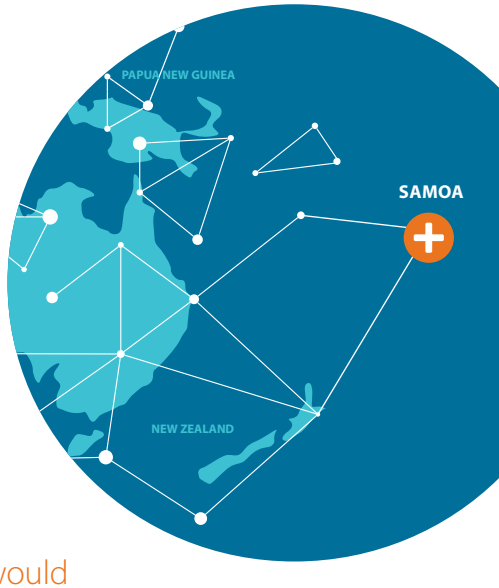
Elective Grant Report

Farewell lunch prior to my departure, held to celebrate the hard work of the Medical Records team in facilitating the research

Aiden Varan
University of Melbourne

Tupua Tamasese Meaole Hospital
Apia, Samoa



The work in Samoa was memorable and enriching. Over three months, I was able to immerse into the clinical and wider culture of Samoa, to build friendships, and to conduct valuable research. Samoa holds a justified reputation of warm and welcoming people. I would certainly recommend others to visit, especially to provide longer-term support roles.

Resourcefulness is a key attribute of the clinical practice at Tupua Tamasese Meaole Hospital (TTMH). On the wards, nursing and medical staff were often confronted with supply shortages including blood culture bottles, gloves, and gowns. Donated supplies were sporadic. In terms of research, time availability was the critical barrier to clinician-led investigations. Clinical staff regularly worked longer than 18 hour shifts in addition to on-call responsibilities, notwithstanding personal, family and spiritual commitments. Scientific journal access was also limited; prior to arrival, there was no institutional journal access, such that clinicians relied on citation abstracts to inform clinical decision making.

I had the privilege of working with diverse clinical and non-clinical teams. The ICU was my home team, led by Dr Dina Tuitama. She is a kind, humble leader and strong female voice in the health service. Her commitment to critical care education and process improvement was impressive, and I am privileged to have worked under her supervision. Along with Dr Tuitama, I trained with several ICU and anaesthetics registrars demonstrating high clinical skills, excellent bedside manner, and a commitment to improvement.

Outside of ICU, I spent considerable time with the Medical Records team led by Ms Lotovale Peleti. They are an underappreciated team; the record system is purely paper-based with high name variability and frequent patient movement and relies on this remarkable team to collate notes. Other teams included paediatrics, particularly with Dr Tomasi Tofa in the outpatient paediatric clinic which was my research focus. I also worked with Ministry of Health information technology and business analyst teams, laboratory, radiology and pharmacy staff, all of whom were highly supportive of my research initiative.

Conducting (to our knowledge) the first formal study on paediatric sepsis in Samoa was incredibly rewarding. However, one of the most memorable elements of my placement was my linkage with local medical students from National University of Samoa. I required considerable assistance to enable efficient data entry, and many students volunteered time out of already busy schedules. In exchange, I was able to provide training on data entry systems, and for two students, provide mentorship to set up their own data collection systems for audit projects. The students also provided me with incredible insight into day-to-day life as a student in Samoa, about Western and traditional healing systems, and about cultural life in Samoa. These exchanges are particularly memorable for me.

My hands-on clinical experience was necessarily limited given time constraints and my research focus. However, I periodically joined with the ICU teams on their ward rounds and discussions of difficult cases. Several cases stand out from memory, including thoracic abscesses, traumatic head injuries with skull fractures, and late-stage diabetes complications. Unlike a typical Australian ICU, the patients were relatively young and previously healthy; if able to survive their admission, they would often recover well. I was impressed by the positive clinical outcomes despite severe initial presentations and resource limitations.

I was offered workspace within the ICU doctor's office, adjacent to the five-bed ICU. In a clinical context, patients were incredibly diverse including in age – often a combination of neonates, young adults and older patients would be admitted contemporaneously. Hence, the breadth of clinical knowledge and practical skills required (e.g. scalp cannulation of a young infant) was considerable.

Aiden Varan
University of Melbourne

Tupua Tamasese Meaole Hospital
Apia, Samoa

A picturesque hut near the Baha'i Temple, outside of Apia

Medical records in the outpatient department - a testament to the work of Medical Records to keep organised and sorted

Dr Tomasi Tofa inspecting the ear of a child at the paediatric outpatient clinic

The handover ceremony of the tympanic thermometers and tips purchased with the MIGA Grant

The role of family in clinical care was also notably different. As a family-focused society, large groups of family members would regularly visit ill patients. Commonly, they would come equipped with clothing and mattresses to sleep in the waiting room outside the ICU. The profound impact of an ill patient on the wider community was visible.

Samoa is renowned for warm, welcoming people, and the reputation is justified. It is a relaxed culture, but also strongly influenced by New Zealand given colonial history and contemporary diaspora. The natural environment is quite stunning; just a short drive from beautiful beaches up to mountaintops with lush vegetation. The temperature gradient was also quite shocking, with moments of unexpected cold up the hill. The birdlife was gorgeous; I would strongly recommend visiting natural reserves on Upolu and Savai'i. Samoans are very proud and protective of their culture and language. I enjoyed seeing fia fia (performance nights) and siva afi (Samoan dance) shows, including fire dance performances.

Professionally, the placement granted an opportunity to reconnect with my prior training in global health and link into a clinical context. I hope to incorporate global health research and training throughout my clinical career. I am especially interested in the Pacific region as our neighbours, colleagues and friends.

On a personal level, it was an enlivening experience to move outside of a high-resource, Caucasian-predominant culture. I am taken aback by the generosity and willingness to help at all levels in Samoa.

I hope that the research findings (currently completing data analysis) can be used to improve clinical services at the TTMH paediatric outpatient clinic. I also hope that, with the publication of this paper, it provides impetus for ongoing development of research initiatives based at TTMH. I had the privilege to run several training sessions on research and study design, as well as applied data analysis. I was also able to help connect relevant administrative bodies with the World Health Organisation-supported journal access platform (Hinari). I am hopeful that my presence can foster future linkages with Melbourne- and Auckland-based clinical teams. Finally, I hope the friendships with clinical and community members can endure for many years.

The Elective Grant funding for the community kindly provided by MIGA was put towards the purchase of three high-grade tympanic thermometers and tips. Two of these have been deployed in the ICU, and one at the triage desk in the paediatric outpatient clinic. Previously these facilities only had access to axillary thermometers, which are unreliable particularly in critically unwell patients. The teams have warmly received these donations which have been implemented into routine clinical practice.