

One World. One Surgery.

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Abstract

A huge disparity exists in surgical education programs across the world. There is a vast difference in the quality of surgical education in low-income countries, middle-income countries, and high-income countries. A surgeon trained under a surgical education program in one country cannot be compared with a surgeon trained under a different surgical education program in another country. But both the trained surgeons do similar work, that is, operate on patients to treat surgical diseases.

Introduction: Social Issues and Context

Many research has shown that there is a huge discrepancy in the quality of surgical education in high-income and low-income countries. Joshi et al have concluded that a lot of investment in terms of skills transfer, research opportunities, and training opportunities by a collaborative effort from the institutions in high-income and low-middle income countries can help bridge this gap.

Consequently, surgical patients in low-middle income countries with a huge burden of surgical disease will highly benefit from this project. There are on-going programs in global academic surgery but these programs have been found to be insufficient to achieve this goal. Several global academic programs are being conducted with one party benefit.

Eventually, the surgical patients in low resource settings will be provided with high value surgical service and high-quality surgical care.

Current Best Practices and Gaps

There are many institutions in the United States which have a global surgery program and have been networking with institutions in Africa and Asia. The gap exists as these programs are being operated in a vacuum and only a few programs operate based on identified needs of institutions in low-middle income countries.

As there are many programs being run as a part of academic global surgery, we plan to add more value to this program by adding the 'identified needs' of institutions in low-middle income countries. The current programs seem to benefit only one side of the partnership and the other side of the partnership is working on 'imported needs' rather than 'self-identified real needs'.

Way Forward

A collaborative education model between surgical training institutions across the world can bridge this gap of discrepancy in surgical education and help improve the quality of surgical education globally.

An initial startup capital to establish a robust network between two institutions in high-income countries and two institutions in low-middle income countries would help design and implement this educational model and bring uniformity in the training of surgical trainees. This could be a long-term solution to improving the quality of surgical education and surgical care delivery at a large scale.