

IEMSIG

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Gerard O'Reilly is director of international programs at the Alfred Emergency and Trauma Centre in Melbourne. He reports on a capacity building program in Galle, Sri Lanka.

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Finland

Emergency Medicine in Finland

Sampsa Kiuru FACEM, and Eija Vaala MD

Background

Finland, the land of the midnight sun and Santa Claus, is located in the northern part of Europe. The current population is 5.3 million. The land area is larger than New Zealand, however the population densities in Finland (15.6 pop per km²) and New Zealand (14.9) are comparable. The two countries share other similar features. There is one large metropolitan centre, Helsinki. In addition there are four or so larger cities, and otherwise the land is rural with smaller towns and villages dotted across the forested landscape. The population of Finland has been relatively isolated and homogenous, due in part to ethnic, linguistic and cultural differences.

Finland today is a democratic parliamentary republic with a central government and active local governments. It is part of the European Union (EU) and is well known for its high standards in education and technological know-how.

Healthcare

The Finnish health system is publicly funded, and the responsibility for organizing health care lies with the some 440 municipalities across the country. Hospital districts formed by municipalities are responsible for arranging specialized medical care. Public health care is supplemented by private health care, especially in the larger cities. The national system of health insurance reimburses the client for part of the charges for private health care. Finland spends approximately 7.6% of the GDP on healthcare, which is below average in Europe.

Emergency Medicine in Finland today

In all of EU only Britain and Ireland have emergency medicine as a recognized specialty. Finland therefore does not officially recognize emergency medicine as a medical specialty. Also, healthcare falls outside of the many fields in EU that have been made uniform across Europe.

The Finnish health care model is divided into two separate entities, primary care and tertiary care. They function almost independently and organization, budgets, and physicians are much apart. Primary care provides on-call and after hour services, and in the past provided most of the first contacts with patients. The hospitals were only accessible by a "referral" by primary care. Only ambulance and critical patients were seen directly. The emergency departments were staffed by junior doctors without any formal training. Smaller hospitals had one or two junior doctors, usually divided into operative and non-operative sides. Larger hospitals had correspondingly more specialty coverage. There was no formal triage, no concept of "one department" and until the last few years, no direct physician leadership.

Over the last few years there has been considerable consolidation of acute care service providers. The regional GP after-hours services have been combined with the emergency departments of the local hospitals. In these new "combined after hour services" the annual patient visit numbers are approximately 30-40,000 presentations. One of the reasons for the consolidation has been a lack of junior doctors to work in the emergency departments and GP clinics as well as a move to streamline the health care model.

As a result, the lack of skilled and professional emergency physicians has been noted. Finland also changed the specialist training rules in early 2000, with subsequent loss of general skills. This has led to public discussion about training in emergency medicine and about EM as a specialty.

The Finnish Emergency Medicine Society was founded at the end of 2005. The Society was organized by a group of physicians in charge of the various emergency departments. It aims to improve the training in EM as well as to drive the official



*Resuscitation, South Carelia Central Hospital, Finland
(Photo: Pekka Tiainen MD EDIC)*

recognition of EM as a specialty. During the spring of 2007 the Society presented to the Health and Social Ministry the case for emergency medicine as a specialty. In addition, the Society presented the need for recognition of emergency medicine as a subspecialty as a transitional phase.

Currently there are no emergency medicine specialists in Finland and the combined departments tend to work in the old format, with operative and non-operative sides and the GP area. The true emergency physician, so well known to us, tends to be a nebulous concept.

Recent developments

The Finnish Health and Social Ministry published a report on specialty training in at the end of 2007. One of the recommendations was to initiate a training

program in emergency medicine. The report also supported a two year University - based subspecialty training for medical graduates.

However, despite the positive initial report the developments have stalled. This is mostly due to lack of support from the Ministry of Education, and the medical schools not supporting the idea of emergency medicine training.

On the positive, the Finnish Medical Association is supportive of "special competence" in emergency medicine and the feedback from various specialty organizations has nearly universally supported this. The Finnish EM Society has also constructed a training program for this purpose. The special competency in Emergency Medicine was finally accepted by the Finnish Medical Association on 22nd August 2008!

