

Internal Medicine Organization of the Pacific August 2017 Conference Report

Prepared by Drs. Loutoa Poese & Mai Ling Perman

The Internal Medicine Organization of the Pacific (iMOP) held its 4th Annual Scientific Conference on 12 August 2017 at the Holiday Inn in Suva, Fiji. For the first time a one day mini-conference was held as opposed to the 2-day conference of previous years. The conference theme was “**Promoting Research and Best Practice in the Pacific**”. This was to promote a culture of research, which is very challenging for those in clinical practice especially in the Pacific where each and every physician is multitasking and cascading in resource limited environments.

Conference Participants



The organizers were pleased that a significant number of iMOP members were able to attend and about 50% were associate members, i.e., physician trainees at the CWM Hospital in Suva. This was indeed a great turnout.

Representatives from the Pacific region were able to attend and they included the following:

- 1) Tonga - Dr Sione Latu and Dr Veisia Matoto
- 2) Vanuatu - Dr Sereana Natuman
- 3) Samoa - Dr Folutoto Leavai
- 4) Cook Islands - Dr Terrence Henry
- 5) Kiribati - Dr Bukitua

The organizers were fortunate to secure 2 international speakers who are also corresponding members of iMOP. They were: Professor Adam Jenney (Infectious Disease Specialist, Clinical Microbiologist, Melbourne, Australia) and Dr Kimberly Oman (Infectious Disease Specialist, Townsville, Australia).



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Other invited speakers (non-iMOP members) present at the conference were: Dr Berlin Kafoa from Pacific Regional Clinical Services & Workforce Improvement Program (PRCSWIP), Dr Catherine Latu, who is a research fellow, School of Public Health, FNU, Dr Sainimere Boladua, an RHD Advisor, Ministry of Health/Cure Kids, and Etivina Lovo a research fellow, Bioethics, Research Unit, FNU.

Conference Program

Opening Ceremony

This year, the organization was privileged to have Dr Paula Vivili, Public Health Director of the Pacific Commission (SPC) as the Chief Guest. The Master of Ceremony was Dr Aminiasi Rokocakau, who did his role quite well. Dr Emi Bayameyame gave the preconference prayer.

Dr Joji Malani, President of iMOP 2016/2017 followed after with a welcome speech and gave a brief history on the organization. iMOP was first established in 2013. It is a non-profit organization and its membership comprise of specialist physicians and physician trainees who are practicing Internal Medicine in Fiji and the Pacific Region. Since 1998, over 30 trainees have graduated from the Fiji School of Medicine's Postgraduate Master of Medicine Program.

A video was displayed as a short tribute to Dr Iokimi Senitiri, member of iMOP, who passed away in December 2016 after a short illness. This was an emotional moment for everyone as he was not only a colleague but also a close friend to many. May he rest in peace.

In his keynote address, the chief guest, Dr. Paula Vivili, talked about the importance of research and public health. He reminded the audience (mainly clinicians) that research is the way forward for best practice and that public health should be viewed as a partner not rival to clinical medicine in order to help control and prevent diseases. He also shared his experience in his younger days as a junior doctor and emphasized the importance of collaborations and capacity building. He concluded his speech by offering that SPC sponsor the best master of medicine (MMED) trainee presentation at this iMOP conference so he/she could attend and present his/her research at the upcoming Pasifika

Medical Association (PMA) in Noumea, New Caledonia.



The opening ceremony ended with a Vote of Thanks by the Secretary of iMOP, Dr Mai Ling Perman. As a token of appreciation, a gift to the chief guest was presented by iMOP President, Dr Joji Malani.



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Session 1: Research and Capacity Building for Physicians

- i) “So you want to be a researcher in the Pacific” was a presentation by Dr. Kimberly Oman. She talked about the challenges of doing research – the myths and the legends and gave tips on how to become a researcher.
- ii) “Research Priorities in Infectious Disease for the Pacific” was a presentation by Professor Adam Jenney. Important infectious diseases include dengue, typhoid, leptospirosis, Tb, HIV/AIDS, rheumatic fever, scabies, lymphatic filariasis, influenza, and other arboviruses. However, the top 3 research priorities are: antimicrobial resistance, pneumonia and sepsis.
- iii) “Health Research at School of Public Health, FNU” by Dr. Catherine Latu. She talked about the reasons for doing research and gave a snapshot of health research in the Pacific. She also spoke about the barriers to conducting health research in the Pacific and research opportunities at FNU.
- iv) “Collaboration, Research and taking Action in Cardiovascular Health: Think global, act local” by Dr. Sainimere Boladuadua. The presentation was on WHF Emerging Leaders Program which started in 2013 with the vision: “To create a global cadre of emerging leaders who will contribute to improving global cardiovascular health and to reducing the burden of cardiovascular diseases.”

Session 2: The Way Forward

- i) “Ethical Considerations in Medical Research Unique to the Pacific” by Ms. Etivina Lovo. Ms. Lovo talked about:
 - a) Prominent principles in the ethics of human research
 - b) Problems that we are experiencing in the Pacific
 - c) Pacific culturally appropriate research framework-compare and contrast to the prominent values
 - d) The Gaps
 - e) A Case study: proposed genetic database on Tongans opposed
- ii) “Update of regional clinical services” by Dr. Berlin Kafoa. Dr. Kafoa’s talk was in two fold. Firstly, he talked about the history of Strengthening Specialized Clinical Services in the Pacific (SSCSiP), which is no longer in existence, but its principles are taken up in a new form called the Pacific Regional Clinical Services & Workforce Improvement Program (PRCWIP) at the Pacific Community (SPC). SPC-PRCSWIP activities include:
 - a. Hosting the Directors of Clinical Services (DCS) Secretariat
 - b. Hosting of a regional helpdesk function
 - c. Provide an information sharing platform



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- d. Support commissioning & dissemination of research & analytical work
- e. Strengthening networks of clinical professionals and institutions e.g. iMOP
- f. Develop regional approaches and/or standards e.g. CPD

The second and last part of the talk was on updates from the Pacific Directors of clinical services meeting April 2017 Lami, Fiji. The recommendations were on:

1. Health workforce training
 2. Leadership training and encouraging use of regional CPD frameworks use at country levels and linking CPD to licensing
 3. Promoting and providing clinical nursing pathways, specialized nursing programmes, and implementing minimum standards of practice in operating theatres
 4. Strengthening offshore medical referrals
- iii) “Oncology in the Pacific- Where to next?” by Dr. Ane Veu. Cancer is the 2nd leading cause of deaths in the world. The incidence of cancer in Fiji has tripled over the past 16 years. Patients still present late with cancer. We still lack in our diagnostic capabilities and treatment options. So far we have two studies done by our own MMED graduates on cancer and Dr. Veu ended her talk with suggestions on cancer research topics and the way forward is to start with observational studies to establish baseline data.
- iv) Debate on “Sub-specialization is better than general medicine physician”. This debate was the highlight of the conference. On the subspecialist team were Dr. Sione Latu, Professor Adam Jenney and Dr. Ane Veu. On the generalist team were Dr. William May, Dr. Gyaneshwar Rao, and Dr. Dipesh Raniga. Both teams presented their arguments brilliantly and in the end the judges (Dr. Kimberly Oman and Dr. Joji Malani) had a hard time deciding on the winner of the debate. The debate was quite entertaining and everyone enjoyed it. Perhaps the take home message is whether you are a specialist or a generalist be the best you can be!

Section 3: MMED 4 Presentations

- i) “Acute Myocardial Infarction at Rarotonga Hospital, Cook Islands 2005 to 2014: A retrospective descriptive study” by Dr. Terrence Henry. There were a total of 127 MI cases from 2005-2014. Majority (61%) were males and they were significantly of younger age compared to the females. Standard medical therapy was available but probably underutilized.



