



JULY 2025

**GICI
MEMBER
NEWSLETTER**



ACKNOWLEDGMENT OF COUNTRY

The Global Intensive Care Initiative (GICI) respectfully acknowledges the Traditional Custodians of the lands on which we operate and meet, including the Wurundjeri Woi Wurrung people of the Kulin Nation, whose lands surround our office in Melbourne. We pay our deepest respects to their Elders, past and present, and extend this respect to all Aboriginal and Torres Strait Islander peoples.

We recognise the enduring connection of First Nations peoples to the land, waters, and skies, and the vital role they continue to play in caring for Country. GICI is committed to listening, learning, and fostering collaboration with Indigenous communities to ensure our work reflects values of equity and inclusion.

Q&A WITH AMY ROGERS

Cardiothoracic Clinicial Nurse Specialist, ICU, Royal Melbourne Hospital

What was your pathway to ICU nursing?

I was lucky enough to begin my Graduate Nurse Program on a Cardiothoracic ward. At the end of the ward was the HDU and through some big plastic doors was the ICU. If we had completed all of our work when the CTS cases returned from theatre we were allowed to go into the ICU and empty the urine bags and tape the ICC's for the ICU nurses. I absolutely fell in love with these patients and went on to complete my Graduate Diploma in Cardiothoracic ICU and still love it 30 years later.

How did you end up coming to Port Moresby with Open Heart International (OHI)?

I have worked with Sam Willis at Royal Melbourne Hospital for about 25 years – Sam has played a significant role organising the Open Heart trips to PNG. She has been trying to get me to do a trip with her for many years, I thought it was about time I said yes. I also had some pretty serious encouragement from several of the PNG nurses I have met at various conferences over the past few years.



What is your favourite part of ICU nursing/educating?

I now work in a mixed ICU but predominantly care for CTS patients. I really enjoy this patient cohort, they can be so complex and unwell and then progress to sitting out of bed so quickly. I very much enjoy working at the bedside and love sharing my Cardiothoracic knowledge with our post graduate students, new staff members and anyone who is keen to learn.

What did you find most rewarding about your experience?

All the staff at Port Moresby Hospital were absolutely amazing. Resourceful, skilled, and adept at knowledge sharing. The patients and their families were so grateful for the care we provided and always had some beautiful words and smiles for us. Seeing the post ops walking around the unit and progressing so quickly was very rewarding.

What did you find most challenging about your experience?

Probably the most challenging thing was seeing how little resources the hospital had in comparison to where I work. Although after the initial shock of what we had to work with compared to Australia, it made me realise that you don't really need all the bells and whistles to deliver excellent care to your patient.

What would you say to others considering getting involved in volunteering in ICUs outside Australia?

Don't wait 20 years to say yes! Do it... It will be the most humbling and rewarding thing you can do for yourself and remind you why you are involved in healthcare.



SHARING KNOWLEDGE AND STRENGTHENING PARTNERSHIPS IN TANZANIA

Earlier this year, GICI's Africa Lead Dr Reena Patel – with colleagues Dr Simon Hellings and Dr Oonagh Duff – returned to Tanzania for a self-funded education-focused visit, supporting critical care training across three regions. Over 10 days, Dr Patel worked with local faculty to deliver the BASIC Medical course to 18 junior doctors and supported BASIC Nursing training for 30 nurses at Benjamin Mkapa Hospital in Dodoma. In addition to classroom sessions, she joined local clinicians for bedside teaching in the ICU and Emergency Department, covering topics such as central line insertion, airway management, and mechanical ventilation.



REENA PICTURED IN THE CENTRE, WITH THE TEAM IN TANZANIA

Although teaching plans in Zanzibar were adjusted due to Eid public holidays, Dr Patel visited two ICUs and later travelled to Dar es Salaam, where she facilitated a Mechanical Ventilation and Advanced Airway Workshop in collaboration with hospital teams.

