



Elective Report
A New Perspective Across the Border

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Elective Report: A New Perspective Across the Border

The Elective Experience

I undertook my elective in the discipline of obstetrics and gynaecology (O&G) in Lautoka, Fiji. Having completed my O&G term in Ballarat immediately prior I thought I was well prepared. Never could I have been more wrong. While the type of clinical presentations at the hospital were similar to those I had come across in Australia, there was a whole barrel of challenges I could not have foreseen nor prepared for. My expectations shifted lenses very quickly as I hit the ground on my first morning in the labour ward.

As I joined the morning ward round, I realised that this placement would be no ordinary rotation. In a small team consisting of a registrar, intern and two medical students we started the ward round assessing patients. As the students, we were tasked with inserting an 18-gauge cannula, collecting and requesting bloods with crossmatch and hand-delivering it to the pathology service for each of the new admissions. The tasks themselves seemed straightforward however, what I soon learned was that the way to conduct them was not as such. Having done half a dozen 18-gauge cannulations on my anaesthetics term earlier this year I felt confident in my skills to get started. I asked the local student where the cannulation trolley was only to find him looking puzzled and unsure as to what I was referring to. "Do you mean a crash trolley?", he asked bewilderedly. "The equipment to insert a cannula" I corrected myself quickly. He pointed to a cupboard where the needles and gloves were placed and a sink which had cotton balls and an alcohol hand dispenser. As I jumbled to collect the equipment in an old blood-stained kidney dish I asked where the tourniquets were kept to which he responded, "we don't have any – we just use a glove". The simple process of inserting a line was my first realisation that this setting is very different to Australia where there are pre-packaged cannulation kits.

Throughout my time, I looked on the other students and doctors as they were performing venepuncture and cannulations and noticed none were wearing gloves let alone any other personal protective equipment. Upon enquiry I was told that gloves should only be used when necessary such as for vaginal examination or as a tourniquet. Moreover, when I was preparing to scrub for my first caesarean, I was startled at the scrubbing sink where there was a soap bar and a manual iodine hand dispenser, where one had to wait for an assistant to come and squeeze the solution. The equipment shortages didn't stop there; while in theatre, during a complicated case which resulted in two litres of blood loss, there was a delay in transfusion as there was no blood and fluid warmer machine. In fact, I learned that only one machine was available in the country and was in the major tertiary centre in Suva. The alternative was an innovative quick-fix which

involved wrapping the cold bag of blood in a cloth and placing it under the axilla for 10-15 minutes.

As the weeks went on, I came to learn that the hospital was under significant financial distress and equipment shortages were the least of their concerns. During an electrical fire last summer, the new operating theatres which had just finished building caught ablaze and as a last resort old storage rooms had been converted into the main operating suites. This looked somewhat like a tight-spaced laundry room and lacked an overhead light. Due to the hospital's tight financial budget this makeshift theatre has been the main operating suite since December last year and is going to be for some time. On top of this the hospital is currently battling with structural issues including a major termite infestation. This made me reflect on how robust our healthcare system in Australia is and the access to funding available at our public hospitals.

Another eye-opener for me on this term has been observing the expectations and role of the team members involved. Due to major staffing issues, I noticed that juniors often step-up and take-on a lot of responsibility early-on in their training. Final year medical students are rostered with an alternating on-call schedule and are rostered to work non-stop of 30 hours in a single shift weekly. Students are also left unsupervised to close a ceaser. Further, an intern is often the first responder to obstetric emergencies and responsible for the immediate management. While these experiences are great learning opportunities, the immense pressure and lack of supervision can be daunting and frightening for junior staff especially when adverse events occur. Nonetheless, I have been overwhelmingly impressed with the efficiency and innovativeness of the staff in working together to deliver outstanding healthcare in their community.

Lastly, the antenatal and colposcopy clinics have been an eye-opener. In the antenatal clinics I have come to appreciate the different management modalities for gestational diabetes as well as learn of the impacts of rheumatic heart disease in pregnancy. Further, I have come to appreciate the significance of deploying an effective public health screening program. As Australia is on the cusp of eliminating cervical cancer, Fiji is battling with enormously high rates of cervical cancer where annual deaths due to cervical cancer surpass maternal mortality post-partum. This is due to extremely poor coverage of population screening of Pap smear tests.

