The main scheme in the discussions was how to be more efficient in trying to achieve global health goals in surgical disease management through collaboration in education, research and capacity building.

There was a consensus that academic institutions and professional societies should be open to all partnerships, even to private sector contribution.

The main hurdles to partnership are who to partner with and who is the mentor, and who are the major players. Other barriers include lack of funding and lack of dedicated guidance and knowledge sharing.

Setting objectives for the partnership is the cornerstone of the process on which other steps are dependent. For example, raising the standard of education and research in LMIC could be the impetus for a positive change in health policy and regulations.

The Canadian global surgery society should bring different disciplines under its umbrella. In addition to Surgery and Anesthesia, it should embrace Obstetrics/Gynecology and Emergency Medicine.

It is important to determine the central body of global surgery in Canada. CNIS seems to be the most reasonable alternative. CNIS can combine the different roles of the institution together and provide a link for the University. Besides, it can act to retain the relationship with the LMIC partner which is important to achieve sustainability.

Global initiatives in surgical care, research and education should act in an integrated fashion that would end in consortium. The current position of the market in global surgery dictates partnership between stakeholders and directing their efforts to enhance partnership and accomplish the consortium structure.

The partnership initiatives should be targeting the surgical needs in LMIC and build local capacity in clinical care, education and research. Collaboration with HIC institutions can bring expertise in clinical care and training and on the other hand provide an opportunity for advancing local trainees by travel and clinical fellowships.

Finally, the discussion has highlighted the significance of using the Internet for implementing the partnerships through web-based lectures, webinars and teleconferencing.

Discussants recognized the specific potential ongoing role of the Bethune Round Table conference as a forum for much of the face-to-face interaction needed to foster collaboration.

Canadian Master’s students could be aligned with COSECSA faculty in preparing Surgery-in-Africa Reviews.

Prepared by Mokhtar Mahmoud
BRT NGO Collaboration Discussion June 7

- The main scheme in the discussion was how to be more efficient in trying to achieve global health goals in surgical disease management.
- There was a consensus that academic institutions and professional societies should be open to all partnerships, even to private sector contribution.
- The main hurdles to partnership are who to partner with and who is the mentor, and who are the major players.
- The Canadian global surgery society should bring different discipline under its umbrella in addition to Surgery and Anesthesia it should embrace Obstetrics/Gynecology and Emergency medicine.
- Global initiatives in surgical care should act on both intra- and international levels in an integrated fashion that would end in consortium.
- The WHO representative’s perspective in the session focused on the idea that a champion is needed to establish a consortium. He stressed on the fact that CNIS has an excellent worldwide reputation.
- The current position of the market in global surgery dictates partnership between stakeholders and directing their efforts to enhance partnership and accomplish the consortium structure.
- NGO like CNIS can combine the different roles of the institution together and provide a link for the University. Besides, it can act to retain the relationship with the LMIC partner which is important to achieve sustainability.
- One of the challenges that can hurdle the sustainability is the lack of training for NGO as expressed by one of the LMIC scholars stating that “NGO should provide more value-adding activities in order to build partnership in a more integrated fashion”.
- A solution for the above problem is to create a forum that underpins the stories of the NGO trainees in the LMIC. This will help in creating a structure that coordinates between the need and partnership.
- Last but not least, strengthening collaboration on global surgery needs more practical steps in order to develop an action plan that incorporates 5-10 years.

Recorder – Mokhtar Mahmoud
The use of the Internet for implementing partnerships:

- “Academic half days” live streamed
- Develop an “art-form” for remote learning
- Language differences to consider with distributing online material
- Surgery 101 podcasts – out of the University of Alberta
  - Similarly, we can develop a lecture set, record these, and put them on the CAGS website
- Use of recorded Grand Rounds lectures
  - These lectures are happening, well-researched but never shared
  - Although the level might be inappropriate, the level needs to be appropriate to the audience
- Use of Moodle – to schedule conversations, pre-test, post-test
- Tele-simulation in that setting
- Web based response system – way to increase interactivity for long distance learning

Local Input

- Instead of asking how can Canada do it better, re-phrase the question – what do they want us to do?
- Strong argument for development of curriculum in partnership
  - Must be done working with partners and their needs
  - Ex. Canadian curriculum won’t be relevant

