

Building a Global Surgery Initiative Through Evaluation, Collaboration, and Training: The Massachusetts General Hospital Experience

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OBJECTIVE: The Massachusetts General Hospital (MGH) Department of Surgery established the Global Surgery Initiative (GSI) in 2013 to transform volunteer and mission-based global surgery efforts into an educational experience in surgical systems strengthening. The objective of this newly conceived mission is not only to perform advanced surgery but also to train surgeons beyond MGH through international partnerships across disciplines. At its inception, a clear pathway to achieve this was not established, and we sought to identify steps that were critical to realizing our mission statement.

SETTING: Massachusetts General Hospital, Boston, MA, USA and Mbarara Regional Referral Hospital, Mbarara, Uganda

PARTICIPANTS: Members of the MGH and MRRH Departments of Surgery including faculty, fellows, and residents

RESULTS: The MGH GSI steering committee identified 4 steps for sustaining a robust global surgery program: (1) administer a survey to the MGH departmental faculty, fellows, and residents to gauge levels of experience and interest, (2) catalog all ongoing global surgical efforts and projects involving MGH surgical faculty, fellows, and residents to identify areas of overlap and opportunities for collaboration, (3) establish a longitudinal partnership with an academic surgical department in a limited-resource setting (Mbarara University of Science and Technology (MUST) at Mbarara Regional Referral Hospital (MRRH)), and (4) design a formal curriculum in global surgery to

provide interested surgical residents with structured opportunities for research, education, and clinical work.

CONCLUSIONS: By organizing the collective experiences of colleagues, synchronizing efforts of new and former efforts, and leveraging the funding resources available at the local institution, the MGH GSI hopes to provide academic benefit to our foreign partners as well as our trainees through longitudinal collaboration. Providing additional financial and organizational support might encourage more surgeons to become involved in global surgery efforts. Creating a partnership with a hospital in a limited-resource setting and establishing a formal global surgery curriculum for our residents allows for education and longitudinal collaboration. We believe this is a replicable model for building other academic global surgery endeavors that aim to strengthen health and surgical systems beyond their own institutions. (J Surg 72:e21-e28. © 2015 Association of Program Directors in Surgery. Published by Elsevier Inc. All rights reserved.)

KEY WORDS: global surgery, academic global surgery, surgical education, mapping, cross-country collaboration, LMIC partnership

COMPETENCIES: Patient Care, Medical Knowledge, Professionalism, Practice-Based Learning and Improvement, Systems-Based Practice

INTRODUCTION

Academic surgery is experiencing a new focus in the global health arena.^{1,2} In view of the high burden of surgical disease and the demonstrated cost-effectiveness of surgical procedures,^{3,4} there is growing momentum for the inclusion of surgical care in primary health and other global health movements, such as the United Nations' Sustainable Development Goals.^{5,6} Concurrently, increasing numbers

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of surgical trainees are demonstrating interest in an international surgery rotation as an accredited operative experience in postgraduate surgical training.⁷⁻¹² In response, many surgeons have highlighted the role that academic support could play in transforming the field of global surgery from short-term, independent mission trips to long-term, capacity-building partnerships.¹³⁻¹⁸ These partnerships would subsequently strengthen surgical systems, reinforce evidence-based care, and provide research opportunities in both settings.^{12,14,19} Sustainable collaborations with recurring, bidirectional partnering of clinical, research, and educational initiatives have been described as a means of providing human and physical resources and clinical and academic capacities.^{12,14,19-25} Both the Residency Review Committee for Surgery and the American Board of Surgery have affirmed these objectives by establishing accreditation venues for such long-term international collaborations.²⁶

Building on work in humanitarian disaster relief initiatives and volunteer surgical missions since 1811, the Massachusetts General Hospital (MGH) Department of Surgery established the Global Surgery Initiative (GSI) in 2013 to redefine its mission in low- and middle-income countries not only to perform advanced surgery but also to train surgeons beyond MGH through international partnerships across disciplines. The objective of this newly conceived mission is to enhance surgical expertise and contribute to the number and quality of competent surgeons around the world. From its founding, the GSI has strived to create training opportunities that serve the partner institutions and the MGH participants in equal measure.

At its inception, the GSI was charged with the development of a plan to advance global surgery training in the MGH Department of Surgery. A steering committee comprising faculty and residents actively engaged in global surgery projects was brought together to formulate a strategy for creating training opportunities that would serve the needs of both partners in resource-limited settings and also our MGH faculty and fellows. To accomplish these objectives, the steering committee identified 4 steps for sustaining a robust global surgery program: (1) administer a survey to the departmental faculty, fellows, and residents to gauge levels of experience and interest, (2) catalog all ongoing global surgical efforts and projects involving MGH surgical faculty, fellows, and residents to identify areas of overlap and opportunities for collaboration, (3) establish a longitudinal partnership with an academic surgical department in a limited-resource setting, and (4) design a formal curriculum in global surgery to provide interested surgical residents with structured opportunities for research, education, and clinical work. These 4 steps are discussed in further detail in the following sections.

Taking Stock: A Departmental Survey

The MGH Department of Surgery has a long history of international work and global perspective among its

members.²⁷⁻³³ However, much of this work was conducted independently and is not well documented, leaving the larger surgical community unaware of prior work, fund-raising efforts, and actual effect. To develop a cohesive and effective academic GSI, the first step was to inventory the collective experiences and gauge the interest level of the department's faculty, fellows, and residents.

In 2013, 33% of departmental members responded to an online survey regarding global surgery interest and experience (Fig. 1). Of the total number of respondents, 53% of attending physicians and 46% of residents reported recent global health work in a total of 34 different countries. Additionally, 86% of attending physicians and 81% of residents reported an interest in participating in global health programs (Table 1). Notably, 18% of attending physicians and 22% of residents stated that global surgery would be the focus of their career (Fig. 2). Our survey results regarding global health activity are consistent with an unpublished national survey of Fellows of the American College of Surgeons that found 53% of respondents had previous international volunteer experience.²⁷ However, faculty interest in global surgery is 2-fold higher than that previously reported in the literature, confirming the growing interest in global surgery at the faculty level.¹⁰ The MGH resident level of interest is similar to that seen in other published surveys,^{10,11,34,35} representing a steady interest in such opportunities among surgical trainees. For the purposes of our survey, we assume that nonrespondents were not engaged in global surgery activities. However, these results are a conservative assessment of actual global surgery activities and interest level at MGH as we are aware of other global surgery projects that were not captured in the survey.

The MGH global surgery survey indicates that the primary barrier to engaging in global surgery efforts is financing, with 89% of respondents stating they would spend more time on global surgery efforts if more funding was available. Other significant barriers are the low number of organized opportunities, noted by 25% of respondents, and the lack of time, noted by 20% of respondents. The identification of these 3 barriers is consistent with previously published survey data.^{9-11,34-36} Conceivably, providing additional financial and organizational support to eliminate these barriers would encourage more surgeons to become involved in global surgery efforts. In response to these survey results that indicated that one-third of the faculty and one-fourth of the residents are interested in global surgery, additional administrative and financial support has been allocated to the GSI for global surgery activities.

Putting MGH Global Surgery Efforts on the Map

Surgeons and anesthesiologists engaged in global surgery projects are often unaware of others' work at a partner

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