My Learnings & Takeaways

The opportunity to undertake my elective in Fiji has been incredible and one I will never forget. My clinical supervisor integrated my placement with the local final year medical students (Appendix 1). By being actively involved and embedded with the O&G team, I have been proactive in maximising my time, from attending teaching sessions, to clerking new admissions, practicing ward round presentations and jobs, as well as assisting in theatre and delivering babies. Moreover, this term has been filled with excellent learning opportunities including workshops on pelvic anatomy and perineal suturing, which have certainly augmented my learning.

While practically I have honed my competency in practical procedures such as venepuncture and intravenous cannulation, I have also learned a new array of skills such as learning how to chart a partogram, completing growth centile charts and antenatal booking forms. I have also built-upon my basic anatomy and physiology as well as advance my knowledge on obstetric and gynaecological complaints encompassing, ectopic pregnancies, miscarriages, preeclampsia, abnormal uterine bleeding, ovarian and cervical cancer. Pertinently, I believe this placement has provided me with a sensitive and comprehensive understanding of the challenges facing women in resource-limited settings, emphasising the necessity to innovate and implement outside-the-box solutions. I have also appreciated the importance of boasting diagnostic precision via clinical reasoning through comprehensive history-taking and examination.

My Contributions to the Workplace & Community

While I was able to gain a lot from the elective, I believe I was a positive addition to the team and community. My presence was highly valued as I was able to assist the intern and registrar with clinical tasks. Being fluent in Hindi and English allowed me to immerse myself clinically when talking with patients allowing for rapport-building, yielding a thorough assessment and aiding the development of appropriate management plans. I was cognisant of the presence of local students during my term and thus made an active effort to not interfere or take away from their learning opportunities.

Thanks to a not-for-profit organisation and various medical supply companies I was also able to take with me in-kind donations which were greatly appreciated by the hospital (Appendix 2). This enabled the hospital to conduct a suturing workshop on perineal tears for students and junior doctors enhancing learning, as well as stock up on basic equipment.

Reflection

I believe my experience on this rotation has been life-changing for my personal and professional development in various ways. It has provided me with a greater understanding and appreciation of the delivery of healthcare in a resource-limited setting.

As a junior doctor, this experience has allowed me to reflect on my practices particularly with regards to the use of medical equipment and to be more mindful in minimising my contributions towards medical waste. I am stunned by the drastic differences in the health setting of one of Australia's closest neighbours and have been further reminded of how fortunate most Australians are to access quality health care. This is not what I had expected to emerge from my elective but am grateful for this experience and the opportunity to grow as a junior doctor.

In keeping with my passion for global health, I hope to maintain a close bond with my offshore colleagues and hopefully return to complete part of my fellowship training here in the long-term. This elective has provided me with an incredible learning, eye-opening and unforgettable experience, providing a new perspective as I set out to embark on my medical career. I am extremely grateful for the Andrew Dent Student Elective Scholarship which has made this experience possible and one I will always remember.

Appendix 1: Obstetrics & Gynaecology Placement Timetable

AM	Monday		Tuesday	Wednesday		Thursday		Friday
	Handover 7:30-9:00am							
	Antenatal/Labour/Gynae Ward Rounds 9:00-11:00am							
	ANC 9:00-1:00	Gynae Colposc opy Clinic 10:00- 1:00	ANC 9:00- 1:00	Gynae OT 8:00- 4:30	ANC 9:00- 1:00	Gynae Clinic 9:30- 1:00	ANC 9:00- 1:00	ANC 9:00-12:00
Global Teaching Session 11:30-1:00								
PM	Postgrad uate Tutorials 2:00-4:30	ANC 2:00- 4:30	Gynae Clinic 2:00- 4:30	Grand Rounds 2:00- 4:00	Hospital CME 1:00-2:00		MMR 2:00-3:30	
					Department CME 2:30-4:30			

ANC Antenatal Clinic, CME Continuing Medical Education, MMR Morbidity & Mortality Review