Reflecting on the trip, Dr Patel highlighted the importance of partnership, continuity, and contextually relevant teaching. “It was a privilege to work alongside such dedicated colleagues who are leading education efforts across the country,” she said. “There’s a clear appetite for further learning and shared exchange.”

With strong local leadership and growing national networks, Tanzanian faculty are continuing to expand education programs across regions—an effort that visiting clinicians can complement through longer-term, embedded collaboration. Dr Patel looks forward to returning next year to continue learning and contributing as part of this shared journey.





REGIONAL COLLABORATION STRENGTHENS CRITICAL CARE ECHOCARDIOGRAPHY SKILLS

Lewis Mclean

Professor Sam Orde and the team at Nepean ICU, together with the PEARLS program, supported Dr Emire Maefiti from the National Referral Hospital in the Solomon Islands, and Dr Stanley Malen from Port Moresby General Hospital in Papua New Guinea to attend the Nepean Advanced Critical Care Echocardiography (ACCE) course in Sydney this May.



The ACCE course included advanced echocardiography techniques, case discussions, and practical scanning sessions. With support from Echo at Nepean and PEARLS, Emire and Stanley attended with a wide group of Australian clinicians from Intensive Care, Emergency, Cardiology, and Internal Medicine, gaining advanced echocardiography skills and knowledge to improve patient care in their practice.

The Nepean ICU and PEARSL teams thank Professor Orde for his ongoing support in advancing critical care echocardiography in the Pacific, and Phillips for their generous support for the ACCE.



Nepean
Intensive Care.

ICET

Intensive Care Education & Training



PHILIPS

ANZICS GICI IS NOW A MEMBER OF WHO-GOARN

The World Health Organization's Global Outbreak Alert and Response Network

We're excited to share that GICI has officially joined the World Health Organization's Global Outbreak Alert and Response Network (GOARN). This is a great step forward for us as a network and opens up some valuable opportunities for our members.

A QUICK INTRO TO GOARN

GOARN is a WHO-led network made up of over 270 institutions worldwide—including public health agencies, NGOs, research centres, and professional networks like ours. It exists to coordinate and deploy technical expertise during major disease outbreaks and emergencies, with the aim of supporting countries when they need it most.

WHAT THIS MEANS FOR GICI MEMBERS

As a member of GOARN, GICI will now be part of global discussions around outbreak preparedness and response – and more importantly, our members can get involved too. This includes:

- Opportunities to be deployed through GOARN when technical expertise in critical care is needed during an emergency response.
- Access to training and capacity building, including courses in field response, infection prevention and control, and emergency coordination.
- Being part of a global network of health professionals working on the front lines of outbreak response.

We'll share more soon on how members can get involved or express interest in future deployments and training.



FIND OUT MORE HERE





EXPANDING PAEDIATRIC CRITICAL CARE ENGAGEMENT WITH LMICS THROUGH GICI

..... Dr Liz Croston

As GICI and its members continue to establish ties with international critical care colleagues through collaboration, teaching, trainee and research support, the opportunities for PICU clinicians to become involved is expanding. Here are some of the initiatives which are open for paediatric clinician participation.

- Collaboration with **Taking Paediatrics Abroad (TPA)** – a not-for-profit organisation that facilitates virtual partnerships between paediatric sub-specialists in Australia/New Zealand and colleagues in low- and middle-income countries across the region. TPA's focus is on building professional relationships, sharing knowledge, and supporting clinical care through regular case discussions and teaching. Engage with TPA directly to participate in case discussions with regional colleagues, offering valuable input and building clinical networks.
- Delivery of critical care paediatric lectures through the **ANZCA Pacific Lecture Series**. An adult lecture series on anaesthesia in the Pacific with a few lectures on the critically ill paediatric patient to build resuscitation knowledge and confidence.
- Monthly **ICU lecture series** delivered to adult intensive care physicians in **Tanzania** (with an expanding audience) with a paediatric perspective included in each meeting. This forms part of an on-going partnership between Australian and Tanzanian intensivists.

