



Eastern Association for the Surgery of Trauma

28th Annual Scientific Assembly

Sunrise Session 14

**The International Collaboration in Trauma & Acute Care Surgery:
How to Get Involved**

January 16, 2015

**Disney's Contemporary Resort
Lake Buena Vista, Florida**

International Exposure: Why?

To Help The Patient In Need





PAPERS OF THE 133RD ASA ANNUAL MEETING

General Surgery Residency Inadequately Prepares Trainees for Fellowship

Results of a Survey of Fellowship Program Directors

Samir G. Mattar, MD, Adnan A. Alveidi, MD, FACS,† Daniel B. Jones, MD, FACS,‡ D. Rohan Jayarajah, MD, FACS,§ Lee L. Swanson, MD, FACS,|| Ralph W. Aye, MD, FACS,¶ Steven D. Weiser, MD, FACS, FRCSEd(Ed), PhD (Hons),** José M. Martinez, MD, FACS,||| Sharona B. Ross, MD, FACS,|| Michael M. Aival, MD, FACS,§§ Morris E. Franklin, MD, FACS,|||| Maurice E. Arregui, MD, FACS,¶¶ Bruce D. Schirmer, MD, FACS,*** and Rebecca M. Minter, MD, FACS,||*

- 38% demonstrated lack of patient ownership
- 30% could not independently perform a laparoscopic cholecystectomy
- 24% were unable to recognize early signs of complications
- 66% were deemed unable to operate for 30 unsupervised minutes

See the corresponding editorial and article in this issue, pp 475-482

J Neurosurg 116:413-416, 2012

Increased rate of complications on a neurological surgery service after implementation of the Accreditation Council for Graduate Medical Education work-hour restriction

Clinical article

THOMAS M. DUBOIST, M.D., ANAND I. RUGGANI, M.D., PAUL L. PINAR, M.D., MICHAEL A. HORGAN, M.D., BRUCE I. TRANSDER, M.D., AND RYAN P. JEWELL, M.D.
Division of Neurosurgery, University of Vermont College of Medicine, Burlington, Vermont

The Financial Impact of Teaching Surgical Residents in the Operating Room

Matthew Bridges, MD, Daniel L. Diamond, MD, Knoxville, Tennessee



CONCLUSION: Extrapolated to a national annual cost for the 1,014 general surgery residents who completed training in the 1997 academic year, the annual cost of training residents in the operating room is \$53 million. This high monetary cost suggests the need for digital skills, selection criteria, the development of training curriculum and resource facilities, the pre-operating room need for suturing and stapling techniques, and perhaps the acquisition of virtual surgery training modules. *Am J Surg.* 1999;177:28-32. © 1999 by Excerpta Medica, Inc.


Session: VIII: Papers 13-16: Acute Care Surgery
Paper 15: 10:40-11:00 AM

DEFINING THE ACUTE CARE SURGERY CURRICULUM

Therese M. Duane* MD, Christopher J. Dente* MD, John J. Fildes* MD, Kimberly A. Davis* MBA,MD, Gregory J. Jurkovich* MD, J.W. Meredith* MD, L.D. Britt* MD,MPH, Virginia Commonwealth University

Invited Discussant: Ronald Stewart, MD

Conclusion: The current ACS trainees lack adequate head/neck and pediatric experience as defined by the ACS curriculum. Restructuring rotations at individual institutions and a focus on novel educational modalities may be needed to augment the individual institutional exposure. Finally, re-evaluation of some aspects of the curriculum, particularly as it relates to the management of pediatric injuries and elective neck explorations may be warranted.



- No resources
- No Time for research No Training
- No communication

Dispelling Fatalism in a Cause-and-Effect World: 1989
E.A.S.T. Presidential Address
KIMBALL L. MAULL, M.D., F.A.C.S. *J Trauma. 1989 Jun;29(6):752-6*

**In Order to educate One must be heard,
Understood and believed!**

How can we Help each other ?





**Together We
Can Change
The World!**

**OPPORTUNITIES FOR
ACADEMIC AND CLINICAL
COLLABORATION WITH THE
U.S.A. AND SOUTH AMERICA:
Filling the Educational Gaps**

**David V. Feliciano, MD
EAST
January 16, 2015**

OUTLINE

Two time periods

Why Latin America?

Experiences in Colombia

Should you go?/Do it right

**TWO TIME PERIODS
Trips to Latin America**

**1990s -- Experienced trauma
surgeons from U.S.A. go to
learn from experienced
colleagues. Only option.**

**2010s -- Fellows from U.S.A. go
to gain operative experience.
One of several options.**



WHY LATIN AMERICA?

