



STRONGER SYSTEMS

Improving the system from the ground up in Timor-Leste

A practical teaching session in Timor-Leste

The RACS clinical team based at the Hospital Nacional Guido Valadares (HNGV) in Dili, Timor-Leste, are working alongside their national colleagues to introduce a number of initiatives designed to strengthen clinical governance and supervision to help build and strengthen the hospital's role as a teaching hospital. The team includes five clinicians covering Surgery, Anaesthetics, Paediatrics, Obstetrics/Gynaecology and Emergency Medicine as well as program management support.

Since 2012, the RACS team, working through the Australian Government funded Australia Timor-Leste Program of Assistance for Secondary Services – Phase II (ATLASS II), has worked closely with the hospital executive to introduce:

- A three-tier hierarchy of doctors to provide supervision, teaching and mentoring;
- Formal train-the-trainer courses to transfer medical education teaching techniques, strategies and approaches;
- Regular Grand Rounds which are organised through a Timorese Committee and increasingly led by Timorese doctors;
- Morbidity and mortality audits and review meetings, particularly in the Paediatrics and Emergency Departments and the Department of Surgery; and
- A Post Graduate Resource Centre where doctors at all levels of training and expertise can access electronic resources and textbooks.

Since mid-2014, ATLASS II has been working with key partners to deliver a Family Medicine Training program (FMP) at the request of the Timorese Ministry of Health to help train and upskill recently returned junior doctors who have graduated through the Cuban medical system.

Designed to equip the junior doctors for work in Community Health Centres in rural and remote districts,

the FMP is a two-year post-graduate training program consisting of mandatory, supervised, work-based clinical training delivered through rotations in surgery, obstetrics and gynaecology, paediatrics, internal and emergency medicine.

The system of a tiered hierarchy of medical staff at the HNGV was introduced to support this work by formalising roles and responsibilities to ensure that the junior doctors receive adequate exposure to clinical cases along with appropriate supervision and teaching.

Under the new initiative, mid-level doctors supervise and teach the FMP trainees utilising the “big brother/big sister” approach, while specialists provide overarching supervision, management and departmental leadership.

Dr Antony Chenhall, an Emergency Physician from Australia, did the majority of his emergency medicine training and consulting at St Vincent's Hospital in Melbourne before embarking on medical assignments in PNG, Myanmar and Timor-Leste. With a commitment to improving medical services and education in developing countries, Dr Chenhall and his family (including three young children) moved to Dili, Timor-Leste in 2009/2010 for Dr Chenhall to work with the RACS program and returned again in 2013 to join the ATLASS II team. He has been the team leader since 2014 and has been closely involved with his Timorese clinical counterparts in the establishment of these new systems and approaches at the HNGV.

Dr Chenhall said the Ministry of Health had asked ATLASS II to provide FMP training to up to 200 of the expected 1000 junior doctors who will ultimately be trained through the Cuban program.

He said that given the large number of returning junior doctors and the size of the hospital, the FMP is limited to 40 trainees per year to ensure they have adequate access to clinical case loads and dedicated supervision and training.

“The Timorese quite rightly aspire to deliver self-sustainable medical training in-country through their national hospital but they will continue to require outside support for this in the medium term”

He also said that while a hierarchical medical structure had been new to the HNGV, it had already resulted in improvements in patient care by improving lines of communication, supervision and responsibility.

“Previously at HNGV, the medical workforce structure was very flat without a clear system to define which doctors needed supervision or who had sufficient experience to teach, supervise and mentor. But it is clear that all teaching hospitals need to provide doctors with clearly defined roles and responsibilities which allow for supervision and training from senior consultants down to junior doctors. This new structure is just one aspect of the changes we have implemented to develop the role of the HNGV from one of just pure service delivery to that of a national teaching and training hospital,” Dr Chenhall said.

“Now, gradually this is becoming increasingly normalised with junior doctors wanting supervision, mid-level doctors wanting to take up teaching opportunities and specialists encouraging both.”

Dr Chenhall said that this enthusiasm to both learn and teach had been demonstrated by the success of the formal, fortnightly Grand Rounds which had been introduced at the HNGV in 2012 by ATLASS II and which have now become an embedded part of the hospital’s teaching culture.

He said that 75 per cent of Grand Round presentations and discussions had been led by Timorese doctors in the past year compared to only 20 per cent in 2013 and that attendance rates had remained stable.

The Grand Round discussion format now in operation involves a junior doctor presenting a clinical case, a mid-level doctor discussing interesting aspects of that case and a specialist providing higher level teaching on the topic.

“These Grand Round discussions along with the train-the-trainer courses and the morbidity and mortality audit and review meetings are all part of our work designed to push cultural change and provide the junior doctors with the support they are seeking,” Dr Chenhall said.

“All of these meetings and discussions are aimed at promoting learning based on identifying opportunities to improve patient safety and care. “They also offer doctors exposure to essential aspects of good medical practice, encourage continual professional development and further develop the teaching culture at the HNGV.”

Timorese General Surgeon Dr Alito Soares, who recently returned from Fiji following completion of his Masters of Medicine (Surgery), funded by the Australian Government through the RACS Program said “The fortnightly Grand

Rounds have been a great benefit to our [surgical] department as we are able to sit together to discuss cases – the end result is better service to the patient as we all learn from each other”.

The program also includes activities aimed at improving the skills of the mid-level and specialist doctors in teaching and supervision. More than 20 Timorese mid-level and senior doctors have also participated in educational training activities on topics such as bedside teaching, appraisal and assessment, recognising the doctor in difficulty and modern approaches to clinical and skills teaching.

Dr Chenhall said the delivery of Instructor courses in Primary Trauma Care (PTC) were helping to expand expertise and teaching skills and that there are now seven trained and qualified Timorese PTC trainers who are actively coordinating and delivering PTC training to junior doctors.

Timorese surgeon and HNGV Clinical Director, Dr Joao Pedro Xavier, whose overseas Masters of Medicine (Surgery) studies in Papua New Guinea were also funded by Australian Government through the RACS Program, has worked closely with RACS in Timor-Leste over many years. He notes the impact that RACS’ training and strengthening activities have had on the national hospital: “The ATLASS program has been very helpful. Because of its long term involvement they have been instrumental in the long term planning and implementation of training of doctors and specialists, helping us with our aim of becoming a teaching hospital”

He said “These are important improvements for our National hospital and health system. We all have to work together ensure the culture changes necessary happen”.

Dr Chenhall notes that while the roll-out of medical services and training in Timor-Leste presented a unique challenge to all involved and that while the challenge will be ongoing for some time, substantial advances were being made.

“The Timorese quite rightly aspire to deliver self-sustainable medical training in-country through their national hospital but they will continue to require outside support for this in the medium term,” he said.

“In the meantime, the ATLASS II program continues to train the FMP doctors who are in their first and second post-graduate years, we continue to train and mentor other mid-level doctors and specialists, and we are continuing to take up each and every opportunity to strengthen the role of the HNGV as a national teaching hospital.

“All the clinicians working here under the program are very proud of the trainees we are working with while I am also very proud of the ATLASS II team who work tirelessly to deliver high quality training and mentoring to national counterparts and management and have been able to be flexible and focused when the Ministry of Health’s training priorities have changed. ”