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SPECIAL SESSION

ACS Korean Chapter Meeting



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SYMPOSIUM: FOR GREAT SPIRIT OF YOUNG KOREAN SURGEON

How to Develop a Partnership between Military Healthcare System and Korean Surgical Society

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Although the partnership between Military Healthcare System (MHS) and Korean Surgical Society is necessary but there has never been movement to launch this relationship until now. As Korean Armed Forces Capital Hospital, the biggest hospital in Military Healthcare, will open a new trauma center next year, it will be a good time to discuss on Partnership between MHS and Korean Surgical Society. For similar relationship of both parties, we can learn from United States' experiences, as USA have already started good model.

The American College of Surgeons has been a long-term partner with military medicine in helping to sharpen medical skills of MHS in both wartime and peacetime. They also acknowledge that numerous medical landmark knowledge have been shared from what they have learned through combat medicine.

American College of Surgeons (ACS) have launched strategic partnership with the Department of Defense and the Military Health System (MHS) that will benefit both parties in the areas of education, systems-based practices, and research. Military Health System Strategic Partnership American College of Surgeons (MHSSPACS) is working on a course curriculum to prepare surgeons before they are deployed to war zones or other areas affected by disasters. It will be good if Korean MHS will develop a partnership with Korean Surgical Society. This partnership will cover education, training and collaboration with military healthcare personnel. And the military specific trauma care, such as explosive injury and gunshot injury can be shared with civilian trauma care. It is desirable to have similar partnership as Korean version of Military Health System Strategic Partnership Korean Surgical Society.(MHSSPKSS).

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Medical Volunteering Activity as a Surgeon

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In general, medical volunteering reminds people of missionary work in remote areas, or distributing anti-diarrheal medicines and treating gunshot wounds in battlefields or refugee camps. There is no doubt that these are very valuable aspects of medical volunteering. Nevertheless, people hesitate to volunteer because of fear of sublime self-sacrifice or having to endure poor or dangerous living conditions. However, medical volunteering has a broader perspective than we imagine, and one of them is training and education. Moreover, long-term partnerships can have a wider range of beneficial outcomes than one-off short-term visits.

The author worked in Ghana, a west African country, from March 2016 to February 2020 through the KOICA Global Doctor program. The Korea International Cooperation Agency (KOICA) is a government organization under the Ministry of Foreign Affairs, that provides official developmental assistance. Since 1968, KOICA has dispatched more than 300 specialist doctors to the low- and middle-income countries to share knowledge and skills to strengthen the competencies of health professionals. Until 2013, only military surgeons were allowed to participate in the program but from 2016 it was open to civilians. Importantly, this program is more focused on training and education than on providing primary medical service.

The author was dispatched to the Greater Accra Regional Hospital (GARH), located in the capital city of Ghana. The GARH is a referral government hospital with 420-bed capacity, the 5th largest hospital in the country. In the department of surgery, there were 17 specialists (six general surgeons, four orthopedic surgeons, three urologists, two neurosurgeons, one plastic surgeon and one pediatric surgeon) and four surgical residents. At the time of 2016, most hospitals in Ghana were not performing laparoscopic surgery, but a significant number of doctors had prior exposure in laparoscopic surgery from overseas. In addition, not a few hospitals had laparoscopic equipment but they were not making use of them due to lack of expertise and low level of awareness. In response to local needs, the author and colleagues have launched a multi-year project supported by KOICA and private donations to enhance surgical capacity and provide quality surgical treatment by introducing laparoscopic surgery.

The GARH also had laparoscopic equipment that had never been used since it was donated to the hospital several years ago. Therefore, we procured essential instruments, and conducted educational workshops for the nursing staff, biomedical engineers, and doctors. From October 2016 to October 2019, 17 consecutive educational workshops for the nursing staff were held, with an average of ten nurses attending each session (175 man-days). None of the nurses had any prior exposure to laparoscopic surgery before 2016, but 11 theater nurses achieved professional competency by September 2019. For the doctors, a comprehensive training including two weeks of simulation workshops followed by animal labs were regularly provided. From August 2017 to February 2020, the laparoscopic surgical skill simulation course hosted 123 doctors (31 groups, 124 sessions) and animal labs with live pigs accommodated 47 doctors (5 sessions). Among the trainees, 27.9% had prior exposure to laparoscopic surgery, 51.2% were entry-level doctors who were yet to choose their specialties, and 95% were satisfied with the program.

