**Episode 5: Framework for global surgery within an institution.**

**Guests:** Dr. Susan Cordes & Dr. Lia Jacobson

**Question:** Can you describe how you participate in global surgery utilizing your institution?

**Dr. Cordes**

* **AMPATH (Academic Model for Providing Access to Healthcare).** It’s a consortium of North American institutions that have committed to developing medical programs in western Kenya through Moi Teaching & Referral Hospital. When I began there were not any otolaryngology partnerships, so I went on an exploratory trip to meet the otolaryngologists there.

**Dr. Jacobson**

* I am in my third year of practice as a pediatric otolaryngologist. I started my current partnership in Tanzania at **Bugando Medical Center**. During graduate school, I worked with **Mending Kids**-a pediatric general surgery nonprofit based in LA. Through my work with this group I discovered that the otolaryngologists at Bugando were interested in receiving international support to try and build a residency program. Similarly to Susan, I went out to Bugando to do a needs assessment mission. Since 2015, I have returned to Bugando several times, working on supporting their residency, and mostly focusing on my specialty of pediatric otolaryngology.

**Question:** What are the building blocks for engaging in meaningful global surgery work at your department/institution?

**Dr. Cordes**

* The main building block is interest and engagement of individuals in your department. It’s amazing how much interest there is in helping out when someone takes the initiative to take it to the next level. Coming back with stories, ideas, and specifics to the department–in grand rounds, in conferences with surgery techs, nursing staff, and across disciplines–casting a wide net, you’re able to get a core group of people interested in the mission. Each person that goes comes back with ideas that branch out. It’s also important to understand the needs/limitations of the host institution and keep that at the forefront of your plans. I also personally offered the otolaryngologists in Kenya the opportunity to come over and train with us in our department, which allowed my colleagues that weren’t able to make the trip still feel like they got to play a part in it. Sustainability and longevity are also crucial to making a program that lasts.

**Dr. Jacobson**

* Longevity and personal relationships are crucial to maintaining these efforts. Having many partners and people involved and really leveraging the strengths and resources of a diverse group is critical–there is a lot of enthusiasm around global surgery, from academics to the private sector and industry to nonprofits, there is a huge potential for innovation and creativity. People have a genuine interest in getting involved, and one of my main strengths is connecting others to get involved. Another critical building block is making sure the efforts are driven by the partner institution abroad. We have a **Center for Health Equity in Surgery and Anesthesia** (umbrella organization for global surgery) which supplies grant opportunities, fellowships for international trainees, and even now we’re developing a domestic fellowship for a US graduate interested in global surgery. Residents in Tanzania have to develop a thesis to graduate, so we’re also having them apply for our fellowships to help publish their data, then using some of that data to drive public health projects in Tanzania.

**Question:** Can you expand on how one taps into resources available either through your home institution or through industry?

**Dr. Jacobson**

* Mending Kids got a donation from Storz to build up laryngology/bronchoscopy equipment at Bugando. A contact of mine went to the head of Storz, and provided some stories that illustrated our mission. Storz has humanitarian interestsand was able to supply a large donation of equipment. We brought scrub techs who demonstrated safety and storage. We have also done a lot of airway workshops (and Zoom educational sessions in the interim). Getting industry support has been more challenging during the pandemic. Sometimes going to local reps is a good way to get smaller donations if you need certain specific items. As far as nonprofit partnerships, I’m familiar with Mending Kids, and there is also **Global ENT Outreach.** I do a lot of collaboration with the latter in supporting global education. They play a huge role in ear surgery abroad, and I often reach out if I have questions. They’ve helped me put on a low cost temporal bone lab. Having the name of a nonprofit is often helpful in leveraging charitable donations both from individuals and industry. These partnerships take some time to develop, but are paramount in the long term.

**Dr. Cordes**

* Being at a large institution that has a center for Global Health and the AMPATH program, they have a large philanthropy department with people whose entire job is fundraising. They’ve even set up an ENT account for donations from the community, and I’ve even had individual reps donate to this account. They also have the 501c3 status so you don’t have to set it up yourself. Being at a big institution has some of this infrastructure set up so as a busy physician, you don’t have to do as much leg work.

