



RACS GLOBAL HEALTH

A COLLECTION OF STORIES: 2013-2015

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ROYAL AUSTRALASIAN
COLLEGE OF SURGEONS

WEARY DUNLOP BOONPONG FELLOWSHIP EVALUATION

Introduction

The Weary Dunlop Boonpong (WDBP) Fellowship Program is a collaboration between the Royal Australasian College of Surgeons (RACS) and the Royal College of Surgeons Thailand (RCST). Since 1988, the exchange program has been providing opportunities for Thai surgeons to undertake clinical attachments in Australian hospitals for a period of four to six months in their nominated field of interest.

The Fellowship provides opportunities for the recipients to obtain further exposure in general or specialist surgery, gain experience in clinical research and the applications of specialist technology, and further develop hospital management skills in a multi-disciplinary environment. The nature of the training is apprenticeship-style, and WDBP scholars are supernumerary to Australian trainees. Scholars observe and *may* assist (although this is left to the discretion of the supervisor) in elective operations where appropriate and are granted access to hospital libraries, participate in surgical meetings and audits, and attend appropriate lectures relevant to their interests.

Up to six Fellowships are awarded annually. Between 1988 and 2014, 82 Fellows successfully completed their attachments in Australia.

Between June 2014 and August 2015, RACS undertook a survey of WDBP Fellowship recipients to glean a broad understanding of the outcomes of scholars' attachments under the Program, so improvements can be made to increase its effectiveness. To be eligible to participate in this survey, WDBP Fellows had to have completed their Fellowship attachment at the time of the survey. Of the 76 Fellows who were eligible and contactable, 36 responded.

Methodology

The survey was designed with a mixed methodology approach combining short-answer, multiple-choice and likert scale questions. Both qualitative and quantitative data were sought to ensure relevant and detailed information could be extracted from the responses.

Approximately a third of the way through the survey (from question eight onward), four respondents consistently failed to respond to questions. The missing responses were excluded from analysis in order to avoid skewing of the data.

Privacy issues were considered when undertaking this survey. Respondents wishing to remain anonymous are not identified.

Results

FELLOWSHIP OBJECTIVES

The vast majority of respondents reported satisfaction with their attachments, and generally felt happy with their skills and knowledge outcomes. 87% of respondents reported to have achieved all of their aims under the program, with

88% having learned a new surgical technique/s during their Fellowship. When asked if their new skills were useful upon return to their unit in Thailand, 97% agreed that the surgical and technical skills they had acquired were useful, and reported that they were able to offer new and/or more complex surgical or other health services as a result. 78% agreed that the management, administration and leadership skills they acquired were useful, with 88% reporting that the patient management skills they had acquired were helpful and that, since completing the Fellowship, they had introduced or improved patient audit systems in their units. Clinical research skills were recorded as the least applicable skill at 39%, with only 47% of respondents participating in clinical or academic research projects post-attachment. Almost every respondent (with the exception of one who was unsure) reported that they would recommend the Program to their colleagues.

28% of respondents said they were unable to transfer some technical aspects of service delivery to their workplace, and identified financial restraints as the predominant barrier preventing them from implementing certain technical skills.

Disappointments pertained to lower than expected levels of hands-on operative experience (although 81% *were* satisfied), language barriers and a supervisor issue. It should be noted, however, that the Fellowship is not designed as a hands-on experience, due to the restrictions placed on Fellows' medical registration. WDBP Fellows come to Australia predominantly as observers, and any hands-on experience is granted only at the supervisor's discretion.

Half of respondents felt that their English proficiency negatively affected their training, however, two of these respondents did state that their comprehension improved over time after immersion in the English-speaking environment. Only 16% felt that their training was entirely unaffected.

Since completing their Fellowships, 81% of respondents reported having gone on to positions of leadership within their home institutions.

Dr Teera Simpattapong

2006 Scholar, Paediatric/Cardiac.

Supervised by Prof David Winlaw (right)

"I am in debt to the Weary Dunlop Boonpong Program for all my life. I have learned a lot in complex congenital heart surgeries and sometimes I ask my supervisor, Dr Winlaw, about how to do surgeries to patients especially in very complex operations".



