

# My experience: First Year Provincial Paediatrician

MAYLIN.K. SIKO



# IN THE BEGINNING



- ❧ November 2018 I got the word, Kavieng Provincial Hospital needed a Paediatrician.
- ❧ Most of my bosses knew- likely candidate
- ❧ I agreed and the following year 2019, arrangements for transfer set into motion by the executive team of NIPHA
- ❧ I felt I was ready, enthused but a little anxious as well.
- ❧ March of 2019 I began working as the Provincial Paediatrician

# TRANSITION



- ❧ We moved to Kavieng in February 2019
- ❧ Transition was abrupt but slowly and surely we settled in- family and I
- ❧ I started work immediately
- ❧ It was fine and I thought was straight forward
- ❧ I started right into clinical work, my comfort zone
- ❧ Work was not too stressful and I enjoyed it a lot
- ❧ Kavieng was home too and definitely a pleasant place to work in



- 
- ❧ No proper handover, takeover was done
  - ❧ Being a consultant was new
  - ❧ What was expected of me as a Provincial Consultant?
  - ❧ I guess everyone really finds out for themselves in due time and that was about to happen with me.

# MY TEAM



- ❧ 1 MO
- ❧ 3 HEOs
- ❧ 1 Paediatric nurse in ward
- ❧ 3 NOs in nursery and 3 CHWs
- ❧ COPD – total of about 10 staff

# MY IDEOLOGY



- ❧ I knew what was expected of me as a clinician:
- ❧ I diagnosed
- ❧ Made decisions on patient management
- ❧ Consultation clinics
- ❧ Thought overseas medical students and nursing students who were attached with my unit
- ❧ I had the ultimate influence on what went on in the wards regarding patient care
- ❧ I concentrated more on my clinical duties, ward rounds, clinics and on calls
  
- ❧ But was that all? I was going to find out.....

# REALITY SETS IN



- ❧ No Paediatric ward and no minimum standard nursery space
- ❧ No equipment such as pulse oximeters, paediatric BP cuffs, BSL strips
- ❧ No proper ultrasound imaging facility
- ❧ No Microbiology facility
- ❧ Recently received a gene xpert machine
- ❧ Limited oxygen supply
- ❧ No oxygen concentrators

# COPD





# Paeds Ward



# Nursery space





- ❧ In between clinical work I was called for meetings via email which I missed unintentionally.
- ❧ SIA program for Polio was in progress and Measles Rubella was to be launched-not sure what role I played in all these activities
- ❧ Was asked to write up AEFI protocol for the Province before MR SIA was launched
- ❧ Required to do AIP and had to submit for the Paediatric Unit. What is AIP?
- ❧ Required to submit quarterly reports which I am currently behind on



- ❧ My input was required for certain projects already taking place in the hospital and certainly projects yet to come- Paediatric Ward and Nursery extension
- ❧ Participation in surveillance
- ❧ Paediatric ward manpower was down-in terms of nurses
- ❧ No rural outreach programs
- ❧ Part of my responsibility was to do specialist visits to major health centres throughout the province-that has never happened yet
- ❧ Who was responsible for arranging this and where would the funds come from?



- ❧ What was my administrative role?
- ❧ Felt I was unprepared and not well informed, inadequate
- ❧ Much was expected of me that I didn't even know of and wasn't prepared for
- ❧ I walked in at a time when the hospital services were facing a staggering momentum because of the unfinished project of the renovation of AOPD and Emergency Dept that resulted in the relocation of COPD services to another location away from the hospital vicinity.

# THE CHALLENGE



- ❧ Had no experience in carrying out administrative role
- ❧ I was suppose to be leading the unit
- ❧ Expected more from me and I was not delivering to their expectations- nurses and HEOs and MOs working with me.
- ❧ Young female consultant, with no experience and all males around me
- ❧ Wasn't vocal about things because was new
- ❧ I was used to being submissive, to follow orders and to perform to expectations at my clinical level
- ❧ I reported to superiors, and wasn't used to giving orders or making decisions that would determine hospital operations and that would affect my fellow workers



- ❧ New phase of career
- ❧ Slowly I began to realise the capacity of my role
- ❧ I couldn't be the back bencher now but had to step up to the responsibility
- ❧ I couldn't be of influence when I lacked knowledge
- ❧ Hospital under PHA
- ❧ Funding for referrals an issue
- ❧ Who was in charge of what and who I should see to get certain things done for myself and the Paediatric unit
- ❧ I needed background knowledge-without this knowledge I would have drowned



- ❧ I was trained to be a qualified clinician
- ❧ I sought help from and advice from my senior colleagues and fellow colleagues regarding clinical cases
- ❧ But wasn't able to get much help for administrative matters
- ❧ This was definitely a big shift for me and I had to grasp it sooner because I was about to be overwhelmed with it all.





