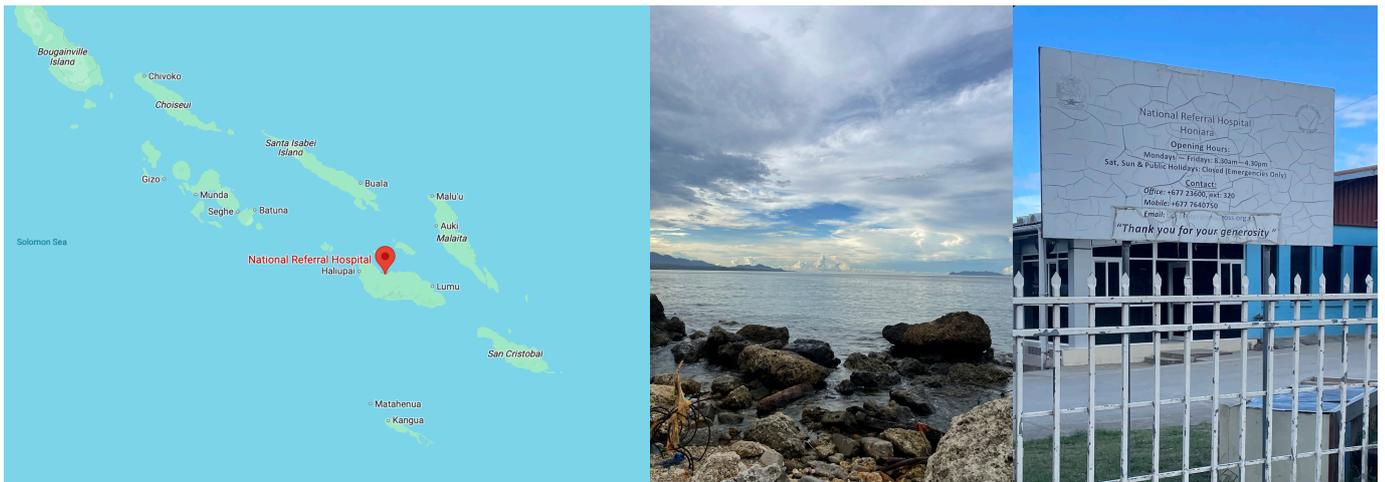


In the summer of 2024-2025, just prior to starting my final year of medical school, I spent my summer clinical elective shadowing the General Surgical Team of the National Referral Hospital (NRH) in Honiara, Solomon Islands with the financial assistance of the Andrew Dent scholarship program.

The Solomon Islands is an archipelago in the Western South Pacific Ocean, comprising of over 1000 islands and six major island groups. The common language spoken is Pijin English - "it's like English but you break it," or so I've been told by many Solomon Islanders during my time there e.g. instead of asking "How you are my brother?" The common phrasing would be "my brudda, you how?" It's a beautiful place with quite extraordinary sights and sounds, and I feel quite fortunate to have undertaken an elective placement there. The capital city, Honiara, is the largest city of the Solomon Islands and it is where the National Referral Hospital, the largest hospital in the archipelago is situated.



***National Referral Hospital on Guadalcanal Island (Google Maps); The coastal view in Honiara; National Referral Hospital signage.***

On my first day of placement, I was toured around the hospital by Dr. Janella Solomon, the medical superintendent of the National Referral Hospital (NRH). I was showcased around the hospital and I was immediately struck by the vast differences, namely resource limitations, between the centres I've been trained in thus far in Australia and the centre I was about to embark on a placement in. Despite these differences though, the doctors and nursing staff at NRH work tirelessly with the resources available for the betterment of their patients and that was truly heartwarming to witness. Following on from the tour, I was introduced to Dr. Rooney Jagilly, the Head of Department of General Surgery at NRH and was instantly welcomed as part of the team.

And with that, I spent the first day familiarising myself with the hospital, the OT, and the hospital staff. NRH had three operating theatres (OT) for major surgeries and one minor OT for procedures that would require local anaesthetic, in addition there would always be one major theatre on stand-by for emergency cases. Mondays and Fridays were dedicated to Obstetrics and Gynaecology lists, Wednesdays and Fridays were for Orthopaedics, and Tuesdays and Thursdays were dedicated to General Surgery. The General Surgical department's structure was such that there were three teams that would handle cases - a green team, a red team, and a diabetics team that would handle diabetic foot ulcers and amputations. Throughout the week, they would have an outpatient clinic list that took place in a small room next to the ward where patients would come in for review appointments and if required simple procedures such as Indwelling Urinary Catheter insertion and blood work that I was welcomed into by the senior registrar, and I took the opportunity to practice my procedural skills such as drawing blood, with the consent of the senior registrar and most importantly the patient.

