

Doctors in Training Grant

PRELIMINARY REPORT



Acclimatising to the tropics!

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It's shockingly close. Just the other side of a little buckle in the great flat Indo-Australian tectonic plate. Only an expensive hour and a quarter on a small Air North plane from Darwin, just long enough for a bad coffee and a stale pastry, a browse of the in-flight magazine, then a gaze out the window at cloud-capped verdant mountains at about eye level, swoop down over green hills pouring into the sea, the statue of Jesus at the edge of town guiding the plane in, then you're here – a world away from most of what is familiar about Australia, in Timor-Leste.

I'm here to learn and to teach, part of a relationship of reciprocity and partnership between the paediatric departments at Royal Darwin Hospital and the Hospital Nacional Guido Valadares here in Dili. The resources, culture, clinical case-mix, history and language make the comparison between paediatric care in Australia and Timor-Leste remarkable both for how different these geographically proximal places can be, and for the common threads shared across paediatric medicine globally.

Timor-Leste is a young country, with a young medical system – this means a shortage of experienced specialists. I'm glad to be playing a role in redressing that deficit as part of the system of training for Timor's next generation of paediatricians.

There are currently 18 paediatric trainees at different levels through a 4-year program. The small group has a wonderful collegiate atmosphere where learning and teaching is highly valued. Much of my teaching role takes the form of one-on-one mentoring in the clinical environment – an opportunity for a bilateral exchange of knowledge and experience. More formal regular teaching hours are an opportunity for a deeper dive into important paediatric topics, while monthly morbidity and mortality meetings foster a culture of quality improvement.

While many of the health resources to which we're accustomed in Australia are limited or unavailable in Timor-Leste, teaching quality is certainly not one of them. Professor David Brewster, a paediatrician with exhaustive experience in medical education across the developing world, has, as the departmental director, set the tone for world standard pedagogy in paediatric education here. Learning objectives are trainee-defined and led, backed by continuous assessment. Particularly interesting and innovative is the explicit acknowledgement of teaching future consultant specialists to be teachers, as well as to be clinicians. Doctors largely learn their trade from those above them in the medical hierarchy, so it's remarkable that equipping those senior clinicians with skills in how to pass on their knowledge effectively has garnered so little attention in most medical education models – not so in Timor-Leste, where learning to teach runs parallel with clinical education in the paediatric department, with trainees practicing and refining their teaching skills across teaching environments while instructing more junior staff.

On the busy paediatric wards and neonatal unit of Timor's only referral hospital, the clinical work load is endlessly interesting, instructive, and challenging. It's a veritable daily tropical medicine tutorial, and a steep learning curve for a clinician more accustomed to Australia's case-mix.

Severe acute malnutrition and its complications are heartbreaking and common, and the cases we see are the tip of the iceberg nationwide. Infectious diseases are myriad, with dengue fever, tuberculosis, amoeba, leptospirosis and cryptococcus never far from the differential.



1. Following the WHO "helping babies breathe" methodology to teach neonatal resuscitation. The first minute of life is critical, especially in a country with a high rate of birth asphyxia.
2. Working with Enfermeira Augustina, the nurse educator on the paediatric ward, on safe administration of chemotherapy.

Even the paediatric conditions which have little respect for differences in climate and economics – bronchiolitis, prematurity, epilepsy – are a new challenge to manage in the absence of many of the investigations, subspecialist colleagues and treatment options available over the Timor Sea. Clinical acumen and close observation over time are the most useful and available diagnostic tests, though I'm happy to be part of a project working to improve the Laboratorio Nacional's microbiology capabilities, implementing multiplex PCR technology and blood cultures.

The hospital is an international melting pot – the Timorese staff are of course the backbone, working alongside outside expertise in the form of nurses from the United States, New Zealand and Australia, surgeons from China, a Czech obstetrician, and a large cadre of Cuban doctors from all specialties who also undertake much of the medical school teaching.

Language is a persistent challenge, with many of the doctors growing up speaking Tetun and often another Timorese dialect at home, Portuguese through school, Spanish at medical school, often followed by a post-graduate qualification in South Korea, Thailand, or the Philippines, then coming to work at this hospital where English is the working language! This challenge also represents a strength, with a broad base of knowledge and experience, and a willingness to learn from other approaches and backgrounds.

Outside the hospital, I'm taking great pleasure in discovering this beautiful and friendly country. Exploring Dili and the districts has provided a deeper understanding of the context of my patients and colleagues, and highlighted the historical and geographical challenges to development. I've had the chance to mountain bike the back roads of the hills above Dili – past goats and chickens and pigs and a deer (yes, a deer), past sparrow-force hide-outs and past the backyards of houses clinging to the hill, I've goggled at clownfish and corals in the pristine waters of Atauro Island, and I've rugged up against the chill above the clouds while hiking through the coffee plants growing wild under the shade tree canopy in Aileu.

Maliana, a mountainous rural district in the west of the country, is my destination for a week later this month. I'll be working as part of a large, international team on a rheumatic heart disease (RHD) screening project. This disease, familiar to me from work in the top end, is relegated to the medical archives in most of the developed world, while it causes devastating, life-limiting heart disease across the Pacific and the top end of Australia. It is preventable through improved living conditions and poverty alleviation. Once patients have rheumatic heart disease, progressive recurrences and worsening carditis can only be avoided through painful monthly injections of a long-acting penicillin formulation, a drug which hasn't been improved in about 50 years. The scale of the true burden of RHD in Timor-Leste is only starting to come to light, but take heart – as well as screening for previously undiagnosed heart disease, the project I'm working on will work to train Timorese health care workers in directed echocardiography to allow much more widespread access to screening and diagnosis in the future, in the hope of eventually reducing rheumatic heart disease morbidity and mortality across the country.

Time has flown, although some of the hours spent sweating over unwell patients in the un-air-conditioned neonatal unit were less than fleeting. I've already learned a great deal – about teaching systems and pedagogy, about clinical tropical medicine and about a fascinating and often heartbreaking country so close to Australia but that feels so far from the Australian mind. I'm sure six months will go too fast, and I suspect I'll be back – even just for the pleasure and reward of seeing the current crop of Timorese paediatric trainees take the reins and lead child health care in this country into a brighter future.

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