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First of all , many thanks to the NFOG Scientific Committee for this grant which made my observership in Sydney , Australia in period 5-16 May ,2014 possible.

I currently work as the senior obstetrician with the subspeciality in Maternal and Fetal Medicine at Department of Obstetrics and Gynecology, Helsinki University Central Hospital, Finland and Helsinki University Medical School (Institute of Clinical Medicine) holding a permanent post of the Clinical Teacher in pre-graduate program. I am also responsible for the curriculum in Maternal and Fetal Medicine Subspecialist Training Program at Helsinki University.

The idea of visiting Sydney came from my dear friend and colleague, Dr. Carmella Law, Sexual Health Physician and ex-Head of the Curriculum at Notre Dame University in Sydney. She has been visiting our hospital and university several times giving an impressive lectures on sexual health, an awkward communication etc. Those sessions were greatly appreciated among students and teaching staff.

As the senior obstetrician and the teacher, I wanted to expand my horizons and find out the *modus operandi* in Australian Maternal and Fetal Medicine units and medical education for pre-graduate students. After quite exhausting bureaucracy concerning obtaining clean criminal records, vaccination certificates and dozens of other papers, everything was finally organized. I have visited three hospital and two universities in Sydney during my observership .

I have spent altogether five days at Fetal Medicine Units of two excellent hospitals: Royal Prince Alfred Hospital (RPA Women and Babies)

<http://www.sswahs.nsw.gov.au/rpa/>

and The Prince of Wales Hospital (The Royal Hospital for Women)

<http://www.princeofwalesprivatehospital.com.au/>

The basic principles of fetal medicine are, to my opinion, very similar to those in our institution as both of these hospitals are tertiary referral centers. Compared to these units, we do not perform laser treatment for TTTS due to the very small number of pregnant women requiring this

procedure, thus our patients are treated on a regular basis in Hamburg, Germany. On contrary, we perform much more intrauterine transfusions for (mostly anti-D) immunization than Sydney hospitals, although our population is much smaller. One of the reasons could be the lack of administration prophylactic anti-D immunoglobuline to Rh negative pregnant women in 28th and 34th weeks of gestation as it is given in Australia and New Zealand (RANZCOG guidelines). Finnish guidelines were, however, recently changed.

I had a possibility to follow 3rd level ultrasound examinations of pregnant women with fetal anomalies and discuss about the current pregnancy problems with my colleagues. It was a pleasure to follow successful intrauterine transfusion at The Prince of Wales Hospital (Prof Alec Welsh) and laser cord coagulation in the desperate case of selective IUGR in monochorionic pregnancy in RPA Hospital (Prof. Jon Hyett). The latter was a completely new experience for me. I have been attending regular morning reports and afternoon sessions on problematic cases as well as very constructive Stillbirth meeting presented by one of the residents. Colleagues in Royal Prince Alfred Hospital were very interested about "Helsinki protocol of amniocentesis in intraamniotic infection detection" which I have presented. They seriously intend to implement it in own clinical practice after logistical evaluation.

I have visited also two Universities:

1. Medical School University of Notre Dame,

<http://www.nd.edu.au/sydney/schools/medicine/>

It was great pleasure to participate actively as a facilitator in the "Awkward Communications" class with the small group of students supervised by Dr Carmella Law. After this session, I have given an interactive session on Postpartum haemorrhage, where I have used Presemo interactive participation platform with the use of mobile devices. Students and the staff were surprised with the endless possibilities of this system which is also very easy to use.

2. The visit to the Sydney University Medical School

<http://sydney.edu.au/medicine/>

was also of great value for my personal teaching experience. I have been introduced to their curriculum. Medical studies last for years only and ob/gyn curriculum is very short compared to the curriculum in Finland. Despite of this, I was surprised and happy to notice (as one of the examiners in the final OSCE test) very high level of knowledge. My stations were "Counselling of primigravida when fetus is in breech presentation at 37 weeks" and "Pre-pregnancy counselling of healthy 42-years old lady attempting pregnancy". The day was exhausting both for teachers and students, but extremely interesting and fruitful.

The third hospital that I have visited was St Vincent's Hospital.

<https://www.stvincents.com.au/>

I was kindly introduced to the research group SPANC (Study of the Prevention of the Anal Cancer) where I was following the procedure of taking anal swabs for further investigation. The subjects of this study are homosexual HIV positive men (high risk of anal cancer) and the research leader is Dr Carmella Law. The procedure itself is similar to the standard colposcopy but besides technical skills, this requires quite much of empathy for the patients.

What I would bring to Finland from Australia? The more relaxed and more international atmosphere at work, beautifully decorated hospital walls and a history of the hospitals and university displayed (they look more like museums or hotels than sterile hospitals or classrooms). Sydney's weather importing, of course, would be quite difficult task.

What I would export from Finland to Australia? The more advanced hospital electronic databases, more efficient health system in terms of rationalization and centralization of health services.

I enjoyed also the unofficial and rich social program with new friends, students and colleagues during evenings and week-ends.

As a result of established international collaboration, five students from Notre Dame University will do their electives in ob/gyn at Helsinki University Hospital in year 2015 and Dr Carmella Law is again visiting us as a lecturer in September 2014.

I wish to thank all; from secretaries to the deans. Special thanks to Dr Carmella Law, Prof Gabriella Casper (she has done tremendously lot of work to coordinate my activities in different institutions), Prof. Hadia Mukhtar, Prof Jon Hyett, Prof. Alec Welsh and Dr Philippa Ramsay.

Vedran Stefanovic

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