



Dawn Deacy – Operation Childlife Clinical Travel Fellowship 2023

Biography

I am currently undertaking general practice training in Dublin, due for completion in 2026. I studied medicine in RCSI as a postgraduate student, graduating in 2013. I had previously been training in paediatric surgery in Children's Health Ireland (CHI) and spent 3 years in general paediatric surgery and a further 3 years in paediatric cardiothoracic surgery.

Since moving to general practice, I have continued to dedicate a significant portion of my time to work and study in the field of paediatrics. I completed a master's degree in Bioinnovation with my thesis focused on innovative devices for neonatal surgical issues. I have worked as a subject matter expert, writing modules for the RCPI's diploma in paediatrics. Furthermore, I've volunteered since 2021 as the medical director of Hand in Hand, a children's charity supporting families affected by childhood cancer.

A large part of my decision to move to general practice was the option of flexible working to facilitate my volunteer work. This has allowed me the opportunity to become involved in global health, on what I hope will be a long-term basis. I have previously volunteered in Tanzania with paediatric patients from CHI and was delighted to have the opportunity to return to Tanzania.

The Mission

The mission selected by Operation Childlife (OCL) was a trip to Muhimbili National Hospital (MNH) in Dar Es Salaam, Tanzania. The area of focus was the paediatric intensive care unit (PICU). This was the first PICU trip to MNH and involved a team from Temple Street Hospital, including a paediatric intensivist and a PICU nurse.

Summary of the Trip

OCL has well established links with MNH since 2007. Surgical teams have been travelling to Tanzania for many years, performing complex paediatric procedures. The aim of this trip was to focus on the PICU and optimise the management of post operative patients. MNH has a twelve-bed general PICU, operating at full capacity.

As this was the first PICU trip, our time was primarily dedicated to establishing relationships and understanding the workings of the unit. The initial portion of the trip was primarily

observational. It was important to get a clear understanding of how the unit functions, patient flow and capacity and the day-to-day structure. We observed the nursing and medical ward rounds and spent time with different members of the multi-disciplinary team. The teams were extremely engaging and eager to collaborate on processes that would optimise outcomes.

We felt strongly that in order to make positive change, we would need to fully understand the patient journey, from the pre to post operative period. Staff in MHN kindly welcomed us to their departments and educated us on their management of the surgical patient at various stages of their journey. They provided us with valuable information on areas that they felt to be under resourced and enlightened us on limitations that they face. As a team, we explored the emergency transport options and the cultural and physical barriers to seeking medical attention. We visited the paediatric emergency department and spoke with their medical staff regarding PICU transfers. We spent time on the paediatric wards and participated in ward rounds, facilitated by Dr Trish Scanlan. We spoke with the surgical team both in MHN and the visiting team from OCL to explore areas of improvement. Finally, we spent time in the cardiac PICU and the NICU to learn from how other ICU teams operate within the constraints of the system.

Following the initial observational period, the team spent dedicated time with the PICU medical and nursing teams. Bedside teaching was conducted in a structured manner during ward rounds with informal and opportunistic teaching in the post round period. This allowed time for discussions regarding the management of complex patients and facilitated collaborative decision making. The post operative transfer of patients to the PICU was an area that was focused on and feedback was sought regarding how best to optimise the handover.

Simulation training was organised at the end of the week for both medical and nursing staff. The feedback was very positive and the hope would be to facilitate remote training in the periods between in person visits. This trip has provided the groundwork for future visits and hopefully the foundation for a long-term relationship between OCL and the PICU team in MHN. It has provided us with a clear understanding of the PICU portion of a surgical patient's journey and has highlighted areas that can be built upon to enhance patient care.



Photo courtesy of MNH