Solomon Islands

Emergency Medicine and Primary Trauma Care in Solomon Islands

Georgina Phillips

Background

Solomon Islands is a nation emerging from past trauma and social disintegration of “the Tensions”, 1998-2003, and is now working with regional partners to re-establish, solidify and enhance its health and other basic civil services. During the time of the Tensions around 50 doctors left Solomon Islands to work and live elsewhere. Some have returned, and each year an influx of newly trained doctors from the Fiji and PNG medical schools is helping to re-build medical services. The Regional Assistance Mission to Solomon Islands (RAMSI) provides extensive and long-lasting support for the nation, particularly in the governance and justice sectors, such that the Solomon Islands has returned to its pre-Tensions atmosphere of peace, calm and cooperation.

There has been a long history of collaboration and clinician exchange between the Solomon Islands and its Pacific neighbours, and Australasian emergency physicians have been involved sporadically over many years. With the emergence of a specialised training program for local emergency physicians through the University of PNG (UPNG), the practice of EM in Solomon Islands and the links with ACEM have developed rapidly since 2005. Primary Trauma Care courses provide another avenue for collaboration and clinical capacity-building within both urban and provincial health services. The future is exciting for EM in Solomon Islands, which is shaping up as a leader in this field in the Pacific Islands region.

Primary Trauma Care (PTC)

The PTC course was developed in 1996 to train local health care workers to effectively and systematically manage trauma patients using the resources available to them. The PTC course has become well established in the Pacific region, with courses incorporated into the undergraduate curriculum at the Fiji School of Medicine and both provider and instructor courses thriving in PNG. There have been two courses in the Solomon Islands, in 1999 and 2003. However, due to paucity of staff and local coordinator illness, the PTC progression had become stagnant over recent years. In August this year the PTC course was re-established thanks to an enthusiastic local co-ordinator, excellent support from the Solomon Islands Ministry of Health and funding from the Australian Government through the AusAID Pacific Islands Project managed by the Royal Australasian College of Surgeons. The key local co-ordinator was Dr. Kenton Sade, director of the ED in Honiara, with the support of two external facilitators, Dr Wayne Morriss (NZ anaesthetist) and Dr. Georgina Phillips (St. Vincent’s, Melbourne FACEM). Dr Sade was trained as a PTC instructor in Melbourne in 2006 and has since instructed at PTC courses in PNG in 2007 and in Tonga earlier this year.

Two Provider Courses were run, one at the National Referral Hospital (NRH) in Honiara and the second at the Western Province capital, Gizo. There was also an Instructor Course held in Honiara between the two Provider Courses. Enthusiasm for the courses was high across every level of health worker. All senior clinicians, including all the available surgeons, the acting medical superintendent and one of the anaesthetists ensured their availability for both the provider and instructor courses in Honiara, with a surgeon, anaesthetist and Dr Sade accompanying the two external facilitators to Gizo for the second Provider Course. Such a high level of institutional and clinical support ensured immediate success of the courses and promises sustainability and longevity for future PTC development in Solomon Islands. This was echoed by the funding made available by the Ministry of Health to enable staff to attend the courses, to meet catering and transport costs as well as to print manuals and certificates.

Participants included a mix of senior and junior doctors, nurses working both in the Honiara and Gizo hospitals as well as urban and remote rural clinics, dentists, and even two traffic police officers for the Honiara course. Workshops and discussion groups were lively and enabled clinicians to share their concerns and expertise, as well as learn new skills. When opening the Gizo course the provincial Director of Nursing observed that whilst there was plenty of training available for his staff on preventative health issues, this was the first time any of them had the opportunity to develop their clinical day-to-day skills. His comment was particularly pertinent given the experience last year in Western Province of a tsunami, which caused death and injury around Gizo and rendered the local hospital partly unworkable. Needless to say, the second day of the PTC course in Gizo focused on disaster management, triage and mass casualty care, something which was clearly relevant and stimulating for the participants.

A corps of 11 senior clinicians was trained as new instructors. The teach-the-teacher training for that day was stimulating and exceptionally well received, with the final session focusing on planning a PTC course in another provincial capital, Auki (Malaita Province), to be held in September. Already there is both clinician enthusiasm and institutional support to maintain the local viability of PTC, as well as develop the opportunity for Solomon Island PTC instructors to facilitate courses throughout the Pacific region.