- Provision of **ICU lectures** as a contribution to a locally-led lecture series in **Ethiopia** with a multitude of international lecturers as a small part of growing connections with the region.
- Support for the **PNG Diploma of Intensive Care**, an initiative to strengthen the local workforce through lectures and mentoring.
- Involvement in the development of a **new paediatric lecture series** tailored for the Pacific context.
- Join a team delivering **Paediatric BASIC courses** in the region and beyond.



RESEARCH SPOTLIGHT

A research definition and framework for acute paediatric critical illness across resource-variable settings: a modified Delphi consensus

The Lancet Global Health

[!\[\]\(666e09182d4cd268646ea700ea60dcdf_img.jpg\) Read the full article](#)

A recent study published in *The Lancet Global Health* introduces a new consensus definition for acute paediatric critical illness, aiming to improve how we identify, research, and respond to critical illness in children across diverse settings. Until now, no globally accepted definition existed—making it difficult to compare data, develop guidelines, or allocate resources effectively, particularly in low-resource environments.

CORE FINDINGS

- The study proposes the term DEFCRIT (Definition of Critical Illness), which is not tied to access to ICU beds or advanced interventions. Instead, it focuses on life-threatening physiological derangements requiring urgent intervention—making it applicable across both high- and low-resource settings.
- The framework emphasises a functional, syndromic approach over diagnostic labels, with criteria centred on severely impaired consciousness, respiratory distress or failure, or circulatory compromise. It also considers signs of impending deterioration, which could help in triaging and early escalation of care.
- Importantly, this definition is designed to be used regardless of geography or infrastructure, making it useful for global research collaborations, surveillance systems, and training programs.

For critical care professionals, this research lays a foundation for more consistent data collection and supports efforts to improve outcomes in settings where paediatric ICU-level care may not be available. It also encourages broader recognition of critical illness along a continuum, rather than as a binary state requiring ICU admission.

By aligning around a shared definition, the global critical care community—including networks like GICI—can work more effectively toward improving paediatric care, strengthening health systems, and ensuring equitable access to life-saving interventions.

MEMBER ARTICLE

Using a Partnership-Based Approach to Strengthen Acute Care Systems in the Pacific and Timor-Leste

National Library of Medicine

 [Read the full article](#)

This article presents the Regional Emergency and Critical Care Systems Strengthening Initiative (RECSI), an Australian Government-funded program aiming to improve emergency and critical care across the Pacific and Timor-Leste. Led by a consortium including Alfred Health, Monash University, ACEM, ANZICS and NCCTRC, and implemented in partnership with local organisations, RECSI focuses on four priority areas: workforce development, systems and processes, data and research, and leadership and governance.

Importantly, many GICI members contributed to this work, helping shape a program that is context-specific, partner-led, and designed for sustainability. While this is an implementation-focused article, it highlights early achievements including establishment of local program teams, development of monitoring and evaluation frameworks, and support for regional networks such as the Pacific Islands Society for Emergency Care (PISEC). The initiative serves as a model for equitable, collaborative system strengthening aligned with WHA Resolution 76.2.

“Collaborative partnerships allow for the pooling of resources, knowledge and expertise while ensuring that interventions meet the unique needs of the context.”

What is WHA Resolution 76.2?

Adopted by the World Health Assembly in 2023, WHA Resolution 76.2 calls on countries to strengthen integrated emergency, critical, and operative (ECO) care systems as part of universal health coverage. It emphasises the importance of coordinated, people-centred acute care to improve health system resilience and save lives during everyday emergencies and large-scale crises.



RECSI

Regional Emergency and Critical Care
Systems Strengthening Initiative

WHAT WE'RE LISTENING TO



Power and responsibility in global health *Global Health Matters*

In this episode, the focus shifts to the global health community itself. The hosts discuss how dominant voices can overshadow local knowledge, and why recognising bias and supporting locally led approaches is key to addressing structural inequalities in global health.