- ❧ Was administration something I was supposed to be concerned with? Now I know, YES!
- ❧ Break out of my shell of insecurity and began asking questions
- ❧ Be true to myself and admit my shortcomings
- ❧ Slowly learnt to communicate with those not in my clinical circle but to certain concerned officers who could assist me with vital information for progress
- ❧ The longer I kept silent and pretended all was ok, I wouldn't get anywhere-definitely I would have drowned

# PROGRESS NOW



- ❧ Well I am not on top things yet
- ❧ I can say I was sinking but very slowly trying to resurface now
- ❧ Feel a bit at ease now but have yet a long way to go
- ❧ This year for me is more a trial and error period for which I am longing to learn from and start proper next year.
- ❧ I am not fully satisfied with what has transpired in my first few months in terms of my leadership role but in terms of clinical satisfaction I am very satisfied.
- ❧ Against all odds with limited resources and investigative services we are still surviving



- ❧ My work relationship with my service registrar, the nurses and HEOs and other colleagues have been growing and that I am very thankful for
- ❧ After coming through the last 5-6 months of working as a first year consultant I know my deficits and are working on them
- ❧ Now I can say, “I am still floating”

# CONCLUSION



- ❧ From my few months of working I discovered, after coming out through the MMED program that:
  1. Clinically I was well equipped to handle anything with the help of all my fellow colleagues and senior ones- the clinical training, experience and exposure has really paid off
  2. I was otherwise deficit in managerial and administrative skills
- ❧ Yes the paramount goal -- best Paediatric Clinician we could ever be and that is what the program has achieved over so many years
- ❧ The other side is unspoken of; the administrative role of being a Provincial Paediatrician
- ❧ Having an exposure/introduction to our administrative responsibilities I believe would be an important part in building our confidence as Provincial Consultants



- ❧ This I believe is how we draw our passion for change and contribution to PNG as a whole
- ❧ Knowing that we will be decision makers to determine the course of Paediatrics in Papua New Guinea.
- ❧ We are trained to go out there to make a difference in PNG Child health statistics as we all are working towards certain KRAs that should be the ultimate governance of what we try to achieve everyday.
- ❧ Paediatricians are trained to spread the service throughout the country



- ❧ My scope of Paediatrics was very narrow
- ❧ Its not just about passing MMED and getting a good pay rise
- ❧ The passion that drives us to be better Provincial Paediatricians is that we make a positive difference in child mortality statistics in PNG.
- ❧ We take ownership of everything that affects Paediatrics and make lasting, effective and positive influences
- ❧ See where the gaps are in our service, work on them
- ❧ Personally I have learnt those lessons through my last few months working in my Provincial Hospital.



- ☞ Others may have had to go through the same learning experiences on their own
- ☞ Comforting to know that am not alone

# RECOMMENDATIONS



- ❧ For an holistic approach especially Part 2 MMED candidates:
- ❧ At least in part two training, a workshop should be organised to empahasize on the SDGs, KRAs and the current up to date child statistics in PNG and Asia Pacific Region
- ❧ Highlight areas of child health that need improvement based on statistics- KRAs not achieved based on annual reports
- ❧ Current disease burdens that have a major contribution to child mortality and certain strategies to reduce them
- ❧ Involve representatives from NDOH, to give updated information on current health stucture in Provinces-PHA and the executives that make the PHA





- ❧ Awareness on what is expected of us as Provincial Paediatricians
- ❧ Use this information to broaden scope of thinking and operating-  
Emphasis on Child Health Policy and Plans, other strategies already established to improve service delivery but not being implemented
- ❧ Introduce important planning and budget tools that are used in the Provincial hospitals- used to bring in funding
- ❧ Public Health Perspective -What is expected of us in the event of an outbreak and other certain responsibilities we have to play in Public Health Sector
- ❧ Having 2 Provincial Paediatricians responsibilities are shared and draw ideas from each other and assist each other in rural outreach programmes and specialist visit to smaller health facilities.



- ❧ I believe doing this gives us the preparedness to take on our full responsibility confidently.
- ❧ Still need ongoing professional development assistance and assessment to some extent for evaluation
- ❧ The responsibility of being a Provincial Specialist demands a lot -- only fair for us and the Province we are called to serve to be prepared holistically with whatever extra skills and knowledge we can attain.



THANK YOU FOR ALL YOUR ATTENTION!