Setting Objectives

- What about providing objectives?
  - Ex. Following CAGS STEP curriculum
- We often speak of the merit of teaching to the available technologies and techniques for a given setting, but we must be careful of being “too basic”
  - Raising the standard is necessary and can be the impetus for positive change/changes in regulation
- Setting standards in country – must be high expectations, people don’t rise to low standards
- Standards depend on who the recipients are and their situation, which is not always homogeneous
- Standardization helps ensure accountability
- Important component is skills development

Interactivity

- Factual stuff is available, having the opportunity for mentorship going through a case is what is valuable
- Self-Directed Learning
  - Learners prepare topic and decide what is important
Summary of Discussion Groups

- Facilitating learning needs as determined by learners
- Self-directed learning has value over didactic learning

Who would be the central body in Canada?

- What office could coordinate these efforts?
- CNIS, CAGS, Royal College?
- Royal College may not be the best – less focused on global health
- CNIS seems like a feasible option
- Build in a way to evaluate these “efforts to coordinate”
  - People will only invest in the work if they perceive there is a benefit to coordinating
  - As well, create a benefit for those “being coordinated”. So it’s worth their time to submit a report/update their progress
  - Tangible benefit, two way

- Reaching out to high commissioner in a given country to facilitate these efforts

In Summary

1. Use of technology can help to coordinate efforts
2. Priorities for teaching should have local input.
3. Specific objectives and standardization is needed.
4. Interactivity is an important component
5. One question remaining: who will coordinate the effort to develop a national approach to global surgery education?

Recorder: Anupa Prashad
Summary of Discussion Groups

June 7 2014
Global Surgery Research Workshop
Bethune Round Table 2014 – McMaster University, Hamilton
Moderators: Vic Neufeld, Dan Deckelbaum

Barriers to research in Africa
- Lack of funding (CIHR, IDRC can directly fund LMIC researchers)
- Lack of collaboration – not lack of potential collaborators but don’t know how to connect
- Lack of dedicated guidance and knowledge sharing
- Local bureaucracy deters research

LMIC perspective: How to develop research partnerships?
- Exposure to advancement of surgery by travel and clinical fellowships highlight deficiencies in local care and drives the need to partner with others among LMIC researchers and clinicians
- LMIC surgeons want to develop further competencies and skills but need help – need technical expertise, support and guidance
- When developing research programs, that’s where partnerships with HIC researchers can help
- Collaboration has lasting impacts, not only to solve research question but builds local research capacity to generate more research in future
- Research agenda needs to be set based on local context/departmental priorities

HIC perspective: How to frame research question to get funded?
- Lots of audits
- Outcomes and Impact research is lacking but is what fulfills global health goals

**ACTION ITEM #1:** Develop Global surgery research working group as a way to connect with like-minded people, find collaborators or mentorship COSECSA – as an accreditation forum and an education forum, should research also be part of the agenda? – everyone on council recognizes its importance
  - Should all FCS candidates have a nondefended thesis?

**ACTION ITEM #2:** Side meeting during COSECSA annual general meeting focused on research, identify potential collaborations and topics

**ACTION ITEM #3:** Allow a forum during COSECSA annual general meeting to present MMed research

*Recorder: Smita Chackungal*
BRT2014: BUILDING SUSTAINABILITY IN CANADIAN GLOBAL SURGERY

Summary of Discussion Groups

Background Documents

Canadian Global Surgery - Research

Background:
The number of global clinical trials is on the rise especially for pharmaceutical drugs, and developing countries are increasingly involved in this research. However, surgical trials have not manifested an equivalent international growth and there is less infrastructure and coordination for surgical research. Surgical services have prioritized clinical goals, frequently at the expense of research activities. Many surgeons especially in LMIC lack formal training in clinical epidemiology and health research methodology. International collaboration in surgical research might offer a solution to this problem. In addition to training the local healthcare professionals in management of clinical trials, it will augment the number of trials done, the quality of data obtained from them, and the extrapolation of the research results. Examples of successful international surgical trials are the INORMUS and PARITY trials (http://fhs.mcmaster.ca/macortho-ceo/).