FUTURE GOALS

Respondents were asked to record their future goals and aspirations for improving health care in their community. Responses were split across seven categories. The predominant goals were, one, to improve patient management and administrative systems, and two, to train colleagues and improve the overall team (19% and 16% respectively). Other goals included the introduction of a new service (12.5%), improved academic and research skills (12.5%), improved personal surgical skills (9%), advocacy and awareness raising and maintenance of current practice and standards (3% respectively). One respondent reported personal career ambitions to obtain a high-level administrative position within the Ministry of Health.

66% of the respondents have remained in contact with their Australian supervisor or colleague since returning home.

RACS & RCST ADMINISTRATION

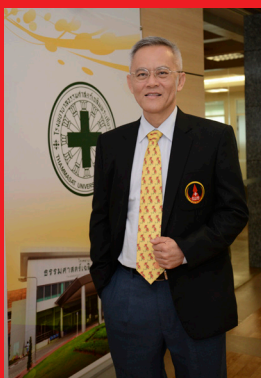
The survey data revealed that scholars, to a large extent, felt satisfied with the administration of the Fellowship by both Colleges including the application process, the coordination of the medical registration and visa applications and general logistics. 100% of respondents were satisfied that the selection process by the RCST was transparent. Most (72%) were satisfied with the quality of email communication they received from the RACS, and generally (72%) felt that the instructions provided by the RACS staff were easy to follow.

Despite the general satisfaction pertaining to broader administrative matters, a significant portion (26%) of respondents reported dissatisfaction with the documentation requirements (specifically for the Australian Medical Council, Medical Board of Australia and Visa application processes). This difficulty was predominantly reported by respondents awarded the Fellowship from 2003 onwards. Some found the process to be overly complicated, and felt they were not provided with adequate support to meet the requirements.

Discussion

This evaluation reveals a strong positive sentiment towards the Fellowship Program as a whole. Few disappointments were recorded, and respondents largely reported to be satisfied with their experiences, with the majority having achieved all of their intended aims. The application process to the RCST, and subsequent placement coordination by the RACS were viewed in a very positive light, although the documentation requirements for AMC, AHPRA and Immigration applications were viewed less favourably. Significant improvements to the Medical Registration and Visa application processes have since occurred (in part due to appeals initiated by RACS), and it is hoped that future Program evaluations reveal these requirements to be more manageable and less time-consuming for Scholars.

The results indicate that RACS could better manage scholars' expectations of obtaining hands-on operative experience. Attachments are designed predominantly to be an observation experience, mandated by the Australian Medical Board as a condition of their medical registration. The College will ensure that future applicants are better informed of the nature of the Fellowship experience to avoid disappointments. Where appropriate, the College will encourage scholars to undertake an English language proficiency exam to qualify them for a less restrictive category of medical registration that will enable them to have greater interaction with patients and more hands-on experience.



Dr Chittinad Havanond
1988 Scholar, Oncology,
Supervised by Prof John
Forbes

"The Weary Dunlop Boonpong Fellowship program improved my experience in leadership, self-learning, systematic thinking and interpersonal skills. Australia was my first experience abroad. Australian

people are very nice people so I am very lucky to be a Weary Dunlop Boonpong Fellow. I have to thank the Royal Australasian College of Surgeons and Royal Thailand College of Surgeons, moreover Sir Edward Dunlop and Mr Boonpong who made a strong relationship between both countries".

A number of scholars reported difficulty transferring certain skills and practices acquired in Australia to their home environment, predominately due to resourcing restrictions in Thailand. Although there is no provision under the Fellowship to support returning scholars with items of equipment, the WDBP Thailand Travelling Fellowship, established in 2009, supports the Australian supervisors to undertake short follow-up visits to their scholar's unit in Thailand to assist with the implementation of the new skills. Six scholars have received a visit by their

former supervisor under the Program. Reports from these visits demonstrate the strong relationships formed and the ongoing engagement between the scholars and supervisors regarding the scholars' progress in Thailand. It is hoped that the return visits under the Program will assist the supervisor to support the scholar in overcoming the challenges faced at home.

