

Elective Grant Report



Last day on the paediatrics ward

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I hopped off the plane in Alice Springs, with a dream and my cardigan, welcome to the land of heat and red soil, am I going to fit in? Jumped in the bus here I am for the first time, look to my left see the 'welcome to Alice Springs' sign, this is all so crazy, everyone seems so lovely. My tummy's churning and I feel kind of home sick, too much pressure and I'm nervous, that's when I realise, this will be the best month of my life!

Adapted from 'Party in the USA' by Miley Cyrus

For my elective I decided to go to Alice Springs, the 'Heart of Australia'. I completed my elective in the Paediatrics Department at Alice Springs Hospital under the supervision of Dr James Dowler. During my four weeks, I rotated around three different teams. I started on 'B side', the team that specialised in gastrointestinal illnesses, then rotated to the Special Care Nursery, and then to 'A side', a general medical paediatric ward. In my final week, I spent time in clinic, including a local community clinic where I helped with Autism Spectrum Disorder Assessments.

The elective medical student role involved ward rounds and helping the different teams with their jobs. This allowed me to have a broad exposure to a number of paediatric conditions, as well as increasing my feeling of preparedness for internship. I was able to examine patients, develop my communication skills with both patients and their families, and learn more about practical procedural skills in children.

I chose the elective because I'm interested in Indigenous Health and am considering working further in this area during my future career. I had limited previous exposure to the health of Aboriginal Australians, especially because I am originally from New Zealand. Also, I had never been to the Northern Territory, so was excited to explore a new area of the country and a whole new culture.

Day to day life on elective

One of the great things about this elective was that I truly felt part of the team. The day started at 8am with handover meeting, where I dutifully took notes about any pertinent changes to a patient's condition overnight. Then we did a ward round where I talked to the patients, examined them, and wrote in the notes. After ward rounds we would do the necessary jobs, such as following up on vaccination status, chasing blood results, and assessing patients' fluid status. One of my favourite things to do was the 'Paeds Review', where I took a full history and did a full examination of every patient. It also involved a bit of detective work following up on past admissions and ensuring that every part of the patient's health was maximised as best as possible. It felt very holistic and thorough.

I also had the opportunity during the elective to attend weekly intern teaching, as well as regular teaching sessions on the paediatric ward. I presented at case-meetings and at a short 'interesting case-presentation' education session.

I visited Hermannsburg, a community about 130km away from Alice Springs, for the day as part of a community outreach clinic. I really enjoyed interacting with patients who lived even more remotely than those in Alice Springs, and learning about their day to day lives and experiences. Being part of the outreach clinic also gave the staff and I the amazing privilege of being accepted as part of the community. This meant, for example, a guided tour around some of the local sites, and access into a pottery studio to see some wonderful art being created.

It made me reflect on what a privilege (and responsibility) it is to be a doctor and to get to be in these kinds of situations; you are immediately trusted and seen as friend not foe.





Welcome to Alice Springs!
First day on the job



The paediatrics ward
on Halloween



Uluru and me



Mt Gillen views

Health care in Alice Springs

The most striking thing about doing my elective in Alice Springs was the large inpatient population of Indigenous Australians; whilst 30% of people in Alice Springs identify as Indigenous Australians, they make up over 95% of the hospital population (Australian Bureau of Statistics (ABS), 2016; Tew et al., 2008). This was a population group that I have had very little practical exposure to during my time at medical school thus far, so I really enjoyed learning about their culture and way of life.

My learning started on the first day at our cultural orientation. I loved the opportunity to ask questions and learn in a non-confrontational or judgmental environment. The orientation discussed many Indigenous Australian ideas and practices such as bush medicine, totems, men's and women's business, and Pay-Back. We also got taught about some of the different Indigenous languages, and some basic words in Pitjantjatjara, the main Indigenous language spoken in Alice Springs Hospital. This gave me a good base to start learning more about Indigenous culture and how it interplays in the daily living of Indigenous Australians.

It is incredibly important to understand and respect Indigenous culture in the health profession. Sometimes the way Indigenous Australians act within the health care setting may not appear to be the way that is the most concordant for a hospital environment; for example many Indigenous Australians will leave to either sit outside or venture outside of the hospital complex for day or night "leave". This can be a challenge for the traditional structure of care within the hospital; patients have to be available and in their room when the doctor is ready to see them, which realistically can occur at any time. Understanding the reasons behind Indigenous Australians wanting to take leave is therefore very important; often they do not enjoy the air conditioned environment of the hospital and believe that sun is good for healing (whilst air conditioning is not!), or they have other family and responsibilities that they need to take care of during their hospital stay.

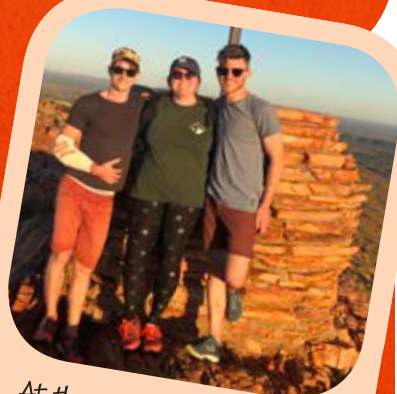
I came to understand how important it is that there is good communication between the treating doctor, the patient, and their family, to ensure that everyone's needs can be met and understood. I really enjoyed seeing this communication taking place, as many of the doctors on the paediatrics ward were excellent at understanding their patients' culture and needs and communicating well.