Emergency Medicine

Solomon Islands is on track to become a showcase for EM in the Pacific Islands region. Since Dr. Kenton Sade took up his current position of Director of the ED at the NRH in Honiara in 2004, his vision for the development of EM has flourished and continues to bear fruit. Kenton trained and spent his early clinical years working in PNG, where he came into contact with FACEMs and learnt of the newly developed Master of Medicine Emergency Medicine (MMedEM) specialist training program through UPNG. In accordance with the 10-year plan he developed for expanding EM in Solomon Islands (2005-2015), Kenton commenced his own training through the MMedEM program in 2006, as well as ensuring that a local doctor would join the program every year since then. Not only has Kenton succeeded in recruiting young Solomon Islands doctors to a career pathway in EM, but he has also secured the institutional support of NRH and Ministry of Health funding to secure these training positions for the future. The training has been based in Solomon Islands with annual UPNG supervision visits, thus allowing local doctors to stay at home with their families and preventing

Gizo PTC course



significant exodus of doctors out of the country. There are three doctors on the EM program, Kenton Sade, Fletcher Kakai, and Trina Sale who joined the program this year, and Kenton has earmarked the next doctor to commence in 2009, Patrick Toito'ona.

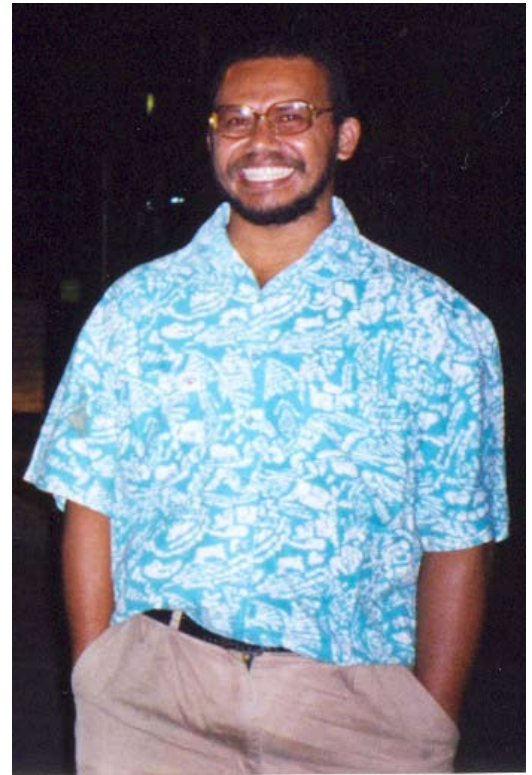
The EM expansion is comprehensive and not confined to doctor specialist training. Kenton has outlined professional development and training opportunities for all ED staffs, in particular senior nurses. The PTC courses are part of this, as well as ED-based clinical skill re-fresher sessions. Because he has a vision, is enthusiastic and has excellent strategic and interpersonal skills, Kenton has garnered hospital support for further EM development. He has increased the number of medical staff rotating through the ED, is working on a 24-hour roster system, and is organising medical outreach visits to community clinics. Regular opportunities to educate his colleagues on EM through Grand Rounds and other hospital forums are used and the senior clinician support of the PTC courses that Kenton co-ordinated are testament to his influence.

Fortunately there is simultaneous institutional support from foreign donors. The Australian Government through AusAID has committed enormous resources to strengthening the health sector in Solomon Islands, such that AusAID workers sit with their counterparts in the Ministry of Health. Two important examples which have immediate impact on the ED include a commitment to renovate and expand the ED at the NRH, and a long term investment in establishing a hospital-wide data management system. During this most recent visit Kenton met with architects to draw up his plans for the new ED, which include a dedicated triage area, comfortable waiting room, private examination rooms, and large resuscitation and ED observation areas. Work will commence on the renovations within the next few months.

There are EM issues unique to Solomon Islands where Kenton sees an opportunity to develop expertise for the benefit of patients. These include opportunistic use of the ED as the interface between the community and the hospital, presenting unique educational and research opportunities. Disaster management has already been tested with Kenton taking a leading role in the Western Province tsunami response in 2007, but needs to be developed further. Most importantly, with the MMedEM program focusing on producing a "specialist generalist", there is an important opportunity to expand EM practice to the large provincial centres, where large proportions of the population live.

The involvement of FACEMs in supporting EM development in Solomon Islands not only provides an important professional networking opportunity but plays a vital role in clinical and moral support for individual doctors and nurses. Visiting the Solomon Islands as a representative of ACEM and meeting with senior Ministry of Health officials and donor bureaucrats enabled Kenton and his cohorts to illustrate their links with professional EM bodies in the region and thus legitimise their vision as part of a regional movement. There are opportunities for educational exchange, clinical support and research collaboration. From a FACEM perspective being part of the exciting development of EM in the Pacific region is an antidote to the daily grind of access block, crowded EDs and burnt-out colleagues, and enables a broader, refreshing perspective to our clinical and professional practice.

There is much to admire in the Solomon Islands. The goodwill and immense resilience of those in the health system, with dedication and enthusiasm to rebuild their craft after significant dysfunction, is to be greatly respected. There are many signs of hope that the ED at the NRH in Honiara will become a showcase in the Pacific region, with new design, well trained and supported staff and excellent clinical practice led by locally trained specialist emergency physicians. FACEM support through PTC course involvement, clinical exchange and other professional networking opportunities can encourage these developments and promote an enduring link with our friends and colleagues in the Solomon Islands.



Kenton Sade

Sri Lanka

Trauma reception and resuscitation in Sri Lanka: the Health for the South Project – Capacity Building Program

Gerard O'Reilly

In response to the impact of the 2004 Indian Ocean tsunami on Galle, Sri Lanka, the Health for the South Project was developed by the Department of Premier and Cabinet, State Government of Victoria. The objectives of the Project were to develop the trauma care and disaster response capability at Teaching Hospital Karapitiya, Galle, through the construction of an Emergency and Trauma Centre.

As Sri Lanka had previously no experience with emergency and trauma care as we know it, the Capacity Building Program was an addition to the Project, in anticipation of the construction of the trauma centre. The Capacity Building Program was intended to deliver, through an eighteen month training program, increased skills to the staff of Teaching Hospital Karapitiya to augment the provision of emergency and trauma care.

Running from February 2007 to June 2008, the Capacity Building Program followed the sourcing of equipment essential to a high level of trauma care. Resources included monitors, defibrillators, ventilators, a portable Xray machine, and trauma manikins. The training program included six separate modules of three weeks apiece, each focusing on a particular domain of emergency and/or trauma care. For each module three staff were present, one emergency physician and two critical care nurses. Whilst most teaching was conducted in a real-time patient-based fashion, each module had several days dedicated to a formal training program, during which time there was an addition to the faculty of one emergency physician and one critical care nurse. Five of the modules were staffed by the Alfred Hospital, Melbourne, and the Paediatric module was staffed from the Royal Children's Hospital. Importantly, the visiting faculty attained formal registration (medical or nursing) to enable them to actively participate in patient management. In addition, three doctors and one nurse from Teaching Hospital Karapitiya visited the Alfred Hospital for three weeks each. The Capacity Building component was funded by AusAID.

The initial challenges included trauma triage, the systematic approach to trauma care, team approach with leadership and role delegation, and the time-critical nature of interventions. There was considerable progress made in all of these facets, although the capacity of the six-bed interim Emergency Treatment Unit (pre-construction of the new Emergency and Trauma Centre) limited the scope for change in trauma triage practices. Examples of specific procedures learnt include rapid sequence intubation of the patient with a severe head injury and the insertion of an intercostal catheter.

The experience was very rewarding for all staff involved. The Sri Lankan staffs were incredibly enthusiastic in their learning, and the lessons for the Australian contingent were multiple. General lessons from the project included the following:

1. Highly satisfactory knowledge and skills, in acute trauma care, can be developed regardless of the baseline level of knowledge in this domain.
2. Real time care of the critically ill patient provides the greatest opportunity for learning in the Emergency Department environment.



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3. Learning can be best achieved through the dual approaches of innovative leadership and grassroots participation and advocacy.
4. Perceived cultural impediments to change are not insurmountable.
5. Implementation of new approaches to resuscitation can be constrained by the context, namely the hospital-wide capacity within which the new Emergency Department operates.



The staff of the Alfred and Royal Children's Hospital (ten emergency physicians and thirteen critical care nurses) are grateful for the opportunity to be involved with the staff of Teaching Hospital Karapitiya in such a rewarding project with a clearly palpable impact.

