

TRAINING ABROAD FOR RESIDENTS

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The Legislative Decree of 17 August 1999 no. 368 “Implementation of Directive 93/16/EEC relating to the free movement of doctors and mutual recognition of their diplomas, certificates and other documents and directives 97/50/EC, 98/21/EC, 98/63/EC and amending Directive 93/16/EEC, 99/46/CE” published in Official Gazette n. 250 of 23 October 1999 - Ordinary Supplement no. 187 Corrigendum OJ. 44 of 23 February 2000 at the article 46 comma 6 says that “As part of the collaboration between Italian universities and universities of foreign countries university teaching and integrated research and specialist training may also take place in health facilities of the aforementioned countries, in conformity to training program and medical staff on the recommendation of the school board, except as provided Article 12 of the Decree of the President of the Republic 10 March 1982 162”¹.

Clearly some schools are more suitable than others to training in least developed countries, namely those that do not require advanced technologies. Some experiences confirm that specialized training in international development is not only possible but fulfills the educational goals and favors professional growth coming from working in difficult conditions and with vulnerable patients.

Despite the presence of several projects proposed by health organizations and institutions working in low-income countries and responding to the requirements of specialized training abroad, students meet strong resistance by the school directors who should authorize the training. In the last few years the Board of Physicians of the province of Turin has agreed to promote this training activities both in the academic setting and in the development NGOs, because the period spent abroad is part of the educational course and does not interrupt its continuity.

CCM, Comitato Collaborazione Medica (Non Governmental Organization founded in 1968 by a group of doctors in order to promote the right to health) carries on development projects in Burundi, Ethiopia, Kenya, Mali, South Sudan and Somalia. All the projects include training of local professionals and of the community. CCM organizes information and awareness activities through courses of education in schools, campaigns focused on health topics, teaching courses for volunteers, aid workers and medical professionals. CCM underscores that the collaboration between NGOs and the University/Schools of Specialization has to be practical, use multiple competences, evaluate the feasibility of new projects and promote the cooperation of homologous subjects. The resident has the opportunity to know different realities, he may study a topic agreed upon by NGO and School of Specialization, teach the local staff specific subjects, perform medical activities related to his specialization and eventually communicate his experience to colleagues and teachers through his final dissertation.

CUAMM, the first health NGO recognized in Italy has conceived the Junior Project for residents. CUAMM works for the respect of the fundamental right to health and to make the access to health facilities available to all, including the populations living in isolated and far away areas. The agency offers the possibility of theoretical and practical trainings within a project of international development, where residents can increase their notions related to their specialization and may get ready to become involved and face the problems of international development and of global health in Italy. The project is open to residents in General Surgery, Obstetrics and Gynecology, Infectious Diseases, Internal Medicine, Pediatrics, Hygiene and Public Health.

COI (Cooperazione Odontoiatrica Internazionale) has been working for years to grant to right to oral health and to global health, and to reduce inequalities through interventions of sustainable international development. Presently it has projects in Africa, Asia and Europe and it has attained qualified experience to intervene in professional training and continuing education of local staff, prevention and education on general and oral health, creation of dental clinics and transfer of technologies suitable for humanitarian and conflict emergencies, restoration of health centers after conflicts or emergencies, provision of aid workers and volunteers for medical activities.

¹ *Article 12 - Establishment of graduate schools.* The establishment of graduate schools is arranged in the statutes of the university. Universities and Colleges may establish graduate schools responding to requirements of professional specificity, within the limits of availability of teaching and non-teaching staff, as well as adequate facilities and equipment, acquired partly as a result of agreements entered into with in university compliance order, necessary for the smooth conduct of the courses. The statutes of the university shall, in accordance with the provisions in article 3 above for each graduate school, the duration of the course of study, the list of compulsory subjects teaching, their distribution and the number of years in the introductory course, any indication of optional subjects, practical activities to be performed, the frequency mode of the at educational activities and practices, establishing as often as necessary to support the annual examinations and fine them, the determination of the degree required for admission, how to conduct examinations. For the purposes of the frequency and useful practical activities should be recognized on the basis of appropriate documentation, the activities carried out by the service facilities specializing in social and health-related specialization, or even abroad to the extent permitted by law February 9, 1979, n. 38, in cooperation with the countries of Italy in the developing world.

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As part of the teaching and research integrated collaboration between Italian universities and Universities of foreign countries or of projects of international development, all the residents of the Faculty of Medicine are entitled to spend a maximum of 6 months in accredited or accreditable health facilities in least developed countries. Specialized training may also take place in health facilities of the aforementioned countries, without interrupting the educational program.

The resident has the opportunity to know different realities, perform medical activities related to his specialization, get ready to become involved and face the problems of international development and of global health in Italy, teach the local staff specific subjects, and eventually communicate his experience to colleagues and teachers through his final dissertation.

Usually these projects are born from the sensitivity and the initiative of single students or single schools of specialization. In Piedmont the institutions are trying to create a plan shared with the University and with agencies and associations dealing with international development and supervised by the Board of Physicians, that promotes all the medical activities in the field of international development through a Commission of Solidarity. The main hurdles are represented by the schools of specialization which often need the work of doctors in training and sometimes do not know how to recognize the minimal requirements of a development project to be accredited in the educational training of the school.

The lecture will illustrate the characteristics and the results of some such projects, will try to identify the critical elements for the success of the initiative and will discuss their meaning in the university policy.