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- ii) “Descriptive retrospective study: Diabetes related lower limb amputation 1st Jan – Dec 31st 2016, TTM Hospital, Samoa” by Dr. Folototo Leavai. About 2/3 of cases who had amputations had poor glycemic control and more than 59% of them also have hypertension. The median time to hospital admissions is 3 weeks and thus, this impacted on the level of amputations performed, the length of hospital stay and risk of repeat surgeries. Major amputations accounted for about 55% of surgeries performed at the TTM hospital. Staphylococcus aureus was a common cause of bacteremia in the cases and pus swabs revealed that the Gram negative organisms accounted for most of the positive isolates with the top two aetiologies being *P. mirabilis* and *K. pneumoniae*. ESBL isolates were seen in minority of unidentified positive cultures.
- iii) “A Retrospective descriptive study of predictors of Severe Acute Malnutrition in Paediatric patients aged 6 – 59 months admitted to Children’s Department at CWMH from Jan 2013 – Dec 2015” by Dr. Antoinette Rokocakau. Majority of children hospitalized with SAM were males and 88% of these children were between ages 6 to 24 months. About 87% of the families in this study lived below the poverty line and immunization was assessed to be adequate in 85% of the children. Majority of the children were indigenous Fijians and over 2/3 of them presented with a concomitant infection. Globally the mortality rate for SAM is 30-50% but in this study the mortality rate was lower at 10%.
- iv) “Descriptive Study of Clinical and Epidemiology of TB at the National Referral Hospital, Solomon Islands from 2015 – 2016” by Dr. Alice Siuna. The prevalence of Tb in the Solomon Islands was 45 per 100,000/year. Pulmonary Tb accounted for 60% of the cases. It affected mainly the young adults. Majority of the patients were unemployed. Tb patients were HIV negative but HIV testing was low (only 16% were tested). Co-existing diabetes mellitus was at 5%. The success rate of treatment was over 90% and there were no cases of MDR.
- v) “Quality Indicators for Colonoscopy in CWM Hospital from 2012 – 2016” by Dr Sikiliti Poulasi. There are about 14 quality indicators of colonoscopy and this study looked at five. They are:
 - 1) Documented consent and appropriate indication for colonoscopy: >90%
 - 2) Bowel preparation is adequate (Excellent or Good) >85%
 - 3) Caecal intubation >90%
 - 4) Average withdrawal time in normal colonoscopies >6 minutes
 - 5) Biopsies acquisition in chronic diarrhea patients =100%.



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This study concluded that the quality of colonoscopy at CWM hospital is sub-standard.

The panel of judges (Dr. Oman, Dr. Emi, Dr. Catherine and Dr. Sione) deliberated on the winner of the MMED 4 presentations based on content, organization, delivery and response to questions asked. Dr. Folutoto Leavai was the chosen winner and she would be presenting her research project again in the upcoming PMA conference in Noumea sponsored by SPC.

The mini-conference concluded with iMOP's 4th Annual General Meeting in which new office bearers were elected with Dr Sione Latu as President, Dr William May as Vice President, Dr Aminiasi Rokocakau as Secretary and Dr Dipesh Raniga as Treasurer. The members from Tonga have kindly agreed to host the next iMOP conference and the rest of the iMOP members at the AGM and office bearers agreed.

The mini-conference concluded with a celebration dinner at the Yue Hai Hotel in Suva. As a token of appreciation, gifts were given to the guest speakers and the best MMED 4 presenter by the immediate past president, Dr Joji Malani.

Overall, the mini-conference was a success. This would not have been possible without the support of our sponsors and subscriptions from iMOP membership.

Acknowledgement

SPC – A big thank you to SPC-PRCSWIP for being the main sponsor of the iMOP conference. In particular, for sponsoring the regional iMOP members their travel, accommodation here in Fiji, and the conference registration for all the participants. In addition, thank you for awarding the best MMED 4 presenter.

Pasifika Medical Association – thank you for the FJ\$1000 donation to help with the conference preparations.

Invited guests and speakers – thank you for taking time off from your busy schedules to share your work and passion.

iMOP members –thank you for turning out in numbers and for your continuous support.