Later on, an emergency appendicectomy case came in through the emergency department and I was invited to scrub in. Whilst I've only observed these cases laparoscopically in Australia - at NRH, they understandably performed an open appendicectomy through a McBurney-McArthur incision. This was my first time observing an open appendicectomy and admittedly, my first time

seeing quite an inflamed and necrotic appendix. Following resection of the appendix, I was invited by the operating surgeon to close the skin and I jumped at this opportunity taking my time to perform my first skin closure, which was quite a rewarding experience. It was quite beautiful being able to visually appreciate the skin edges closing together following the successful completion of the surgery. I knew following on that this placement would be quite a rewarding and educational one.

And as I presumed, the first week was just as rewarding and educational, if not more than I had expected. The following morning I had assisted in a number of surgical procedures such as the excision of an upper lip mass in a child and incision & drainage of a paravertebral abscess in an adolescent. I was also invited to spend time in the minor OT where I was allowed to scrub in on wound debridements in patients with diabetic foot ulcers. By the end of the second day, I was performing wound debridements and incision & drainages on abscesses in patients.

On my first Wednesday at NRH, I was introduced to the orthopaedics team and was allowed to enter their OT to assist in their surgeries. The first case of the day was a chronic dislocation case - the operating surgeon, Dr. Clay Siosi had spoken of the cases that are unique to the Solomon Islands, abetted by the low socioeconomic development and poor health literacy of the population. I had never seen a chronic dislocation case before nor had I observed an orthopaedics case in the past and so, this was quite an informative and insightful experience.

The next case was a wrist fracture in a young adult and I was allowed to scrub in. I was allowed the opportunity to close the arm, suturing the fascial compartments, subcutaneous tissue, and skin. The remainder of the day was spent assisting orthopaedics cases and learning more about the delivery of health services in the Solomon Islands from the OR team.

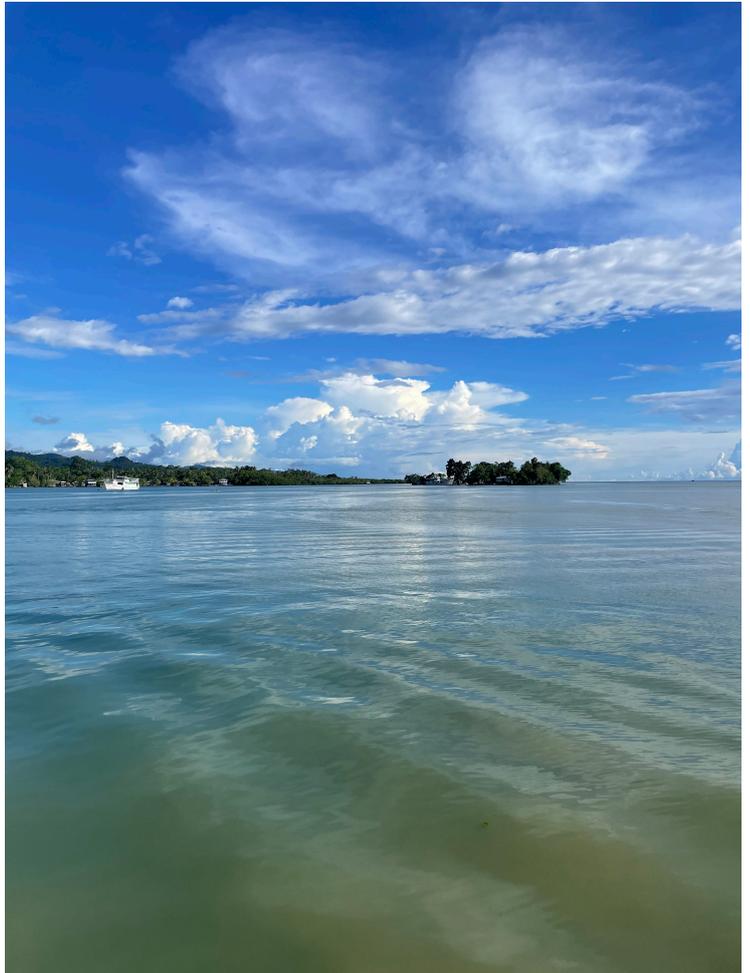


The next day was meant to be a General Surgery OR day however an emergency caesarean case presented to the Emergency Department and was rushed to theatre. I was able to assist in the delivery of the newborn and close the skin overlaying the Pfannenstiel incision and following on from this case, an exploratory laparotomy was scheduled for a young man with abdominal pain for which a CT scan showed the presence of a mass. Interestingly, despite the midline laparotomy, no such mass was present and upon further questioning, Dr. Jagilly informed me that the CT report was done 2 weeks ago. I pondered on this case for a while as the patient was subjected to surgery and anaesthesia and now has a large abdominal scar, for which nothing was found - and all this could have been avoided if the facility had capacity for another CT scanner. From what I've surmised, resource limitations in under-developed infrastructure means that patients suffer the brunt of such limitations - being subjected to quite invasive interventions, when less invasive and restrictive options exist but unfortunately are not