Another challenge for the Indigenous population is their increased rates of poverty. This is true for Indigenous Australians throughout Australia, with statistics showing that the poverty rate for Aboriginal and Torres Strait Islander people is 31%, and poverty is twice as high in very remote communities (54%) as in major cities (24%) (Davidson et al., 2018). These factors contribute to reduced food security for these populations, as well as increased household overcrowding. This then correlates to increased rates of infectious disease, particularly diseases of overcrowding such as Rheumatic Heart Disease and scabies. I therefore saw these diseases and was able to learn about them in a practical way which will cement my learning. I observed that often small actions could make a big difference. One small child had recurrent infected scabies because they were learning to crawl in the dirt outside their home; we therefore 'prescribed' a jumpsuit for them to protect their legs! It was also important to be aware of a person's home environment; many patients lived in houses without equipment such as a fridge, which is important to know when prescribing medication that needs to be kept cold. This was not the kind of issue I had ever considered before.

Chronic health conditions in children were very common. We saw a lot of Chronic Suppurative Lung Disease, which is early Bronchiectasis. We regularly saw chronic ear infections which resulted in many children having decreased hearing. This meant that we did lots of opportunistic screening and treatment. Many people visiting the hospital lived remotely, and this meant that there was often a prolonged admission for management of their chronic health condition. For example a child may be admitted for scabies but then kept in to do a 'tune up' for management of their Chronic Suppurative Lung Disease.

I really enjoyed these elements of opportunistic health care, and the focus on preventative health and health education to the children and their families.

The remoteness of Alice Springs was also a large challenge for health care provision. The Royal Flying Doctor Service is very important for the transfer of patients to Alice Springs Hospital from remote communities, and often patients had to be transferred on to larger tertiary centres in Adelaide or Melbourne for further treatment. Organising the logistics of these transfers with families was difficult – only one parent was funded to go with the child to Adelaide or Melbourne, and the rest of the family had to self-fund if they also wanted to go. I saw the difficulty of this situation with one of our patients, an 11 year old boy with an acute Hepatitis B infection. His liver function was deteriorating and it was eventually decided he needed to be transferred to the Royal Children's Hospital in Melbourne, a bigger centre than the children's hospital in Adelaide, in case he needed a liver transplant. This terrified his parents and they struggled with the idea that only one of them could go with him. They eventually decided who should go but it was tough to watch their struggle knowing what a difficult situation it was.



At the summit of Mt Gillen with some friends I made on the elective



When in Alice Springs - ride a camel!



Red earth



Biked up Anzac Hill to see the sunset

Personal growth in Alice Springs

One big area of personal growth for me was learning about communication styles. Indigenous Australians communicate differently to non-Indigenous Australians.

For example, there is no word for please and thank you in many Indigenous languages, and I noticed that they often think about the question for a long time before answering (there is less consideration of preventing an 'awkward' silence). Initially, I found this very challenging. I felt self-conscious in case I'd asked a bad or offensive question, or I felt as if I needed to fill the silence with my normal chatter. However once I realised that the way of communication had nothing to do with me, I began to learn how to be comfortable in the silence and relax a bit. This really helped with gaining rapport with the patient, and also taught me that silences can be OK. I tried to practice being peaceful in silence outside of the hospital as well, and this helped me to enjoy the nature around me and be mindful. This will definitely be a skill that I will take home with me and continue to practice and develop.

A second area of personal growth for me was learning to "go with the flow". Alice Springs Hospital was a totally new environment and culture for me, and this meant I was, at times, completely out of my comfort zone. Although the first few days were sometimes overwhelming – not knowing who people were or where anything was, I learnt to just enjoy the process of acquiring knowledge and just taking in all of the new and unique experiences. I'm so grateful for the opportunity to do a placement in the Northern Territory.

The MIGA Grant

I am very grateful to have received an MIGA Elective Grant. The \$1,500 for the community was well received by the Paediatric Department of Alice Springs Hospital, and will be used to support their ongoing work to service the needs of the community.

Life outside elective

I loved my elective at Alice Springs Hospital. I had a fantastic time on placement in Paediatrics, and I also loved exploring the local area; some highlights were a trip to Uluru and Kings Canyon, climbing Mount Gillen and swimming in the many water holes in the West MacDonnell Ranges. I even went camel riding! Most days were absolutely sunny with no clouds, and the occasional tropical storms were an amazing spectacle to watch. The staff at the hospital were very welcoming and friendly, so I loved getting to know them over many coffees from the local coffee cart (which closed for summer the day I left!). Central Australia is an amazing area to explore.

The placement has strengthened my resolve to become a paediatrician, as well as given me a new passion for the Northern Territory of Australia. I can definitely see myself working there in the future.

References

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Tew, K, You, J, & Pircher, S. (2008). Validation of patient demographic data: Northern Territory Hospitals. In Northern Territory Department of Health and Families (Ed.), (pp. 9). Darwin, 2008.

Davidson, P., Saunders, P., Bradbury, B. and Wong, M. (2018), Poverty in Australia, 2018. ACOSS/UNSW Poverty and Inequality Partnership Report No. 2, Sydney: ACOSS.

Each year MIGA's Elective Grants Program offers 10 Grants of \$3,000 to medical students undertaking electives in developing communities. Each Grant includes \$1,500 to cover the student's personal elective costs and \$1,500 to provide medicine or other aid to the local community. To be inspired by other past recipients and find out more about applying, visit our website.

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