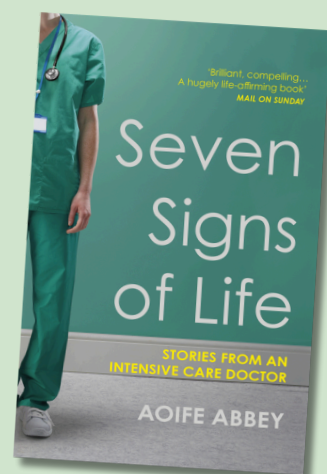


WHAT WE'RE READING

Seven Signs of Life: Stories from an Intensive Care Doctor

Aoife Abbey

Dr. Aoife Abbey offers a candid glimpse into the emotional landscape of intensive care medicine. Through seven universal emotions—grief, anger, joy, fear, distraction, disgust, and hope—she shares poignant stories from the ICU. These narratives reveal the profound human experiences behind the clinical facade of healthcare. The book underscores the emotional resilience required to care for patients at life's edge.



Disrupting Global Health: From Allyship to Collective Liberation

Madhukar Pai

Dr. Madhukar Pai's Forbes article, "Disrupting Global Health: From Allyship To Collective Liberation," critiques the dominance of high-income countries in global health leadership and calls for a shift towards genuine allyship and shared power. He argues that global health must move beyond tokenistic allyship to embrace collective liberation, empowering voices from the Global South and those with lived experiences to lead. This transformation requires individuals and institutions in privileged positions to act as co-disruptors, challenging the status quo and fostering equitable partnerships.

ARTICLE

WORKING GROUP UPDATES

RESEARCH <

The GICI Research Working Group has made strong progress across several key initiatives. A World Federation of Intensive and Critical Care (WFICC) Strategic Project grant is currently being prepared to support a survey of ICU capacity in low- and lower-middle income countries across the Asia-Pacific region. In parallel, a sepsis epidemiology study is in development in Batam. Dr Paul Secombe, Dr Aidan Burrell, and Dr Vanessa Carnegie will represent GICI at the upcoming Perhimpunan Dokter Intensive Care Indonesia (PERDICI)/ Indonesian Society of Intensive Care Medicine (ISICM) meeting in Bali, where they will facilitate the second GICI Collaborative Research Workshop. Looking ahead, work will continue on the development of the Indo-Pacific regional ICU survey. Members and registrars interested in contributing to GICI research activities are encouraged to contact the research leads to explore opportunities for involvement.

> AFRICA

Dr John Botha and Dr Reena Patel recently undertook teaching and educational visits to Tanzania, where they also explored opportunities for Australian Volunteers Program (AVP) placements with local colleagues. There was strong interest from the team in Zanzibar, and AVP contacts have been shared with colleagues in Zanzibar, Kilimanjaro, and Dar es Salaam. Reena continues to provide remote support and is currently working with GICI Paediatric Lead, Elizabeth Croston, to incorporate paediatric content into a virtual teaching program. The program is being finalised and is planned for rollout in the second half of the year.

PACIFIC & PNG <

Volunteer assignments in Samoa are underway through AVI, thanks to the coordination efforts of Dr Irma Bilgrami. The current placements run from July 2025 to the end of January 2026, with further volunteers sought beyond this period. These AVI-supported roles include a living allowance, travel, and other associated costs — and family members are welcome to accompany volunteers if needed. Meanwhile, the Regional Emergency and Critical Care Strengthening Initiative (RECSI) is progressing as planned, with activities scheduled to commence later this year.



ANZICS congratulates A/Prof Charlie Corke on being appointed a Member of the Order of Australia (AM) in the 2025 King's Birthday Honours. This honour recognises his exceptional contributions to intensive care medicine, medical education, and end-of-life care.

Charlie is a former CICM President and one of Australia's most respected voices in critical care. He currently serves on the GICI Executive as CICM Representative, a role he shares with Prof Steve McGloughlin.



ASIA <

The Asia Working Group is pleased to share updates on several upcoming activities in the region. Planning is well underway for the inaugural Mongolian and Global Intensive Care (MaGIC) Initiative Education Collaboration, scheduled for 9-16 September 2025. This follows last week's panel interviews, where we received seven Expressions of Interest (EOIs) from experienced nursing educators, many of whom bring significant expertise in delivering training in low- and middle-income country (LMIC) settings. GICI will support two nurses to participate in this initiative, which aims to build ICU nursing capacity in Mongolia through sustainable, context-specific training. The program is intended to continue into 2026 and 2027.