distributed equally amongst the world's populace. This was a humbling realisation. In between cases, I would read books to pass time when I couldn't directly assist in the transport of patients and funnily enough, this became a way that I would bond with the OR team. One of the first books I started reading was on the autobiography of Che Guevara and so many doctors at NRH noticed the book, sparking a conversation about their time in Cuba as medical students. As the Solomon Islands does not currently have a medical school, Solomon Islanders would travel to Papua New Guinea, Fiji, Cuba, or less commonly, Taiwan. And so, the few doctors who spoke to me about their medical school time in Cuba talked highly about Che Guevara and their time in Cuba, speaking highly about the socialist policies of Cuba and its healthcare system.

When not at placement, I spent my time walking around Honiara relishing in the sights, the sounds, the brazen sun, and the local cuisine. Prior to my travels, I didn't know about "island time," but I sure embraced the slowed and relaxed attitude of the island during this trip outside of placement. Everyone was friendly and a walk around the city centre would mean countless friendly strangers smiling and waving hello. And time felt like it slowed down during my time there. On the weekends, I was recommended to travel to nearby and not-so-nearby islands; some of much were 16 hours away by ferry and the nearest island was an hour away by ferry. On those islands, I was captivated by the beautiful scenery of nature - green acres spreading far beyond what the eye can see and serene crystal-clear waters ebbing and flowing under the warmth of a bright sun.

And so my time at NRH was a great learning experience - being able to maximise my time in the operating theatre and rotating through different surgical cases; whether General Surgery, Orthopaedics, or Obstetrics & Gynaecology - each case of which provided an insight into local healthcare service delivery and provided an impetus to get involved as much as possible.



Amidst all the surgical cases, being welcomed as part of a surgical team and getting as involved as possible meant that I was getting an experience unlike anything I had experienced thus far as a medical student. In gaining confidence in key technical skills such as suturing to performing wound debridements and assisting in amputations, the competency I now feel I possess through these experiences has grounded me as I approach my final year. In addition, it piqued an intellectual curiosity that I find myself satisfying through the act of doing - something that I keep reflecting on even amongst my return back to Australia.

In saying this as well, the ethical considerations of this intercultural experience must be addressed. As a medical student learning in a developed country with strong public health governance, I knew that through the act of placing myself in an entirely different health context - I would learn more about medical praxis through the act of doing and being. Learning in the Solomon Island context provided an entirely different perspective by which to view the art of being a doctor, but ultimately I am always reminded of the patients. Whether it be trying to converse with patients who only spoke Pijin to gain their consent before performing a procedure and finding difficulty in my explanations or not fully knowing if the consent I obtained was fully informed, I felt as though I could have been more prepared. I knew that there would be hands-on

experience involved in travelling to the Solomon Islands and in particular at NRH, but the ethical dilemma of travelling to a resource-limited setting to assist in surgeries on black and brown bodies as a privileged brown medical student was not expected. I feel as though looking back, to mitigate some of these dilemmas, I could have provided more material support when travelling. For instance, Dr Jagilly had informed me that recurrent supply issues with sterile gloves and Betadine meant that often times, patients would be asked to purchase the surgeon's gloves and Betadine solution for their surgeries - had I known that before, I could have brought with me a supply of sterile gloves and Betadine solutions to donate. Furthermore, I donated a batch of my scrubs and this was well-received so I would recommend this for any future incoming students travelling to the Solomon Islands. During my second week, a kind anaesthetist from a nearby hospital in Melbourne, Victoria had arrived at NRH to donate a suitcase's worth of medical supplies and he prompted me to contact [Medical Pantry](#) for any supplies to donate in the future. Whilst I hadn't contacted the organisation, I would highly recommend any future students to do so for any material support that can be provided to NRH.



All in all, this experience was an amazing one and what made it more so was that I was lucky to have this experience as a student. From how welcoming everyone was to how much I learnt through the compassionate and patient teaching of the doctors and surgeons at NRH, this experience was truly a transformative one. Thank you to the doctors at NRH, the General Surgical team, the Orthopaedics team, the Obstetrics & Gynaecology team, the OT Nursing Staff, and to the Andrew Dent Scholarship for the financial assistance that made this placement possible.