**Question:** What has worked well in working with other partners that share similar goals? What hasn’t?

**Dr. Cordes**

* Working in the greater context of AMPATH has been very important for me. Seeing what other departments were doing at Moi helped me in setting up an ENT program there, and using that infrastructure on the ground in Kenya that we could use as a resource. I have also had residents from other institutions that have wanted to do research projects during our trips. As far as doing research, rules are different everywhere you go, and we had a lot to learn about doing research in a safe and appropriate way in a different country. Other institutions send ENTs to the same hospital I work at in Kenya, and clear communication amongst each other is key–learning what has and hasn’t worked for them, communicating about what equipment we have and don’t, negotiating customs, etc. Staying in touch with stateside colleagues will provide the best experience for everyone involved.

**Dr. Jacobson**

* Early on in Tanzania I wasn’t as aware of how much I could learn (both good and bad) from the other efforts who came to Tanzania before me. Working with Mending Kids takes care of many different pieces. They look into customs and challenges which allows me to focus more on the medical and educational side of things. There are going to be chaotic and unpredictable circumstances, but flexibility is key. Don’t take yourself too seriously. Sometimes absurd, and sometimes sad and disastrous things can happen. Be ready to pick up the pieces if things fall apart, rely on the whole team you have involved. It’s gratifying but it’s challenging.

**Question:** How does your institution balance clinical duties at home with interests abroad? How do you garner support from your colleagues?

**Dr. Cordes**

* It’s different from going on a relaxing vacation. Going on these types of trips is something that people generally tend to support. Most faculty are very supportive in filling in. Communication is key–letting everyone know when and how long you will be gone, and letting people know what you’re doing and people will understand. I started these trips after I was already employed, but if you’re going into a new job, you need to set the expectation that it’s very important to you (if it is). Make sure there is protected time and something in your contract that will allow you to pursue international efforts if you are really passionate about doing so. It is not that places don’t want you to do it, some places of employment are just not as well equipped to support these efforts as others.

**Dr. Jacobson**

* This has been my academic passion for a very long time, and when I applied to jobs I really only considered jobs that were willing to support my global health work and time abroad. I initially was hired to a part time clinical position because I was planning on spending a significant portion of my time abroad, but my hiring coincided with the pandemic, so it didn’t shake out that way. Now, my academic time is stacked so I will be condensing my time abroad to 4-6 weeks a few times a year rather than months at a time. It is crucial to choose a practice that is truly supportive of this mission, even within academics. It’s possible, but it takes being clear about what your aims and intentions are. Fortunately I am in a big practice that shares a lot of patients. I do things to try to avoid overburdening my colleagues while I’m gone, like making sure to cover my inbox, moving my schedule around to cover for other colleagues while I’m home, etc. I think my structure in particular allows this. I also looked into locums and half-time contracts when I first started but ultimately went into full-time academics, and I believe it’s possible in any practice environment, it may just take some searching.

**Organizations**

**Academic Model Providing Access to Healthcare (AMPATH)**

<https://globalhealth.iu.edu/impact-map/ampath.html>

**Mending Kids**

<https://www.mendingkids.org/>

**Global ENT Outreach**

[**https://geoutreach.org/**](https://geoutreach.org/)

**UCSF Center for Health Equity in Surgery and Anesthesia** **(CHESA)**

[**https://globalsurgery.org/about-us/**](https://globalsurgery.org/about-us/)

**Resources including: Health Equity Curriculum, Reference Cards, Health Equity Reading List for Surgery and Anesthesia**

[**https://globalsurgery.org/resources/**](https://globalsurgery.org/resources/)

**References**

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3. Saunders JE, Cordes SR, Zafereo ME. **Global Health in Otolaryngology**. *Otolaryngol Clin North Am*. 2018;51(3):i. doi:10.1016/s0030-6665(18)30064-1