

“ The Weary Dunlop Boon Pong (WDBP) Exchange Fellowship ... commemorates the bond forged between Australia and Thailand during the brutal construction of the Thai-Burma railway during WWII. ”



Operating Suite team in Phitsanulok

SHARING THE BENEFITS

Recipients of the College's Weary Dunlop Boon Pong (WDBP) Exchange Fellowship are showing leadership back home

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 last year 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 Simpattanapong.

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.

Leadership skills

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 sub-specialty 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.



WDBP Fellows dinner in Phitsanulok

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.

"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. ▶

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This Fellowship awards up to **\$60,000** (negotiable depending on qualifications &/or experience) for a 12 month period.

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- A salary for a 12 month period at a level commensurate with the Fellow's experience and qualification OR
- A stipend and payment of course fees to undertake approved education or research

The Fellowship is open to Australian citizens or permanent residents who have appropriate prior experience and or education and wish to:

- Undertake approved programs/activities OR
- Undertake further education OR
- Undertake a research project

Closing date: Friday August 15, 2014

For further information about the Fellowship and for application forms, please visit the website:

www.medfac.usyd.edu.au/nicksdrysdale/

Or contact Louise Lawler, Executive Officer, Sydney Medical School, The University of Sydney on 0418 251 864 or at Louise.Lawler@sydney.edu.au.

<http://sydney.edu.au/medicine/scholarawards/indigenous/index.php#rowan>



Upon his return to Australia, he wrote a report to the College 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.

With Karen Murphy

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



Remember to live in the world you are in

DR BB G-LOVED

The early years of life are so important. It is always such hard work to compensate later for what is missed in those first years; the effects of a lack of love and attention often become manifest in the behaviour of childhood and adolescence.

Doctor BB G-loved was recently in Queenstown. It is a popular convention centre for GPs, but there was an opportunity to slip off with a colleague to enjoy a 'real' cup of coffee on the water's edge (Curmudgeon would be impressed). We found ourselves sitting next to a family whose two children were absorbed with an iPhone and an iPad.

The iToddler of the family was in a push chair, learning nothing from the social milieu of the coffee shop, but whose thumbs were desperately tap, tap, tapping. The older kid, perhaps 5 or 6 years of age, had their gaze fixed watching iPad delivered cartoons and appeared unrousable. Children should be seen and not heard – wasn't that the mantra of the Victorian era?

Nonetheless when food arrived they were indeed heard, because when the parents tried to remove the iThings, encouraging their children to eat, the toddler had a tantrum, spitting food over

the table and disturbing everyone by screaming. Meanwhile the cartooned-out iKid twisted and turned in disgust at the interruption, elbows accidentally overturning a soft drink. What had held the potential for a moment of relaxed ambience, deteriorated into iChaos – screams, mess, scolding, and, I am sure, many negative iFeelings.

Technology not a babysitter

The children of professionals, including those from families with a medical parent, are no strangers to behavioural problems. I have never been able to understand why so many 'tertiary educated' parents do not make themselves aware of the evidence about the adverse effects of electronic media and TV on early development.

The evidence (in reputable peer reviewed journals) suggests TV has significant adverse effects on under-3-year-olds. This is a period when the brain is rapidly developing. One only needs to consider how much a child is learning during this period to be alert to the dangers.

Television may be a convenient baby sitter, a means of entertaining a bored or active toddler, delivering half an hour of peace for a knackered parent; yet there is ample evidence that TV impairs language and social development, and is associated with problems in attention, reading

and mathematical proficiency. Violent television viewing is also associated with anti-social behaviour during school age. It would be safer to have no TV for under-3-year-olds than to end up watching too much.

But what about the iApps that prompted this article? Recent evidence suggests there is an association between use of electronic media (television, games and devices) in pre-school children and poor well-being outcomes. Although no child is going to be damaged by occasionally 'colouring' on your iPhone, just think what habits might be developing if it becomes 'the norm'.

Instead of children looking around them, so appreciating what they hear, see and sense, they glue their attention to a screen, ignoring what's round about. Perhaps some parents think their children are destined to become the Anakin or Luke Skywalker of the future and so need to master 'the force' of the modern world.

How sad to see even adults sitting in a café – apparently together, but in reality staring at separate iScreens. I scream (or rather would like to)! Do we really need to send yet another SMS or update our friends on Facebook with the menu? Especially in front of our children who learn by watching us! Some busy parents like to pontificate about quality time. That usually means 'not much time'.

Children need quantities of time, not just a parent's perception of when it is quality. Children need to enjoy emotional well being, feel secure (to acquire self-esteem), and are then able to positively engage with the world around them. This needs us to establish boundaries, and ensure limited access to iDevices and TV controls.

Today's iKids deserve to grow up learning that there is much more than the world of "I". Their sense of belonging should be connected to the people in their home and neighbourhood and school. We are not raising Kidbots, but rather children who will become adults who we want to feel secure, happy, content, even able to keep their fingers still, learn patience, enjoy creativity, and experience the richness of the real world. As I sat in that café, I thought those iKids would be much happier in the long run just being kids. I think the staff who were clearing up the mess thought so too.