At GARH, the first laparoscopic cholecystectomy was performed in February 2017. The scope of the minimally invasive surgery was expanded from general surgery to gynecology, pediatric surgery, and urology. Until February 2020, 93 laparoscopic procedures were performed in GARH. Each year, the proportion of local doctors as primary operators increased from 0% (0/17, 2017) to 42.4% (14/33, 2018), 83.3% (30/36, 2019) and 100% (7/7, 2020), respectively. There were no open conversions, technical complications, or mortalities. Importantly, local doctors independently commenced endoscopic surgical procedures including cystoscopies, hysteroscopies, endoscopic neurosurgeries and arthroscopies. The results imply that long-term continuous on-site training with clinical collaboration was effective in implementing laparoscopic surgery. The synergy in supporting foreign government agencies and local authorities, the sensitization and motivation of the surgical workforce were other driving force leading to successful implementation of the new surgical practice. Although the case volume was limited, high-level technical independence and active participation of entry-level doctors would increase sustainability of laparoscopic surgery.

On the other hand, the training and education were not limited to clinical practice. Based on perceived needs, weekly research meeting was organized in the department of surgery since April 2019. The doctors who are interested in academic research participated voluntarily. The platform has been used to conduct multiple retrospective studies, starting from data collection to data analysis, interpretation, drafting, and submitting the manuscripts to local or international journals. To date, six co-authored manuscripts have been submitted and one of them has been published recently. In addition, 10-day workshop for research and basic statistical analysis was held in November 2019. The surgical residents and specialists voluntarily attended the course with enthusiasm. The program covered study design, data collection, data analysis using Excel and SPSS, literature search and citation manager usage, and technical tips for drafting.

For the last, the author participated in organizing a local hepato-biliary-pancreatic (HBP) association. The HBP surgeons led the organizing

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committee, and physicians, radiologists, pediatricians, anesthesiologists, and nurses later joined the activities. On 26th January 2019, the 1st annual conference of hepato-pancreato-biliary association of Ghana was held. Since then, the HBP association is consistently running screening programs for hepatitis B virus and social media advertisements to educate the patients.

In conclusion, the scope of medical volunteering should not be limited to the provision of clinical services, but should be open to a broader perspective. Recognizing the fact that approximately 25~30% of the global burden of disease is surgical, the burden of surgical conditions and provision of surgical care in low- and middle-income countries should be acknowledged. However, health care is a complex combination of social determinants, so we need to move away from our narrow perspective on medical volunteering. It is necessary to change the mindset of potential doctor volunteers, as well as officials planning and running programs, to a more open mindset.

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Introduction of FIRST (Flexibility In duty hour Requirements for Surgical Trainees) Trial

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A Message to Young Surgeon from the Legendary Surgeon

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Restriction of resident's working hours has been anticipated for its successful outcomes of the resident's well-being which in turn affects patient care. Needless to say, patient's safety is of higher priority. In fact, some junior residents have a growing concern as to whether they could attain competency by the 3-year training to meet a practice of their own.

Is there any significance in surgeons pursuing the first-mover advantage in order to dominate the "Gray-Zone"? An important reminder here is that the patient's safety always takes precedence over the surgeon's livelihood. Therefore, develop creative ideas to apply the wide range of technology available to establish your own identity.

As I presented, the women surgeon's roles are expanding. Let's encourage their commitment. Above all, we need to be able to manage gender related issue and avoid any inherent or incidental bias towards equality for women in surgery.

In July 2017, when I turned 80, I retired from my practice at Bundang Cha Medical Center. It was a privilege to work with young faculties who were wiser, more competent and passionate than what it used to be in my days.

Today, we have new challenges from the surroundings, namely the environment and government policies. Above all, our patients are losing the protection they deserve and what makes it worse is that we are no longer in control of our own professional destinies.

Therefore, your dedication as a surgeon will become more imperative as health related issues and pandemics have become global and widespread. You are in command and I trust in you because you are smarter, braver, and stronger than you think.

Thank you for joining us.