in GEC. Organisational membership is for stakeholders involved in GEC capacity development, including those that have a direct engagement and established working relationship and those interested in learning more about partnering with ACEM.

@ To join, visit <https://acem.org.au/Content-Sources/Advancing-Emergency-Medicine/Global-Emergency-Care/GEC-Communities/Global-Emergency-Care-Community-of-Practice> or email gecnetwork@acem.org.au. We look forward to welcoming you to the community!



Dr Donna Mills

Dr Donna Mills is an Australian-based FACEM who is the newly elected medical chair for GECCoP. She works for the Central Australian Retrieval Service and Alice Springs ED in the Northern Territory. She has also lived and

worked in the Solomon Islands and Fiji assisting with the development of emergency care systems and postgraduate training programs for Emergency Medicine. Donna was involved with COVID preparedness and response in Solomon Islands, Papua New Guinea (PNG) and Vanuatu. She has a strong interest in tropical medicine and public health in the Pacific region and has completed the Gorgas Diploma of Tropical Medicine and Hygiene and is completing a Master of Public Health and Tropical Medicine through James Cook University.

Donna hopes that the GECCoP can be a platform for sharing expertise and experiences as well as a peer support network that leads to collaborations for the betterment of Emergency Care in our region.



Ms Sarah Bornstein

Sarah was a GECCoP co-chair in 2022 and has been re-elected for another term. She is an emergency nurse based in Darwin who has been working in EDs around Australia and PNG for the past 13 years.

Since 2020, Sarah has been working on the Emergency Care Capacity Development Support Model Project in PNG through ACEM, supporting the implementation of a new triage system in four PNG EDs, as well as supporting emergency care teams during the COVID-19 pandemic. Currently, Sarah is working with Respond Global to support health emergency preparedness and response capabilities in Australia and Vanuatu. Sarah also actively contributes to GEC emergency nursing research, education, and forums across the region.

Sarah completed a Bachelor of Arts and Master of Nursing at the University of Sydney in 2010, then completed a Master of Clinical Nursing with emergency specialisation in 2015 at the University of Tasmania. She is currently completing a Master of Global Health at the University of Sydney.



Australasian College for Emergency Medicine

34 Jeffcott Street
West Melbourne VIC 3003
Australia

t +61 3 9320 0444

f +61 3 9320 0400

e admin@acem.org.au

w acem.org.au

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Want to find out more or get involved?

To find more stories about the work of the Global Emergency Care Network, or to find out how you can get involved visit the webpage at <http://acem.org.au/Content-Sources/Advancing-Emergency-Medicine/Global-Emergency-Care> or email gecnetwork@acem.org.au