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## Association for Academic Surgery

# Improving surgical outreach in Palestine: assessing goals of local and visiting surgeons



Alexandria D. McDow, MD,<sup>a,\*</sup> Salam O. Salman, DDS, MD,<sup>b</sup>  
Khaled M. Abughazaleh, BDS, DMD,<sup>c,d</sup> and Kristin L. Long, MD<sup>a</sup>

<sup>a</sup>Division of Endocrine Surgery, Department of Surgery, University of Wisconsin, Madison, Wisconsin

<sup>b</sup>Department of Oral and Maxillofacial Surgery, University of Florida, Jacksonville, Florida

<sup>c</sup>American Dental Associates Oral and Maxillofacial Surgery, Chicago, Illinois

<sup>d</sup>Palestine Children's Relief Fund, Chicago, Illinois

## ARTICLE INFO

## Article history:

Received 28 February 2018

Received in revised form

2 July 2018

Accepted 11 July 2018

Available online xxx

## Keywords:

Global surgery

Surgical education

Coaching

Humanitarian outreach

Surgical capacity

Adult learning theory

## ABSTRACT

**Background:** Short-term surgical outreach is often criticized for lack of sustainability and partnership with local collaborators. As global surgical capability increases, there is increased focus on educating local providers. We sought to assess and compare the educational goals of local surgeons in the Palestinian territories with goals of visiting volunteer providers.

**Methods:** Electronic surveys were sent to Palestinian surgeons and compared with evaluation data collected from Palestine Children's Relief Fund volunteer providers.

**Results:** The response rate was 52% from Palestinian surgeons and 100% from volunteer providers, giving a combined response rate of 83%. Ninety-two percent of Palestinian surgeons desired protected time during each mission trip for formal didactic teaching and 92% learn new techniques best by performing skills on patients with expert surgeons observing and providing feedback. Most respondents requested the addition of case reviews or debriefing sessions after completion of surgical cases. Volunteer providers indicate that 86% of prior mission trips involved training of local surgeons and 100% plan to volunteer with the organization again in the future.

**Conclusions:** Surgical education is a vital component of any successful outreach program. Adult learning theory emphasizes the necessity of understanding the specific educational needs of participants to foster the most successful learning environment. This survey highlights the value of tailoring surgical specialty outreach to the explicit needs of local providers and patient populations, while also clearly demonstrating the importance of collaboration, feedback, and protected educational didactics as a critical focus of future surgical humanitarian endeavors.

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\* Corresponding author. University of Wisconsin–Madison, K4/739 Clinical Sciences Center, 600 Highland Avenue, Madison, WI 53792-7375. Tel.: +1 608 263 1387; fax: +1 608 263 7652.

E-mail address: [mcdow@surgery.wisc.edu](mailto:mcdow@surgery.wisc.edu) (A.D. McDow).  
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<https://doi.org/10.1016/j.jss.2018.07.026>

## Introduction

The global burden of surgical disease is profound. More than half of the world's population lives in extreme poverty on less than \$2 per day. Previously, it was estimated that 11% of the global burden of disease could be treated with surgery, yet 33%-50% of the world's population did not have access to basic surgical care.<sup>1</sup> However, more recently an even greater number, 4.8 billion people, equating to 67% of the world's population, is estimated to lack access to safe, affordable, or timely surgical care.<sup>2</sup> The Council on Health Research for Development highlighted the fact that the countries most affected by disease and poverty perform the least research and derive the smallest benefit of research and innovation.<sup>3</sup> This phenomenon is known as the 10/90 gap, in which 90% of the world's biomedical research concerns the health care needs of only 10% of the world's population.<sup>4</sup> With this in mind, the Lancet Commission on Global Surgery described the need to build global surgical systems focusing on the most underserved populations.<sup>5,6</sup>

Despite the vast unmet need, there has been criticism toward global surgery, as there is a perceived lack of sustainability and collaboration with local providers.<sup>7,8</sup> Welling et al charged those pursuing international surgical humanitarian efforts to develop a sustainable model that includes ongoing, regular visits to the same site and patient population.<sup>8</sup> Moreover, the mission must understand and meet the needs of the local community and be beneficial to the local health care system. Partnership with local collaborators is critical and best achieved through early and sustained engagement with local health care providers. To meet the burden of surgical disease, focus should not only be on performing cases, but also, and likely even more importantly, on educating local surgeons.

The Palestine Children's Relief Fund (PCRF) is a nonpolitical humanitarian relief organization founded in 1991. This organization seeks to address the medical needs of children and adults in the Middle East by improving the Palestinian health services in the occupied territories and Lebanese refugee camps.<sup>9</sup> PCRF provides surgery in community hospitals and training to local surgeons by sending teams of volunteer medical professionals.<sup>9</sup> Continuous program evaluation is the key for sustainability.<sup>10</sup> This study assesses the educational goals of local surgeons in the Palestinian territories (PT) and compares these with goals and intentions of visiting volunteer providers.

## Materials and methods

### Site details

The PCRF has relationships with every major hospital in Palestine. This study includes all visiting providers and Palestinian surgeons working in six hospitals in the West Bank between 2017 and 2018. The six hospitals include Jenin Hospital, Rafidiah Hospital in Nablus, Thabet Thabet Hospital in Tulkarem, Palestine Medical Complex in Ramallah, Beit Jala Hospital in Bethlehem, and Alia Hospital in Hebron. Many, but

not all, of these hospitals are teaching hospitals. The study period was chosen as this is the first year in which the Palestinian Children's Relief Fund formally assessed feedback from both volunteer and local providers. This study represents a quality improvement program evaluation and did not require institutional review board approval. All evaluations were submitted voluntarily and initial contact with all participants included the option to decline participation or withdraw at any time.

### Audience

Each of the Palestinian surgeons and visiting volunteer physicians working with the PCRF were eligible for participation in this program evaluation. In total, this included 23 local Palestinian surgeons and 41 volunteer providers. Most local Palestinian surgeons are practicing general surgeons; however, select hospitals do have subspecialists. The local surgeons have a variable number of years in practice.

### Survey of Palestinian surgeons

An electronic survey was developed through a collaboration between three volunteer surgeons with consultative input from the chief executive officer of the PCRF. The survey was informally cognitively tested by several surgical colleagues before deployment. The survey was distributed to the Palestinian surgeons working with PCRF. The survey instrument was conducted independently of the PCRF using Qualtrics® survey software. The survey instrument included 10 multiple choice questions with the opportunity to select "other" and provide free-text input (Table 1). A link to the survey was established by Qualtrics® after the survey development was completed.<sup>11</sup> This included an initial email with an

**Table 1 – Survey to Palestinian surgeons.**

#### Survey to Palestinian surgeons

1. What is the primary benefit of medical mission trips from the PCRF?
2. What is the primary service or medical need in your community?
3. Would it be beneficial to have didactic courses or protected time for teaching provided by visiting medical mission doctors? If so, how many days should be dedicated to this?
4. What is your overall view of the physicians/surgeons that travel to your local area for medical missions?
5. What medical specialty do you feel is uniquely underserved or in need in your local area?
6. What is the biggest barrier to patient care you experience in your practice?
7. How do you feel you best learn new skills or techniques?
8. Would multiple trips to your location from the same visiting mission doctor help you advance your skills?
9. What would you most prefer to add to trips from visiting doctors?
10. What else would you like to add or for PCRF to know?

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