

ASA Global Humanitarian Outreach: Academic Partnerships and Program Development

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Essential surgical services are now considered a keystone to global public health.¹ Of course, anesthesiology is central to safe surgical care and good surgical outcomes, but in many low-income countries (LICs) anesthesiology has a marginalized role, analogous to the 1950s in the U.S. and Europe. Technology,² education and interest in anesthesia safety are, too often, lacking. The future of anesthesia in LICs must be supported to achieve improved safety.

One of the goals of the ASA Committee on Global Humanitarian Outreach (GHO) is to address the global anesthesia crisis³ through supporting education and training, clinical service and research. Building on previous efforts by the ASA's Overseas Teaching Program (OTP), the GHO aims to facilitate collaboration across the spectrum of academic, non-governmental and professional organizations working to improve the global anesthesia workforce and anesthesia safety in LICs.

Interest in global health has surged in recent years among undergraduate and medical students. Academic institutions, including medical schools across the United States, have taken notice, and many centers and initiatives for global health have resulted. Concurrently, an unprecedented number of premedical and medical students have participated in international humanitarian medical experiences. These interested medical students are becoming physicians committed to global health. In response, a number of residency programs have designed formal experiences and even training

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paths for committed residents and/or fellows from surgery,⁴ internal medicine, emergency medicine and family medicine, among others. More universities are offering these training pathways as well as academic positions linked to global health equity.

In response to a similarly conducted survey by the American College of Surgeons, we queried all U.S. anesthesia residency program directors about their programs' recent experiences with resident interest and participation in international anesthesia experiences. The electronic questionnaire paralleled previous questionnaires directed to surgical programs.⁵ The survey results gained input from 38/131 (29 percent) of U.S. anesthesia residencies (representing approximately 1,596 of 4,879 (33 percent) currently training anesthesiology residents [Table 1]. Programs reported formal (7/38, 18 percent) – but more commonly, informal – resident involvement in international anesthesia experiences during the prior year of residency. Representative experiences involved clinical practice and/or teaching without research. Program directors



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to Address the Global Anesthesia Crisis

indicated that most resident experiences took place during program time rather than vacation time. Resident oversight was a commonly mentioned area of diversity and uncertainty by program directors aiming to satisfy resident interest while adhering to ACGME requirements for high-quality training experiences. Resident oversight by ABA-certified physicians was less common than oversight by local physicians. Most resident experiences took place during ACGME training time rather than vacation time.

Many challenges to facilitating resident experiences were recognized, and not surprisingly, acquiring funding was a common challenge. Most experiences were funded with a patchwork of multiple mechanisms, including departmental funds and intramural funds, in some cases dedicated to international work. In addition, extramural grants and personal assets of both residents and faculty made the experiences possible.

In our sample, the majority of programs 23/38 (61 percent) expressed interest in initiating electives, and 70 percent desired additional information on securing funding and information on academic curriculum/evaluations. Nearly half of all programs expressed interest in formal collaborative networks to expand international opportunities for residents. Although we did not hear from all program directors, the ones who did respond indicated that interest in international electives far outstrips participation.

The ASA GHO is interested in promoting collaboration across the spectrum of academic, non-governmental and professional organizations working to alleviate the global anesthesia crisis. Expanding quality international electives for residents is one small but valuable way to advance this mission. The GHO is working with partner organizations to do this through the following: Information sharing for program directors and residents to create electives that satisfy ACGME and ABA guidelines,⁶ seeking out example programs, and raising awareness of the global anesthesia crisis to encourage intramural funding of these electives.

Table 1

Levels of participation, of 38 programs total	
Number with formal international electives, n (%)	6 (16)
Duration of institution elective experience	2 to 10+ years
Duration of resident elective experience	1 to 5 weeks
Require resident vacation time	1/6
Have formal curriculum in place	4/6
Involve research	0/6
Oversight by local vs. own anesthesiologist	4 vs. 6
Number with informal international electives, n (%)	20 (53)
Require resident vacation time	7/20
Additional programs looking to start	3/20
Involve research	0
Resident level of training	all PGY-3 and PGY-4
Total annual number residents on international electives	6
Percent of residents interested who participate	10 to 50 percent
Collaboration by comparison	
Number with domestic volunteer electives, n (percent)	10 (26)
Number hosting visiting foreign anesthesiologists	12 (32)
Same-institution non-anesthesia int'l electives	13 (34)

Institutions interested in academic partnerships are encouraged to share their interest in ongoing and future programs for staff, residents and fellows with the ASA GHO. The GHO plans to catalogue ongoing academic partnerships in an effort to avoid duplication of resources, while aiming to promote and support efforts to ameliorate the global anesthesia crisis.