



MINISTRY OF HEALTH AND SOCIAL SERVICES

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British Congenital Cardiac Association affiliated to the British Cardiovascular Society
9 Fitzroy Square, London WT 5 HW

**Re: BCCA sponsorship scheme for overseas cardiologists and cardiac surgeons
fellowship feedback**

I was awarded the 2018 fellowship through Dr Oliver Stumper at the Birmingham Women and Children Hospital where I spent six weeks from the 31 October – 14 December 2018.

I am Namibian, and it gives me great delight to be the country's first paediatric cardiologist. I trained at the University of Cape Town affiliated Red Cross War Memorial Children Hospital in the neighbouring South Africa.

Namibia is a sparsely populated country with a high prevalence of both congenital and acquired heart disease, representing profound morbidity and mortality. The paediatric cardiac service is still in the infantile developmental phase with congenital surgery yet to be fully established locally.

Our immediate goal is to develop an accessible, affordable, safe and sustainable cardiac service for all Namibian children irrespective of their socio-economic circumstances while developing and strengthening local capacity building.

Spending time in Birmingham was one of the most enriching experiences of my career. Though I did not have the General Medical Council registration yet, the opportunity allowed me to explore specific core aspects I had vested interests in.

I will report on every aspect learnt on individual merits:

Administration

BCH is a model template of the art of how a successful cardiac service should be established and managed.

Teamwork

The work ethic, collegiality, mutual respect and teamwork were exemplary. I came to admire their multidisciplinary meetings which were conducted every day. This exercise promotes continuous stimulation and academic enquiry. Our 2019 daily schedule has now been modified and designed on the BCH's template.

Database/ electronic record keeping

Their unique database incorporates all aspects around the individual patient (clinical details, investigations, catheterisation, surgical details and future management plans). The data is easy to retrieve, and it was fascinating that the images are accessible simultaneously. I was inspired to improve our electronic data keeping system and drive installation of a FILEMAKER PRO database system adopted from the University of Cape Town as an imminent project. Although the latter does not have an incorporated image package, it pretty much serves a similar purpose.

Teaching

The medical and surgical teaching was phenomenal. Single ventricle palliation was given the depth it deserves. The haemodynamics and Fontan failure were covered, inspired by their vast institutional experience. Mr Barron also covered Tetralogy with pulmonary atresia/ MAPCAs, One and half ventricle repair, ALCAPA and Taussig-Bing malformation in great detail. These interactive surgical teaching sessions were to define the Tuesday mornings. What talented teachers! I was inspired to keep reading and improve my subject delivering skills.

Operational guidelines and protocols

There are functional similarities between Birmingham and Red Cross Children's Hospital where I was trained. BCH has protocols on almost everything. I have acquired them for adoption in our hospital in Windhoek.

Feto-maternal service

I visited Birmingham's Women Hospital one day for Fetal imaging. It was very informing. The counselling sessions were done comprehensively. I was encouraged to engage our obstetricians more for referrals as I returned home. We currently have no feto-maternal specialists in Namibia and I feel the duty to encourage more Namibians to subspecialise in this field and incorporate it in our congenital cardiac care programme.

Non-invasive imaging (Advanced TTE imaging, CT, MRI etc)

Since I left Red Cross Children Hospital, I haven't had an opportunity to do speckle tracking etc. because we do not have the software in Namibia yet, though the machines can accommodate the function. It was a good recap opportunity to see Dr Chikermane performing advanced TTE though I didn't get to attend as many imaging clinics as I would have liked. The CT and MRI programmes at BCH are well advanced. I was more encouraged to pursue CT cardiac imaging once I got back home with the aim of minimising diagnostic cardiac catheterisations for anatomic delineation. I got to appreciate MRI physics and functionality and got to understand how volumes, function, flows etc. are derived as I had the theoretical basis but not the practical component as cardiac MRIs were not performed on site but at the adult institutions, where I was training.

Cardiac catheterisation laboratory and interventions

BCH has the most beautiful laboratory I have seen, and I did get a chance to see the hybrid theatre which again a theoretical concept was as Red Cross Children Hospital is yet to introduce their hybrid lab. I did get an opportunity to witness PDA, RVOT and RMBTS stenting and transcatheter Fontan take-down etc. I was impressed by the practice of routine pre-mortems and professional 'time-out' before the cases. When crisis occurred, the way the resuscitations were managed was incredibly calculated and professional. Dr Stumper is an inspiring cardiologist and interventionalist that a young cardiologist should meet. I did observe few electrophysiology studies and ablations with Dr Bhole too. I truly enjoyed the questions and answers sessions I have had with him around different dysrhythmias.

Surgery

My stay in Birmingham was unfortunately impeded by ICU bed availability. Nonetheless, the institution did not take so long to prove itself as a single ventricle palliation centre. So many Norwood-Sano operations for HLHS. Learnt the intricate details of the operation and the new modification.

At Red Cross Children Hospital where I trained, a non-interventional paradigm for HLHS was practised, so I knew the art of trying to physiologically balance the circulation only theoretically. It was nice to see the practical side of it and what surgeons try in an attempt to balance the circulation postoperatively.

The waiting times for surgery are relatively short in Birmingham comparing to our countries. The work ethic, dedication and accountability to the patients were impressive traits, suffice to say the overall outcomes are amazing.

ECMO service

The ECMO programme at Red Cross Children Hospital where I trained was still relatively new and we have no ECMO service in Namibia yet. I had attended workshops in the past but seeing it in ICU made me appreciate the concept and gain more insight. We do hope in the future when our service is developed, we will be able to establish an ECMO programme.

BCCA Liverpool annual meeting

It was a great opportunity to visit Liverpool. The programme was great, and the range of topics covered were relevant to both the developed and developing world. I did appreciate the research angle to the meeting.

Social

The people were overall very welcoming in Birmingham. It was a great pleasure meeting all these people, some who really brought the best out of me.

In conclusion, a truly wonderful experience. I wish I did see more of cardiopulmonary exercise testing. I do look forward to strengthening collaborations between Birmingham Women and Children Hospital and our hospital. I am hugely indebted to Dr Oliver Stumper for the great mentorship I have found in him as well as to the British Congenital Cardiac Association for the generous funding. Hope to be in Newcastle for the annual meeting at the end of the year again.

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