Volunteerism Through Operation Giving Back, How can we help?

Girma Tefera, MD. FACS
Medical Director, Operation Giving Back
Outline

- About Operation Giving Back
- Survey Result
- Surgical Burden of disease
- OGB Website: be a volunteer
- Strategic partnerships
- OGB Committee on Global Engagement activities
• Mission
• To leverage the passion, skills and humanitarian ethos of the surgical community to effectively meet the need of the medically underserved both Domestic and international
OGB Website

https://www.facs.org/ogb
AWARD WINNER SELECTION

Application deadline
Feb 28, 2017
Committee on Global Engagement through Operation Giving Back

Domestic

Advocacy

International

Education

American College of Surgeons
Inspiring Quality: Highest Standards, Better Outcomes
In April 2015 the American College of Surgeons (ACS) commissioned a quantitative research study of members’ interest in and experiences with surgical volunteerism.

The primary objective was to obtain information to support ACS’s humanitarian program, Operation Giving Back (OGB).
- OGB is a comprehensive resource center that supports surgeons who want to investigate and participate in surgical volunteer opportunities in the United States and around the world.
Most respondents are older, male, general surgeons.
More than 8 in 10 surgeons who would like to volunteer have at least some interest in working with Operation Giving Back.

INTEREST IN CONTRIBUTING THROUGH/COLLABORATING WITH OGB

- Very interested: 82%
- Somewhat interested: 41%
- Not at all interested: 1%
- Not sure: 16%

Younger surgeons (under 50 years old), international members and those with OGB experience are most inclined to express interest.
Surgeons age 49 or younger are more likely to express interest in international assignments than older surgeons.

International volunteerism is most preferred.

**TYPE OF LOCATION PREFERRED**

- Underserved areas in my state/province: 21%
- Underserved areas in my city/metro area: 22%
- Within my country of residence: 30%
- Internationally: 70%
Global Health Competency Gap

EXTENT OF VOLUNTEER TRAINING AND EXPERIENCE

- Substantial training/substantial experience: 6%
- Some training/substantial experience: 4%
- No specific training/substantial experience: 4%
- Substantial training/some experience: 5%
- Some training/some experience: 18%
- No specific training/some experience: 16%
- Substantial training/no experience: 2%
- Some training/no experience: 17%
- No training or experience: 28%
Who is interested in global engagement?

92% of ACS resident Members
50% of the ACS fellow
Domestic Access and care Issues

• 30% of US counties lack a surgeon
• 9.5 million people live in those counties
  + Inner City Surgical Deserts
    • “No Access No Quality”
    • LD Britt, MD, FACS

There is urgent need to develop best practices to help the underserved here in the US
Domestic Subcommittee

- Connect with Chapters
- Identify individual efforts

- Develop Best Practice
- Workshop
- Use website to promote
- Participate at the leadership and advocacy summit
- Communities

- Inventory Free Access Clinics
- Promote and Educate

- Rural surgeons
- Surgical Program Directors
- Hospitals
- Government agencies

- Partner
- Advocate

- Develop Advocacy plan

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What do we need?

• Help us build comprehensive list of Free Access Clinics in your area
• Sign up as volunteer or if you have an organization, sign the organization as a partner
• Give us feedback
Lack Of Timely Access to Surgical Care

THE LANCET Global Health

5 Billion

16.9 lives lost

143 million additional surgeries needed in LMIC each year

33 million cases Catastrophic expenditure

If trend continues $12.3 Trillion

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Neglected Surgical Diseases

- 500,000 women die of childbirth
- 250,000 die of congenital disease
- Surgical diseases account for 15% of causes of Disability
Strengthening emergency and essential surgical care and anaesthesia as a component of universal health coverage

WHO Global Initiative for Emergency and Essential Surgical Care
Provides Surgeons from across the world opportunities to network.

There is strength in numbers.

There are more than 78,000 members of the American College of Surgeons worldwide.
International programs

- International Guest Scholarship Program: 1963
- International Fellowship: 1968
- Operation Giving Back (OGB): 2004
- ACS traveling fellowships: 1982
Benefits to Developed countries in Global health partnership

- Innovation
- Rural health care delivery
- Task shifting
- Creative problem solving
- Education in communicable disease control
- Mobile technology in Health care delivery
- Low tech simulation training
BoR Retreat on Global Engagement

Should ACS play a role in increasing Global Surgical Capacity?

