

Coalition for Global Clinical Surgical Education: The Alliance for Global Clinical Training

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OBJECTIVE: Assessment of the effect of the collaborative relationship between the high-income country (HIC) surgical educators of the Alliance for Global Clinical Training (Alliance) and the low-income country surgical educators at the Muhimbili University of Health and Allied Sciences/Muhimbili National Hospital (MUHAS/MNH), Dar Es Salaam, Tanzania, on the clinical global surgery training of the HIC surgical residents participating in the program.

DESIGN: A retrospective qualitative analysis of Alliance volunteer HIC faculty and residents' reports, volunteer case lists and the reports of Alliance academic contributions to MUHAS/MNH from 2012 to 2017. In addition, a survey was circulated in late 2016 to all the residents who participated in the program since its inception.

RESULTS: Twelve HIC surgical educators provided rotating 1-month teaching coverage at MUHAS/MNH between academic years 2012 and 2017 for a total of 21 months. During the same time period 11 HIC residents accompanied the HIC faculty for 1-month rotations. HIC surgery residents joined the MUHAS/MNH Department of Surgery, made significant teaching contributions, performed a wide spectrum of "open procedures" including hand-sewn intestinal anastomoses. Most had had either no or limited previous exposure to hand-sewn anastomoses. All of the residents commented that this was a maturing and challenging clinical rotation due to the complexity of the cases, the limited resources available and the ethical and emotional challenges of dealing with preventable complications and death in a resource constrained environment.

CONCLUSIONS: The Alliance provides an effective clinical global surgery rotation at MUHAS/MNH for HIC Surgery Departments wishing to provide such an opportunity for their residents and faculty. (J Surg Ed 1:111-111. © 2017 Association of Program Directors in Surgery. Published by Elsevier Inc. All rights reserved.)

KEY WORDS: global surgery, training, education

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

INTRODUCTION

Two billion people lack access to surgical care worldwide.¹ Many live in low- and middle-income countries (LMIC).² When the 234 million surgical procedures performed annually in the world are analyzed, only 26% of them occur in health care systems with a yearly per capita spending of less than \$100—systems that care for 70% of the world's population.¹ The result is a high rate of preventable death and disability.

Tanzania is a stable democracy in eastern Africa with a population of approximately 47 million people and a mean life expectancy of approximately 54 years. The yearly per capita health care spending is 52 US dollars, meeting the World Health Organization definitions of a low-income country (LIC). There are approximately 180 trained surgeons in all of Tanzania. 70% of the operations in Tanzania are performed by Medical Officers, nonphysicians who have 2 years of training.

The Muhimbili University of Health and Allied Sciences (MUHAS) in Dar Es Salaam, Tanzania is the major

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educational institution responsible for training doctors, nurses, and allied health personnel. It is associated with the Muhimbili National Hospital (MNH), a 2000 bed facility. The Department of Surgery trains medical students, interns, and surgical residents. The length of surgical residency is 3 years.

In 2012, at the invitation of the MUHAS/MNH Department of Surgery the MUHAS/MNH surgical faculty began a collaborative relationship with a coalition of volunteer surgical educators associated with the Pacific Coast Surgical Association. In 2014, this coalition was incorporated as the Alliance for Global Clinical Training (Alliance) and is open to all interested high income country (HIC) surgical educators. The collaborative relationship was codified in a Memorandum of Understanding between MUHAS/MNH and the Alliance for Global Clinical Training in 2016. Our volunteer surgical educators, often accompanied by volunteer surgical residents (usually during their research year of training), serve 1-month rotations. They join the MUHAS/MNH Department of Surgery and participate in all clinical and teaching activities. A previous study demonstrated that the Alliance had a positive effect on the MUHAS academic surgical program.³

The Alliance provides a low cost global clinical surgery rotation for HIC departments of surgery. The present study was designed to assess the effect of this relationship on the education of the HIC surgery residents.

MATERIAL AND METHODS

We performed a Qualitative Analysis by retrospectively reviewing the reports of Alliance volunteer faculty and residents, the volunteer case lists, and the reports of Alliance academic contributions to MUHAS/MNH from 2012 to 2016. Volunteer narrative reports were screened for positive and negative comments about the MUHAS/MNH educational experiences of the HIC resident volunteers. A survey of the volunteer HIC residents was circulated.

The survey was organized into 5 different categories: demographics, "initial planning," "clinical experience," research, "personal experience and accommodations," and looking ahead." The survey was sent electronically to each resident. Questions were designed to limit response bias and to allow for comments.

After analysis of the survey and trip report data, the themes identified in our qualitative analysis were mapped to the Accreditation Council for Graduate Medical Education (ACGME) core competencies⁴—medical knowledge, patient care, professionalism, interpersonal communication, practice-based learning, system-based practice—to explore mapping between volunteer experience and residency objectives.

RESULTS

Twelve HIC surgical educators provided rotating 1-month teaching coverage at MUHAS/MNH between academic

Table 1. Participating HIC Surgery Departments

Department	Number of Residents
University of California, San Francisco	5
University of California, San Francisco/ East Bay	1
University of California, Davis	1
Oregon Health Sciences University	2
Sheba Medical Center, Ramat Gan, Israel	1
Meir Medical Center, Kfar Saba, Israel	1

years 2012 and 2017 for a total of 21 months. During the same time period 11 HIC residents accompanied the HIC faculty for the 1-month rotations. The residents' surgery programs are listed in Table 1.

The average cost for a 1-month rotation from the West Coast of the United States is \$5000.00 including transport, lodging, and food. This cost does not include potential lost income for the surgical educator accompanying the resident. There are no administrative or start-up costs for HIC Surgery Departments using the services of the Alliance for the MUHAS/MNH rotation.

The objectives of the resident rotation were as follows: (1) exposure to surgical practice in a resource constrained environment, (2) exposure to the challenges of cross cultural clinical practice, (3) exchange of clinical and scientific knowledge with their Tanzanian colleagues, (4) exposure to a spectrum of tropical diseases, acute surgical abdomens, and advanced malignancy not routinely encountered in western practice, (5) exposure to open surgery and hand sewn intestinal anastomoses now infrequently experienced by surgical trainees in many western surgery training programs, and (6) development of close relationships with the supervising Alliance faculty member as well as the MUHAS/MNH faculty and residents. Documentation of achievement of these objectives is listed in our qualitative review of their experiences as well as the review of their case lists as detailed later.

Residents prepared for their 1-month rotation by reading a detailed description of the program available at the Alliance website (www.agct.info) as well as having a comprehensive meeting with one of the Alliance Board members. Although this preparation is helpful, there is no real substitute for being in country and working in the resource constrained environment.

All residents and faculty members lived together in the Kalenga House, an 8-room house with a salon, dining room, kitchen, and washing machine, situated in an enclosed compound with security guards. The Kalenga House is a three to 5-minute walk from the MUHAS/MNH campus.

Residents make rounds each morning with the MUHAS/MNH residents and faculty. The policy of MUHAS/MNH is to conduct rounds in English. The MUHAS/MNH faculty and residents assist the Alliance resident with

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