Conclusion

Overall, the evaluation results strongly indicate that the Program is achieving its objectives, and that scholars are benefiting greatly from their experiences in Australia. RACS acknowledges that there is scope for improvement, however, the results clearly demonstrate the numerous successes achieved as a direct result of this Fellowship and the ongoing relevancy of the program to the development of the health care system in Thailand.

The College thanks all of those who completed the survey. Their valuable time, honesty and patience is greatly appreciated.

The College seeks expressions of interest from departments of surgery or heads of units of all surgical specialty in Australia, who feel they can offer a milieu in which young Thai surgeons can obtain valuable experience. Please contact RACS Global Health on +61 3 9249 1211 or email international.scholarships@surgeons.org

SHARING THE BENEFITS

RECIPIENTS OF THE COLLEGE'S WEARY DUNLOP BOONPONG (WDBP) EXCHANGE FELLOWSHIP ARE SHOWING LEADERSHIP BACK HOME. *WITH KAREN MURPHY*

Thai Cardiac Surgeons who received a College-funded Scholarship to extend and enhance their training in Australia are now showing transformational leadership skills, particularly in their efforts to develop local paediatric cardiac surgery, according to Professor David Winlaw.

Professor Winlaw, a Paediatric Cardiac Surgeon at the Children's Hospital at Westmead, has supervised and mentored a number of Thai Scholarship recipients and late last year visited Thailand to gain a first-hand understanding of the impact of the Australian training provided.

While there he visited four Cardiac Surgeons who received support to travel to Australia through the Weary Dunlop Boon Pong (WDBP) Exchange Fellowship, which commemorates the bond forged between Australia and Thailand during the brutal construction of the Thai-Burma railway during WWII.

Since its inception, more than 70 young Fellows of the Royal College of Surgeons in Thailand (RCST) have been sponsored to visit Australia to advance their training across all specialties.

Professor Winlaw's visit occurred in December 2013 and was coordinated in Thailand by Dr Jessada Methrujanont, the most recent WDBP Fellow to train at the Children's Hospital in Westmead.

He also spent time with other WDBP Fellows Dr Jarun Sayasathid, Dr Suksan Kanoksin and Dr Teera Simpatanapong.

While there, he visited regional, metropolitan and university hospitals, assisted in a number of complex cases such as tetralogy of Fallot, provided informal hospital-based lectures and gave a presentation at the Horizon in Cardiology 2013 conference, co-organised by the Society of Thoracic Surgeons in Thailand.

Professor Winlaw said that while metropolitan and university hospitals were now conducting complex paediatric cardiac surgery, regional hospitals often lacked the specialist ancillary skills necessary to make such surgery viable, such as anaesthetists skilled in paediatric care, perfusionists and Intensive Care staff.

He said that this was in part driven by low volumes of complex cases, a Thai health system which had not encouraged subspecialisation and a lack of specialist neonatal



ICU staff.

However, he said all the WDBP Fellows were actively working together to progress and advocate for the development of Paediatric Cardiac Surgery across the country.

"It is clear that the WDBP Fellowship program has given these surgeons an opportunity to work in high volume centres and gather the necessary experience to take Paediatric Cardiac Surgery forward in Thailand," Professor Winlaw said.

"It has given them a common framework to discuss and mould the specialty in a way that continues to be of benefit to the country years after their sponsored visit.

"While I was struck by how complex it is to create a subspecialty like Paediatric Cardiac Surgery in a country like Thailand which does not have such a well-coordinated health system, I was also particularly struck by the close collaboration that exists between the WDBP Fellows.

"This common bond of having trained in Australia means that those surgeons who are conducting Paediatric Cardiac Surgery in cities and regional hospitals now collaborate on cases and in their training of junior surgeons because they have seen what is possible in Australia and have the same aspirations for Thailand.