MASTER IN TROPICAL SURGERY AND HUMANITARIAN EMERGENCY IN PARTNERSHIP WITH MSF: SURGICAL TRAINING IN LOW-INCOME COUNTRIES

Authors: E. Baggio, M. Lorenzini, A. Momoli, F. Mazzarella, M. Pains, T. Cappellari, A. Pea - Università degli Studi di Verona

The Master in tropical surgery and humanitarian emergency was activated in Verona in the academic year 2010/2011 in order to provide surgeons who want to work in developing countries or during humanitarian emergencies with the necessary theoretical and practical skills and organizational ability. Under the aforementioned circumstances a surgeon must be able to face a broad spectrum of emergencies, including not only general surgery but also obstetrical surgery, orthopedics, plastic surgery, pediatric surgery and urology.

The program of the Master has been developed by the coordinator of Doctors without Borders and its points are: safe surgery and safe anesthesia (WHO guidelines); basic radiologic and echographic diagnosis (ECHO fast-track); medical and surgical semeiotic elements; management of multiple traumas, open and closed chest and abdominal traumas, cranial traumas in the absence of imaging; management of obstetric and gynecologic emergencies with the indications to caesarean section, hysterectomy and related surgery; emergency catheterization and drainage; emergency orthopedics in children and adults; management of bone fractures (casts, traction, bone fixation nails, intramedullary); amputation; airways and tracheotomy; war surgery; blood transfusions and blood salvage; management of burns, plastic and reconstructive surgery; prophylaxis and treatment of sepsis and septic shock; antibiotics in tropical setting; nutrition before surgery; management of stress; informed consent; ethnic, cultural and religious aspects in the doctor-patient relationship; ALS (Advanced Life Support) e PALS (Pediatric Advanced Life Support) for the control and support of vital functions in adults and children in critical conditions.

The Master includes attendance of one of the three hospitals in Burundi for one month: the hospital of Mutoyi run by VISPE, Milano; the hospital of Kiremba, run by ASCOM, Legnago; the governmental hospital of Ngozi already hosting a nursery teaching program issued from the cooperation of the University of Verona with the small University of Ngozi.

Up to date we had 24 students in 3 years. Almost all already had a specialization. Of course most are general surgeons (16), then there are others specialized in obstetrics and gynecology (2), plastic surgery (2), urology (2), pediatric surgery (1), and neurosurgery (1).

The evaluating questionnaire distributed over the years allowed to modify some points of the program and to evaluate the degree of satisfaction which was good to excellent in 90% cases (insufficient - sufficient - average - good - excellent).

LOW-INCOME COUNTRIES DURING SURGICAL TRAINING: THE EXPERIENCE OF THE SCHOOLS OF SPECIALIZATION OF GENERAL SURGERY AND VASCULAR SURGERY OF VERONA

Authors: E. Baggio, G. Armatura, M. Moro, F. Panzeri, P. Criscenti, M. Tamburrino, C. Bassi - Università degli Studi di Verona

The schools of specialization in Italy, especially in surgical disciplines, have many problems: on one side the lack of educational standards required by European laws, on the other the poverty of experiences outside the school. Therefore often the idea of a “larger vision” is lost even if the law gives the possibility of an educational period of 18 months abroad. This possibility is understood by the Schools Councils as attendance of highly specialized structures in technologically advanced countries. Actually a part of the 18 months could be spent in low-income countries provided some requirements are met:

1. Safe environment
2. Presence of an expert surgeon tutoring the resident
3. Residency at third year or more

The experience of the School of specialization in General Surgery and Vascular Surgery of Verona began following a project of cooperation between the University of Verona and the one of Ngozi (Burundi) aimed at training nurses. The university of Ngozi was born from the will of the two ethnic groups after the civil war. Many professors from Verona contributed to the academic programs and later to practical training which was held in the regional public hospital and focused on surgery with the further scope to train the local surgeons. A network was created which included two more Italian hospitals: the hospital of Mutoyi run by VISPE, Milano, the hospital of Kiremba, run by ASCOM, Legnago. Unlike the hospital in Ngozi, in the other two hospitals the presence of a tutoring surgeon was granted. Most internships took place after 2008, when the country was safe and peace among the different groups had been reached.

To date the residents who took advantage of a stay in Burundi are 11: 7 women (63%) and 4 men (36%). Most were residents in their third year for both specializations. Results are twofold: first, the resident increases the spectrum of his/her expertise because surgery in low-income countries has a wider meaning and includes obstetrics, orthopedics, plastic surgery, pediatric surgery and urology; second, he/she experiences the value of solidarity and the reality of international development. In a globalized world the experience in a developing country helps the resident to become a different person and a different doctor.

HUMANITARIAN MEDICINE: A NOVEL EDUCATIONAL PROGRAM FOR HUMANITARIAN WORKERS IN ANESTHESIOLOGY AND INTENSIVE CARE

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In the last few years the international attention for a more professional approach of humanitarian care has increased. Independently of specific competence, health professionals have to acquire a global understanding of the humanitarian sector. The involvement in international conventions in low-income countries is considered by the literature as a novel strategy to create projects in poor settings. Yet, in order to meet both the requirements of academic education and humanitarian needs, international internships have to be properly designed and integrated into the residency. The Centre of Research in Emergency and Disaster Medicine (CRIMEDIM) of Università del Piemonte Orientale wants to develop an educational program for residents in anesthesiology and intensive care focused on humanitarian and disaster situations. The program implies the collaboration with different Italian NGOs and the active participation of internationally recognized academic and non academic organizations. The program has the scope to create health professionals adequate to participate in humanitarian international programs requiring advanced skills in anesthesiology and intensive care and a basic knowledge of tropical medicine, mothers and children health, public health during emergencies and catastrophes.

The method is based on self-learning, distance learning, virtual simulation, internships, training and field education.

The program lasts 7 months subdivided into 9 weeks of distance learning, 2 weeks of internship in pediatric emergencies, 1 week residential workshop and 4 months of field training.