CONFERENCES

SRI LANKA

ANNUAL MEETING OF THE SRI LANKA SOCIETY OF CRITICAL CARE AND EMERGENCY MEDICINE (SSCCEM)

12th November 2008

Colombo
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INDIA

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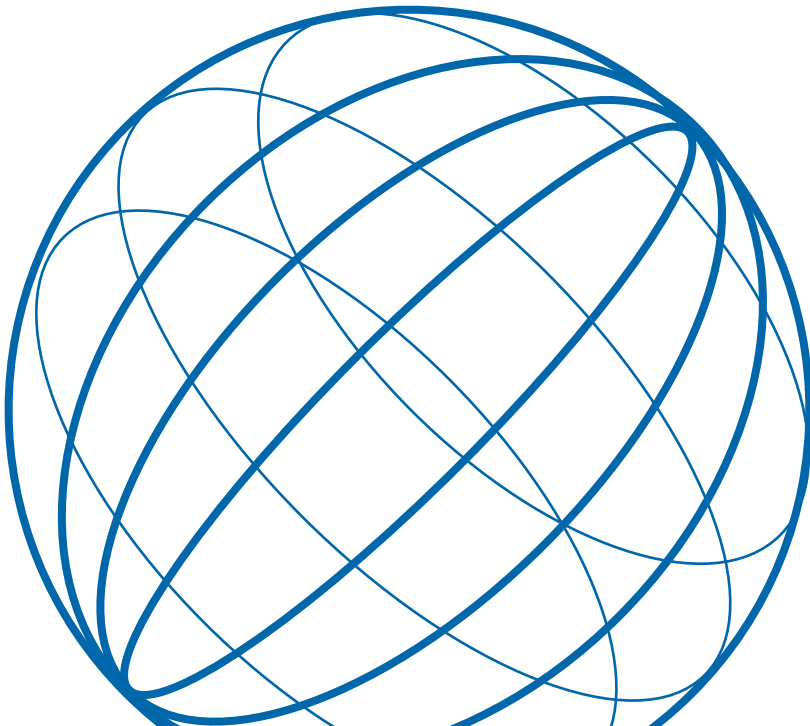
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Obituary - Andrew Dent

by Guy Sansom

Andrew was a truly amazing man. A loving husband to Blandine, father to Christian and Stefan, and loved by so many more. He enriched the lives of so many that knew him, often inspiring others to new personal heights.

Earlier in his career, Andrew qualified as a surgeon while working in Britain, he later worked for several years in both Cameroon and Papua New Guinea, where he experienced at first hand the need for greater equity in medicine. In 1990 Andrew retrained in Emergency Medicine, a field where he felt better able to deliver total-care – including the psycho-social aspects - to patients as they arrived at a hospital. The parallel themes of humility, equity and total-care influenced the way he conducted his life both in and out of hospital.

His achievements were many from the large to the small. In the 1990's he led the development of the electronic paperless emergency department. In research he single handedly set up the St Vincent's Emergency Research Centre. In Medical Education he helped to produce the new Melbourne University under-graduate emergency medicine curriculum. Andrew was also concerned that the needs of interns and resident medical staff often get overlooked, and has been a continual campaigner for their rights, education and welfare. Previously he has been a Director of the Australian College of Surgeons EMST courses and delivered much of their content over the years.

More recently Andrew and many others have built up the St Vincent's Education and Simulation Centre into what it is today. He did this through course development and by running courses. He also poured a lot of his energy into the successful roll-out in 2006 of the Advanced and Complex Medical Emergencies course for Emergency Consultants, which is now running in Simulation centres throughout Australasia.

Andrew continued to help in the field of International Medicine, his work included public health and malaria programs, clinical placements for health workers, assisting with the development of emergency medicine in PNG, and (in concert with Oil Search) the provision of a 24 hour on-call service to many clinics within PNG for many years.

He obtained many fellowships, post-graduate qualifications and awards in numerous areas of medicine and became a member of the Order of Australia the day before he died. Andrew was a visionary, a tireless advocate for the equitable "whole-of-health" treatment of all patients, no matter what their station in life or their location on the planet. Although he will be greatly missed, his legacy lives on through his family and friends, the organisations he has helped to build and the positive effects he has had on so many others.

Andrew has donated his earnings from these many years of out-of-hours work to set-up the St Vincent's Pacific Health Fund. A charity established to promote and enable opportunities for medical and other health worker related education in the Pacific region. For more information visit www.stvpacifichealth.org

May he rest in peace.



Andrew Dent as the first visiting examiner for specialist emergency medicine examinations in Papua New Guinea, 2006. He is with Sir Isi Kevau and Yongoe Kambue.