"Their leadership skills are now transforming hospital systems and patient care which I believe proves the value of this Exchange Program.

“One of the problems facing Thai surgeons and specialists is the Thai language which is very complex and rarely spoken elsewhere. English is not commonly learnt and this is an impediment to participation in international networks and learning in the global environment.

“At one Hospital, a WDBP Fellow has mandated that the operating team converse only in English for one day a week, part of an outward looking approach designed to be a springboard for further learning.”

During his visit, also sponsored through the WDBP Exchange program, Professor Winlaw spent two days in Phitsanulok, in Thailand’s north, where he assisted Dr Jessada at the government-run Buddhachinaraj Hospital. While there, he also visited Dr Jarun at the University Campus Hospital.

He then spent time in Bangkok at the Ramathibodi Hospital, a major tertiary centre affiliated with Mahidol University, which is one of three centres in the city that performs complex and neonatal Paediatric Cardiac Surgery.

In both these centres, Professor Winlaw assisted and supported the principal operating surgeons.

Later in his trip, he travelled to Ubon Ratchathani in the East where he attended the Cardiology conference and gave a presentation on the Ross Pulmonary Autograft procedure.

He said that while Dr Jessada was doing small volumes of low and moderate complexity Paediatric Cardiac Surgery in a hospital environment of limited resources and support, Dr Jarun was undertaking larger volumes of similar work with more resources in a hospital with a vision of developing Paediatric Cardiac Surgery.

He said the two surgeons, although working in different circumstances, collaborated closely.

“The Thai surgeons I have been associated with are all good technical surgeons and have sufficient knowledge of clinical sciences to be excellent Paediatric Cardiac Surgeons,” Professor Winlaw said.

Below: WDBP Fellows’ dinner in Phitsanulok



“However, their aspirations are limited because of structural issues within the Thai health system which make it difficult to develop Paediatric Cardiothoracic Surgery.

“These include local referral practices and fear of bad outcomes in less experienced centres, a financial need by surgeons to conduct adult cardiac surgery and insufficient case volume to support the development of related specialists in perfusion and anaesthesia.

“The WDBP Fellows are aware of these constraints and are working to overcome them.”

Professor Winlaw said some of these constraints may be eased if the WDBP Exchange Fellowship was broadened to involve other Australasian Colleges.

Upon his return to Australia, he wrote a report to the RACS suggesting that additional funding sources be found to allow a small team of perfusion, anaesthetic or intensive care specialists to visit Australia at the same time as Thai surgeons.

“In my field of practice, I can see that the WDBP program is facilitating the development of medical services and therefore benefiting the Thai community,” he said.

“However, I believe we could get additional benefit if we focussed the program on one regional centre and one Bangkok centre and allowed the local surgeons to nominate the support services they wish to develop through education and training in Australia.

“This would allow a paediatric cardiac surgeon to visit an Australian hospital with their anaesthetic, ICU or perfusion colleagues so as to broaden the base of expertise in this developing specialty.”

Professor Winlaw has also provided training and support through various visits to Myanmar and Cambodia and said the facilities in Thailand and the skills of Thai surgeons could allow that country to become a regional leader in the development of Paediatric Cardiac Surgery across South East Asia.

“Other groups from Japan and Singapore are also active in their support of Paediatric Cardiac Surgery in Thailand but much of this is limited to the operating room rather than addressing the system in which the surgeons must work,” he said.

“If we can tailor our support to a specific tertiary centre and a regional hospital we could help build a system similar to ours where the very sick neonates are cared for in Bangkok and older children requiring less complex procedures can be treated in a regional centre.

“This is the aspiration of the WDBP Fellows and it would be rewarding to help them attain it.”

The WDBP Exchange Fellowship is named after Sir Edward “Weary” Dunlop, one of Australia’s greatest wartime heroes and life-long humanitarian, and Mr Boonpong Sirivejphan, a local Thai who helped the prisoners of war forced to build the railway by the Japanese.