Appendix 2: In-Kind Medical Donations

Item	Quantity
Surgical Equipment	
Yankauer (Suction Tube)	12
Foley Catheters	5
Needle Holders	5
Toothed Forceps	6
Scissors	6
Sutures	
1-0 Vicryl	1 Box (36 pcs)
4-0 Prolene	1 Box (12 pcs)
Needles & Cannulas	
18G	1 Box (50 pcs)
21G	2 Boxes (100 pcs)
22G	1 Box (37 pcs)
19G Spinal Needle	1 Box (14 pcs)
22G Spinal Needle	1 Box (12 pcs)
Needles (loose)	54
Syringes	
5mL	11
10mL	31
20mL	9
Cannula Dressing	1 Box (100 pcs)
Blood collection tubes	37
Vacutainers	37
Basic Dressing Packs	13
Transparent Dressing	1 Box (50 pcs)
Gauze 5cm x 1.5m	1 Piece
Opsite FlexiFix 10cm x 10m	4 Boxes
Atrauman Silicone	1 Box (5 pcs)
Disposable Apron	1 Box (100 pcs)
Surgical Mask	1 Box (50 pcs)
Shoe Covers	1 Box (100 pcs)
Round Head Caps	1 Box (100 pcs)
Gloves	
Non-Sterile Latex	1 Box (100 pcs)
Sterile Size 7.5	10
Sterile Size 8	46

Item	Quantity
Airway Equipment	
Airways	
Oropharyngeal/Guedel	20
Nasopharyngeal	19
Laryngeal Mask	6
Endotracheal Tube	8
Oxygen Masks	7
Nasal Cannula	4
Obstetrics & Gynaecology Equipment	
Vaginal Speculum	
Plastic	30
Metal	6
Epidural MiniPacks	3
Miscellaneous	
Digital Thermometers	5
Medicine Cup 100mL	4 (30 pcs ea)
Sanitisers	
Hand Sanitisers	7 pcs
Hand Wash	20 pcs
Alcohol Swabs	4 pcs
Bandages	
Crepe Bandage	
7.5cm x 1.6m	2 pcs
7.5cm x 2.3m	2 pcs
10cm x 1.5m	12 pcs
15cm x 1.6m	2 pcs
Conforming Bandage	
2.5cm x 1.75m	2 pcs
5cm x 1.75m	2 pcs
7.5cm x 1.75m	2 pcs
Cohesive Bandage	
4cm x 2m	1 Piece
Cohesive Bandage	1 Box (12 pcs)
Conformable Retention Tape	
2.5cm x 10m	1 Box
5cm x 10m	1 Box

Appendix 3: Photos from Elective Term



Image 1. *O&G Team: Final year medical students and Dr Noovao-Hill (O&G consultant)*

From Left: Sid, Shiv, Nakul (me), Dr Noovao-Hill, Sush, Zaynah, Pooja

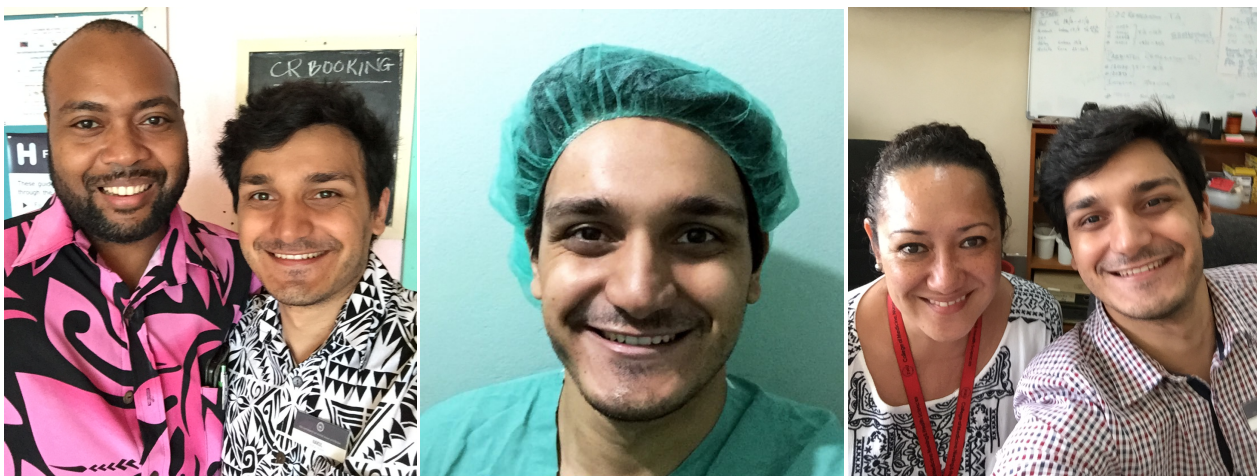


Image 2. *Me with Dr Sailosi (O&G consultant) (left) and Dr Noovao-Hill (O&G consultant) (right)*



Image 3. *Lautoka Hospital main entrance on a warm blue-sky day*



Image 4. *Labour ward on a Friday morning after handover*