

Global surgeons provide value through innovation, professionalism, and education

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An estimated 30 percent of all diseases globally require surgical care and expertise, yet global surgeons based in academic health centers (AHCs) often face institutional barriers that make it difficult for them to take the time to offer their services in low- and middle-income countries (LMICs). However, a new position paper from the Association of Academic Surgeons (AAS) Global Affairs Committee, the Society of University Surgeons Committee on Global Academic Surgery, and the American College of Surgeons (ACS) Operation Giving Back (OGB) program contends that surgeons from AHCs have much to gain, including professional education, research experience, and an opportunity to enhance their institution's reputation when AHCs support academic global surgeons from their institutions. The position paper appears as an "article in press" on the website of the *Journal of the American College of Surgeons* ahead of print.

Making the Case for Global Surgeons

The taskforce that developed the position paper sent a survey to 62 U.S. academic global surgeons to get a sense of who global surgeons are and how they spend their time. The results showed that academic global surgeons typically have appointments at U.S. medical schools and spend dedicated time working with underserved populations, focusing on research, education, and health equity to improve surgical care globally. The taskforce argues that global surgeons can add strategic value to AHCs and surgical departments, but leadership at these institutions may

need guidance on what it means to support and meaningfully engage in this emerging field as increasing numbers of trainees aim to establish careers in global [surgery](#).

"With the recognition that there is growing interest among academic surgeons and a role for academic institutions in global surgery, we recognize that there is a need to legitimize the field of academic global surgery," said Jennifer Rickard, MD, MPH, lead author of the position paper and co-chair of the AAS Global Affairs Committee.

To help legitimize the field of academic global surgery, the position paper includes the following recommendations:

1. Global surgery is a defined academic surgical specialty and avenues for promotion should be clearly delineated within the field.
2. U.S. AHCs and surgical departments should recognize the value of academic global surgery. Due to the large burden of global surgical disease, the field is ripe for productivity in all academic spheres.
3. U.S. academic surgical departments should provide support for academic global surgeons. There are many ways to show support. Protected time and funding are the two greatest needs for global surgeons. However, administrative, logistical, and statistical support are also critical.

"We need to see more and more institutions support global surgery to show that it can be done, and how it can be done, in a way that's accommodating and welcoming to everyone," Dr. Rickard said.

Academic global surgeons face particular challenges in advancing their careers at AHCs because, as the authors note, the standard metrics for promotion in academic surgery translate poorly to an academic global

surgery setting. To address this challenge, the authors recommend a list of measurable outputs of global surgical work that could serve as a guide for AHC leadership when considering recruitment, retention, or promotion of academic global surgeons. These outputs include specific metrics within the areas of education, clinical service, and research, among others.

"Global surgeons, because they're working in different cultures, may work better with others, may have more cross-disciplinary collaborations, and may be more likely to be interested in cost-effective or cost-reducing innovations," Dr. Rickard said.

Unifying the Efforts of Global Surgery

A related challenge facing the field of global surgery is that there has been no unifying force to coordinate the efforts of different groups working to bring LMICs access to surgery. To address this challenge, OGB has supported the development of a Consortium for Academic Global Surgery Programs (CAGSP). The consortium had its first meeting at the ACS Clinical Congress 2017 in San Diego, with another meeting planned for Clinical Congress 2018 in Boston, where the plan is to define the mission, vision, and organizational structure of CAGSP. Leaders of academic global surgery programs who are interested in attending this meeting should [contact](#) OGB.

"There is a growing interest from academic surgeons as well as residents and students to participate in global surgery. The problem has been that these efforts have been uncoordinated," said Girma Tefera, MD, FACS, a corresponding author of the position paper and Medical Director of OGB. "We are trying to create a platform where academic global surgery programs can join hands and work together so we can better utilize resources and avoid duplication of efforts."

As a way to unify the global surgery efforts of academic global surgery programs, Dr. Tefera said OGB is working to create training hubs around the globe to serve as places to train surgeons, develop collaborative research projects, and foster innovation. The first of these training centers will be in Hawassa, Ethiopia. It will serve as a place where 13 different U.S. academic global surgery programs will collaborate and work together to train surgeons and bring surgical services to sub-Saharan Africa.

"As we develop more training hubs, we will welcome contributions of academic global surgery programs and encourage them to join hands," Dr. Tefera said.

More information: Jennifer Rickard et al, Value of Global Surgical Activities for US Academic Health Centers: A Position Paper by the Association of Academic Surgeons Global Affairs Committee, the Society of University Surgeons Committee on Global Academic Surgery, and the American College of Surgeons' Operation Giving Back, *Journal of the American College of Surgeons* (2018). [DOI: 10.1016/j.jamcollsurg.2018.07.661](https://doi.org/10.1016/j.jamcollsurg.2018.07.661)

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