In addition, the Asia Pacific Intensive Care Symposium (APICS) will take place from 15-17 August, providing an important platform for regional engagement and collaboration. Dr Nudrat Rashid will also be assisting with an upcoming online webinar focused on Brain Death, developed in response to a request from our colleagues in Indonesia.

APICS ASIA PACIFIC
2025 INTENSIVE CARE
SYMPOSIUM
SICM X ANZICS
SINGAPORE

15 - 17 AUGUST 2025 | SINGAPORE EXPO

PRE-SYMPOSIUM WORKSHOPS: 11 - 14 AUGUST 2025

Organised by:



Managed by:



VOLUNTEER ASSIGNMENTS

WITH THE Australian Volunteers PROGRAM

CARDIAC NURSING EDUCATOR
TIMOR-LESTE - ASAP



ICU CLINICAL SUPPORT NURSE
VANUATU - ASAP



**INTENSIVE CARE SPECIALIST
MENTOR**
SOLOMON ISLANDS - FROM FEB 2026

ICU NURSE EDUCATOR
PAPUA NEW GUINEA - ASAP



ON-SITE INTENSIVIST TRAINER
SAMOA - FROM FEB 2026



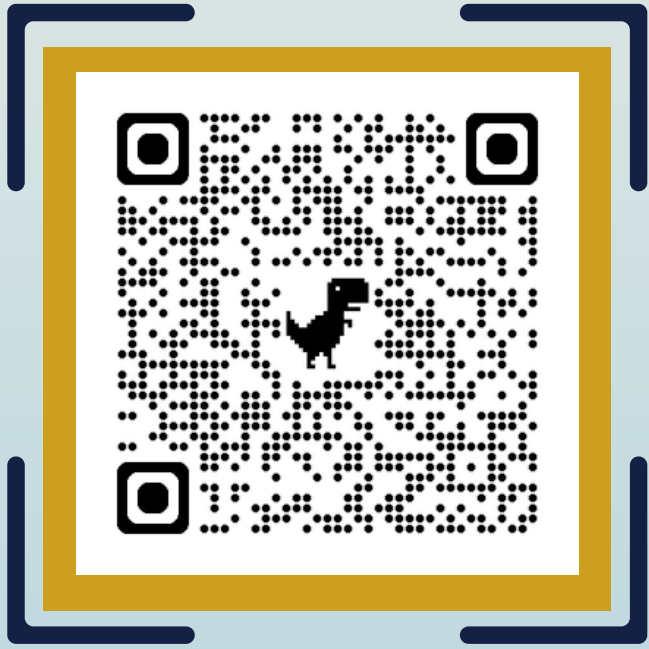
DID YOU KNOW?

Many of these roles have a flexible start date and duration. Please contact Alana, the GICI Project Manager, at alana.karathanasis@anzics.org to find out more.

EVENTS CALENDAR

➤ <u>Asia Pacific Intensive Care Symposium (APICS)</u> Singapore	15 - 17 Aug
➤ <u>17th World Congress of Intensive Care and Critical Care</u> Vancouver, Canada	16 - 19 Sep
➤ <u>CICM ICU Consultants Communications Course</u> Palm Cove, Australia	1 - 2 Sep
➤ <u>ANZICS Safety & Quality Conference</u> Sydney, Australia	9 - 11 Oct
➤ <u>World Health Summit 2025</u> Berlin, Germany	12 - 14 Oct
➤ <u>18th APRU Global Health Conference 2025</u> Kuala Lumpur, Malaysia	28 - 31 Oct
➤ <u>WFPICCS World Congress & ANZICS/ACCCN ASM</u> Melbourne, Australia	26 - 30 Sept 2026

GICI MEMBER FEEDBACK SURVEY



WE NEED
YOU!

