The Role of Organized Medicine in Global Health Education

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Background

- Academic medical center
- 16 faculty
Challenges

- From perspective of medical centers and hospitals, global health may be a losing venture
  - Surgeons away (lost clinical productivity)
  - Little gains in “brand” exposure
  - Limited opportunities for academic advancement
Strengths of Academic Plastic Surgery

- In relation to global health:
  - Expertise and resources (surgical education)
  - Numbers (divisions/departments, organizations)
  - Time (academic model)
Strength in numbers
- 8 faculty regularly involved in outreach to LMICs
- How to make global health a priority in department?
  - Recruit leaders/faculty who value global health
  - Encourage global health activities
  - Align global health with other academic pursuits
Residency Program Level

- Resident rotations to LMICs
- Residency program building within LMICs
Residency Program Level

- Resident rotations to LMICs
- Residency program building within LMICs
Resident Rotations in LMICs

Kijabe
Kijabe Hospital

- Tertiary care hospital
- 360 beds
- Performs >200 surgical procedures per month
- 2 plastic surgeons
- Full spectrum of reconstructive surgery (microsurgery, craniofacial)
Rotation in Kijabe

- PGY-5
- 4 week elective
- Cases approved to count toward ACGME requirements
- Exposes and inspires trainees (long game)
Rotation in Kijabe

- Would not be possible without support from:
  - Program director (rotation, ACGME)
  - Department (funding)
Residency Program Level

- Resident rotations to LMICs
- Residency program building within LMICs
Residency Program Building in LMICs

- **Traditional model**: surgeons travel periodically to LMICs
  - May have limited long-term impact\(^1\)

- **Alternative model**: build training programs within LMICs based on US GME
  - Sustainable, high-quality, long-term
  - Emerged as a model of interest in multiple surgical specialties\(^2\)

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Residency Program Building in LMICs

- Academic plastic surgery and centers well positioned to do this
  - Resources
  - Expertise
Residency Program Building in Kijabe

- Significant upfront investment of time and effort even before program gets off ground

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Residency Program Building in Kijabe

Resources
- Curriculum
- Milestones
- Presentations
- Modules

Requirements
- COSECSA

Environment
- Independent Model
- Reconstructive Needs
Residency Program Building in Kijabe

- Collaborations occurred electronically and on-site over 2+ years
- Program anticipated to commence in 2020-21
- Study prospectively
  - More advantageous than LMIC surgeons training abroad (?)
Conclusions

- Academic plastic surgery remains well positioned to advance the mission of global health
- Strategies at all levels can help promote this mission by departments in the face of institutional challenges
Thank you