Which areas of the world would potentially benefit the most from ACS engagement?

What should the primary focus be?
International sub-Committee

Develop and Manage ACS Hubs

- Understand ACS fellows' needs
- Regionalized needs assessment
- Develop ACS brand products
- Define values for Global engagement

Develop sustainable Partnerships

Advocate for Resources
Global Engagement Sub-Saharan Africa

1st international meeting
Collaboration in workforce force development

Support for women residents
Recruit examiners
On-line educational materials
Twinning of surgical Journal
Volunteers for teaching patient care
Development and support of COSECSA leadership

New partnership

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ACS Partnership HUB

Surgical training center of excellence

Consortium of Surgical Departments

Education

Research

Service

Access to ACS Fellows

Access to Residents and students

Resource needs

Material

Human

Financial

Surgical sub specialty Societies
My Ask

• Register as a volunteer and create your profile
• If you are leader in Global Surgery training program, we need to hear from you
• Participate in the upcoming CC2017 meeting to develop a consortium of departments
• Help us connect with foundations
• We need philanthropy
Education Sub-committee

**Domestic**
- prepare ACS fellows for global engagement
- Global health Competency
- Surgical skills for low resource setting

**Global**
- ACS Branded educational programs for LMIC
- Inventory of educational resources
  - Curricula for basic surgical skills
  - Partnering with educational accrediting bodies (ABS, RRC, ACGME)
  - Pilot Training program (surgical curriculum)
Programs at Clinical Congress

- Global Health course for surgeons:
- Humanitarian Skill course all day:
- Special panel session on Global Engagement:
- Session Humanitarian Award Winners
- Other Co sponsored programs with IRC and Committee on Diversity
The subcommittee discusses the top 13 ranking which include:

1. Ultrasound for Surgeons: The Basic Course, 3rd edition
2. Advanced Trauma Life Support (ATLS)
3. Rural Trauma Team Development Course (RTTDC)
4. ACS/APDS Surgery Resident Skills Curriculum
5. Selected Readings in General Surgery (SRGS)
6. Advanced Surgical Skills for Exposure in Trauma (ASSET)
7. ACS Fundamentals of Surgery Curriculum™ (ACS FSC)
8. Disaster Management and Emergency Preparedness (DMEP)
10. ACS Video Online Library
11. Fundamentals of Laparoscopic Surgery (FLS)
12. Advanced Trauma Operative Management (ATOM)
• Strongly advice this course before global engagement
Advocacy Sub-Committee
Advocacy Agenda

Domestic Advocacy Priorities


• Expanding the National Health Service Corps to include general surgery. The expansion of the NHSC will likely be predicated on defining Health Professions Shortage Areas (HPSA) in terms of surgical need.

• Advocate to protect or shield volunteerism domestically across state lines (federal)

• Formulating advocacy agenda to incentivize surgeons to work in underserved communities.

• Advocating for federal support for free clinics and programs for the underserved

Global Advocacy Priorities

• Educating policy makers on why it’s important to invest on issues around the global burden of surgical disease in developing countries.

• Advocating for funding from funding organizations such as USAID, Pepfar, Fogarty, and NIH to provide funding for training opportunities and identifying current legislation and restrictions on how the money can be used and advocate for changes in legislation and restrictions, if needed, to provide inclusiveness of surgery.

• Advocating for departments of surgery program directors with global surgery programs to participate in OGB initiatives.

• Advocating within the College to make sure educational resources are accessible to LMICs at no cost or reduced cost. Criteria to be developed: time since publication,

• Advocate for ACS representation as observer at policy making levels: i.e. United Nations, WHO, US Congress, International governments, etc.

• Leveraging existing contacts, like at the WHO, to advocate for international issues related to global health.

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What you may want us to advocate for?
Questions?

Brittanie Wilczak, MPH
bwilczak@facs.org

Girma Tefera, MD, FACS
gtefera@facs.org

Global Needs  Global Outreach  Global Surgeons