Proximity

Hosts speak English

Exposure to skilled surgeons

Poverty = Trauma

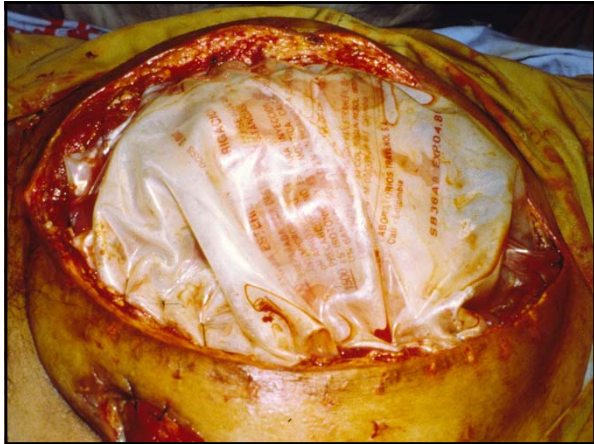
SURGEONS = Lifelong friends

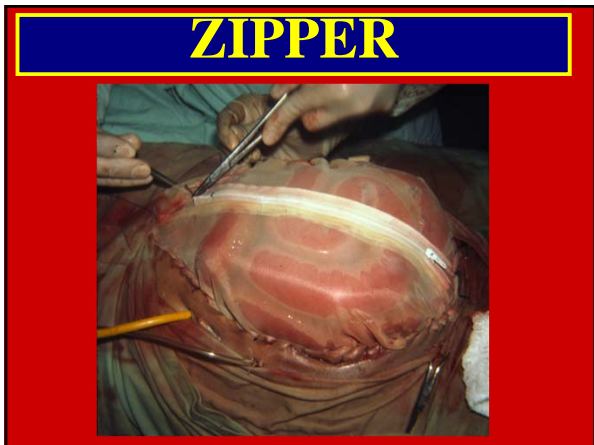


OPEN ABDOMEN Who Described It?

“In 1984, at the San Juan de Dios Hospital, in Bogota, I was forced to leave a patient’s abdomen open; the patient had already undergone several surgeries, and he had severe ileus.”

*Dr. Oswaldo Borraez G.
Manuscript, 1997*





ZIPPER

**Hospital Universitario del Valle
(1956)**

Universidad del Valle (1945)

Cali, Colombia



**Hospital Universitario San
Vicente de Paul (1934)**

**Universidad del Antioquia
(1803)**

Medellin, Colombia



PLANNING AHEAD

Faculty -- Living arrangements?
Transportation to hospital?
Which activities? Do you need
any topics lectured on?

Fellows/Residents -- Same plus
level of supervision.













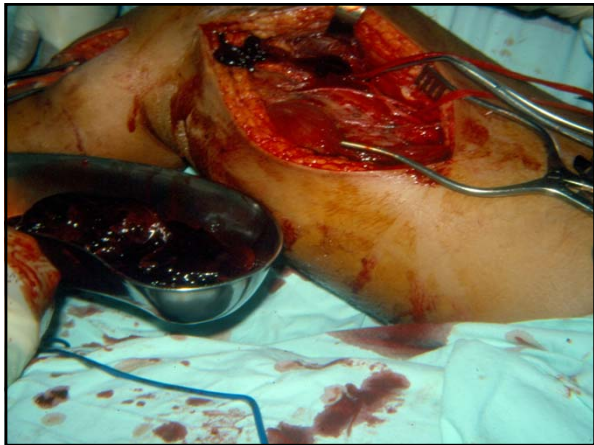




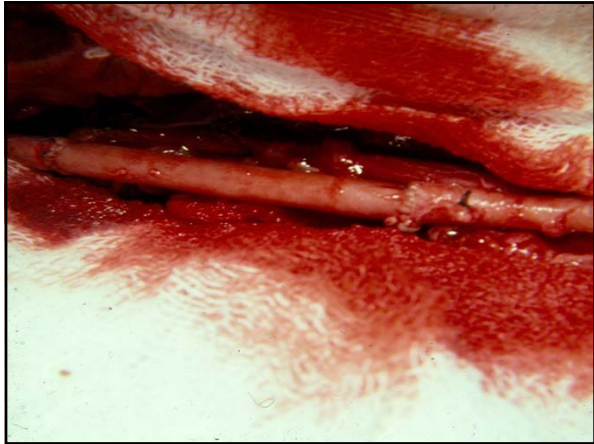




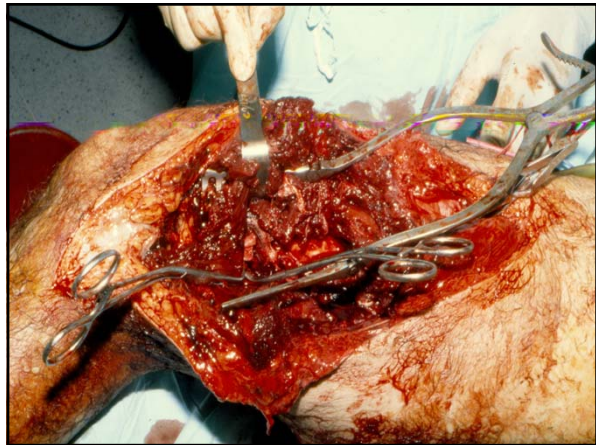


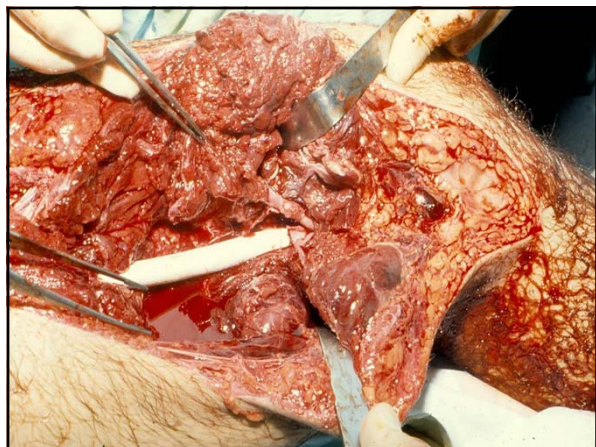














**SHOULD YOU GO OR
SEND YOUR TRAINEES?**

OF COURSE!

DO IT RIGHT

Bidirectional learning experience --
What new information will you
bring?

Expand the relationship --
Train LA residents, do combined
studies