LMIC research capacity has not matched the capability in HIC for a group of reasons: scarcity of trained researchers, poor funding, underdeveloped infrastructure, and lack of publication. Collaboration with HIC institutions has vast opportunity to supply the LMIC with skills, budgeting, and resources. On the other hand, there is a high likelihood for a power disproportion in these relationships. Much of the research carried out in Africa is directed, financed, and published by HIC researchers without equal collaboration from LMIC partners. LMICs must assume an active position in managing or directing these research collaborations in order to increase the advantages and decrease the drawbacks of these unbalanced interactions.

The goal of research collaboration is to advance scientific knowledge, and evidence-based health care. It is needless to say that publishing play an integral role in this endeavor through promoting transparency, accountability, and establishing proper metrics of the global burden of disease. Collaborative publications require principal investigators from HICs and LMIC partners who have to be more involved in the design, management and publication of the research. The Canadian journal of Surgery (CJS) has taken a further step in augmenting its role in supporting global surgery research. It has initiated a new section on international surgery in the journal in order to publish reviews on international surgery and enhance surgical research initiatives.

References
Background:
Structured education is the basic foundation for all sustainable surgical development, and a system-based curriculum is the cornerstone of any educational reform. The educational curriculum should meet the local societal needs and be designed within a flexible configuration that allows its content to be responsive to any type of change.

A system-based curriculum is characterized by having the ability to meet the objectives of the project even after its completion. One paradigm is the curricula developed by the Canadian Network of International Surgery (CNIS). The Essential Surgical Skills (ESS) curriculum teaches management and practical skills, using simulators and animal tissues, to primary care providers. The Trauma Team Training course is one designed to create teams for the care of injured people in under-resourced emergency departments in Africa.

Courses developed in and for High Income Countries (HIC) e.g Advanced Trauma Life Support (ATLS) and Advanced Burn Life Support (ABLS) do not necessarily mirror the challenges and needs of LIC with components not reflecting the needs of these populations. Recognizing these limitations, a burn training program was created for East Africa in 2005 in conjunction with the CNIS called the Essential Burn Management (EBM).

It is recognized that the highest impact programs for increasing surgical capacity will be based on long-term partnerships that focus on training of local physicians. The partnership has been created between the Faculty of Medicine at the National University of Rwanda and McGill University Health Centre, Canada, to build on the academic elements of the only surgical residency in Rwanda. This partnership augmented the surgical capacity of the program by developing a curriculum that stresses the academic activities led by the residents and local faculty. The role of the Canadian surgeon is to act as an educator and facilitator to the program. Consequently, these principles support local program accountability and, in the meantime preserve with the concept of “train the trainer” that forms the necessary foundation for program sustainability.

References
Collaborations of NGOs, Professional Societies and Academic Departments

Background:
In low resource countries, there is an urgent need for strategies to address the significant shortage of health care workers and the burgeoning burden of disease especially surgical diseases. Advocacy to increase medical training in LMIC has expanded the existing programs and added new ones that stressed on interventional medicine that include surgery, anesthesia and obstetrics. Unfortunately, many of the training programs have considerable gaps that include but are not limited to: skills, knowledge, experience and technology. These gaps could only be tackled through well-built collaboration with international partner institutions.

The span of international collaborations is extensive. It does not only incorporate training of local health care professionals and faculty exchanges, but also extends to include skills workshops, lectures, international conferences, clinical service, mentorship, clinical research training, and collaborative multicenter research. Furthermore, there are other activities that are included under the umbrella of collaboration e.g. specialized program funding and development, scholarships, mentorship, education, and equipment or supply donation programs.

Canada is becoming more involved in these endeavors through its academic institutions and nongovernmental organizations (NGO). For example, the Canadian Network for International Surgery. obtains two-thirds of its funding from the Canadian International Development Agency (CIDA - now DFAITD) which is a branch of the Canadian government. The Bethune Round Table (BRT) is a forum to promulgate innovative ideas for further development of international surgery. These types of conferences offer an important opportunity for the collaborative development of interventions, propagation of research and recognition of obstacles to surgical are in LMIC.

On the other hand, there is an increasing concern that some collaborative initiatives may be driven by the high income partner to mainly serve their own goals rather than those of the host institution. Thus, rigorous appraisal of the outcome of the academic global surgery programs on host institutions is vitally needed in order to guide the future capacity building actions.

References:
