

Global Surgery Opportunities for U.S. Surgical Residents: An Interim Report

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INTRODUCTION: In 2011, the Accreditation Council for Graduate Medical Education (ACGME) and the American Board of Surgery developed guidelines that allowed time spent and cases performed outside of the United States by surgical residents from ACGME-accredited training programs to be applied toward program completion. We hypothesized that the number of programs with global surgical rotations would have increased after that important development. We also sought to determine the characteristics that led to sustainment of such programs.

METHODS: An Institutional Review Board–approved electronic survey was sent to all 253 program directors of ACGME-approved general surgery residencies requesting information on international rotations available to residents. Responses were requested from program directors with extant rotations. Survey questions focused on locations, funding, nature of the rotations, faculty involvement, keys to success, and the barriers to overcome during program development and sustainment.

RESULTS: The survey reported 34 surgery residency programs offering global surgery rotations, up from 23 just 5 years previously. Of these reporting programs, 25 have been approved by the ACGME. Most rotations occur in the postgraduate year 3 or 4 and are primarily clinical rotations. Africa is the main destination. Resident supervision is provided by a mixture of host and home surgeons. A dedicated faculty is considered to be the most important element for success while funding remains a major impediment.

CONCLUSIONS: The interest in global surgery continues to increase, and general surgical programs will strive to meet the expectations of residents looking for international exposure. Collaboration could facilitate resident opportunities and potentially be more cost-effective. (J Surg 72:e60-e65. © 2015 Association of Program Directors in Surgery. Published by Elsevier Inc. All rights reserved.)

KEY WORDS: international surgical rotations, surgery education, global surgery, surgery electives, international medical education, graduate medical education

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

INTRODUCTION

In 2008, a national survey regarding opportunities for U.S. surgical residents in global surgery revealed that only 23 of 253 accredited general surgery programs offered educational activities in global surgery.¹ One of the barriers for international program development identified in that survey was the lack of approval from the Accreditation Council for Graduate Medical Education (ACGME) and the Residency Review Committee (RRC) for time spent working in underserved areas outside of the parent institution. In 2011, in response to the growing interest in global surgery among residents, the ACGME-RRC together with the American Board of Surgery (ABS) developed guidelines for international general surgery elective rotations that would allow cases performed and time spent abroad to be officially credited toward program completion.²

The purpose of this current study was to compile an updated list of programs offering international rotations for general surgery residents. We postulated that after the historic ACGME/ABS validation decision, the number of such programs would have increased in number from the survey 5 years before. We further sought to identify the

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TABLE 1. Survey Questions With Instructions**International Rotations Short Survey**

Dear Program Director: As you are aware, surgical trainees are seeking out opportunities to gain experience in global surgery. However, identifying international rotations with accredited faculty and providing funding for such rotations presents unique challenges for surgical training programs. Members of the American Surgical Association are compiling a list of programs that have already embarked on international surgical work and can provide leadership and share experience with other programs as they develop in this area. If your program has an international rotation, we would very much appreciate it if you could respond to this e-mail by answering the following questions:

1. What is the name of your program?
2. Who is the program director?
3. What countries are included in your international surgical rotations?
4. What year(s) of surgical residency is/are considered eligible for the rotation?
5. Are these rotations primarily clinical or research focused?
6. Is the rotation required or elective?
7. How is the program funded?
8. Who supervises the residents during the rotation?
9. Do you have a global surgery "track" in your program?
10. Would you allow a resident from another program to participate?
11. What is the name of your program?
12. Who is the program director?
13. What countries are included in your international surgical rotations?
14. What year(s) of surgical residency is/are considered eligible for the rotation?
15. Are these rotations primarily clinical or research focused?
16. Is the rotation required or elective?
17. How is the program funded?
18. Who supervises the residents during the rotation?
19. Do you have a global surgery "track" in your program?
20. Would you allow a resident from another program to participate?

essential components that resulted in successful international efforts.

METHODS

The survey questions (Table 1) were developed by the authors and approved by the Vanderbilt Institutional Review Board. The e-mail addresses used to reach the program directors (PDs) were copied from the publicly available Association of Program Directors in Surgery (APDS) directory found on the APDS website (www.apds.org). The survey was distributed electronically to the 253 ACGME general surgery PDs via e-mail containing a link to the REDCap survey instrument. Reminders were sent to the

nonresponders. Results of the survey were entered into the REDCap secured database at Vanderbilt University. Those PDs who responded to this nonanonymous survey affirmatively as to the availability of international rotations through their institutions were contacted again via e-mail and asked to provide insight on the barriers to program development as well as the key elements that were felt to be essential for sustained international programs.

RESULTS

A total of 43 responses were received from the initial electronic survey. Another e-mail appeal was sent to non-responder PDs in programs thought to have international rotations, which resulted in 48 responses (19% response rate). Overall, 34 general surgery residency programs were identified via this survey plus e-mail appeal as offering international surgery residency rotations of some type. Of these programs, 26 were located in university settings and 8 were in independent or affiliated institutions. A number of the programs offered more than one location choice, and all choices were captured in the count. In total, 23 of the programs included rotations in African countries, with the second most frequent area (11 programs) being South/Central America/Caribbean; 3 programs offered European countries, 5 in Asian nations, and 2 programs allowed residents to work out their own sites (Table 2). Most residents rotating internationally were in their third or fourth clinical year. One program allowed residents from any level to use vacation time. These counts aggregate all the allowed years so will greatly exceed the 34 programs: postgraduate year (PGY) 4 (21); PGY 3 (20); PGY 2 (6); PGY 5 (2); PGY 1 (1); and research years—level varied (6). The international rotations are classified as "elective" at 31 institutions who responded. There were 2 programs that reported that every resident had an international rotation but did not use the word "required," so it is not certain if it is required or just encouraged (*Note:* to be approved by the ACGME for general surgery, the rotation must be classified as "elective"). Many residents use either vacation or allocated research time for their international surgical experience. Only one of the respondents to this survey has a specific global surgery residency "track." The majority of the current international rotations are clinically focused, but many include a research component as well. Overall, 41% (14) of respondents would be open to having a resident from another program participate in their international rotation, a finding of great importance to programs unable to establish a program of their own.

Funding for international work proceeded from a number of sources, but at least 20% of the time the resident was responsible for some portion of the expense. Aggregated funding sources (Table 2) reveal the scope of sources with departmental and hospital funds contributed in 21

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