Reflections on the Past and Future of ASA OTP

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We are approaching the 17th year since the inception of the ASA Committee on Overseas Teaching Program. Nicholas P. Greene, M.D., was the “father” of the program with his goal to support and improve anesthesia-training in existing programs in developing countries. The Overseas Teaching Program (OTP) philosophy is “give a man a fish, you feed him for a day; teach him to fish, and he will eat for a lifetime.” Now OTP takes that mission a step further by stressing the teaching of current teachers and future teachers so those programs may send their teachers to other programs throughout their country and other needy areas. The first OTP volunteers, besides Dr. Greene, went to Lusaka, Zambia, in 1989.

Being curious to know how many volunteers we have had in all of our programs since that time, we asked the staff at ASA headquarters if they could find out. Their count produced 90 different volunteers through 2006. Many of those people, however, volunteered for repeat trips. The greatest number of times for a single volunteer that we could find was five! More exciting is the fact that during that time, ASA has had programs in Lusaka, Tanzania, Ghana and Rwanda.

Using the list of previous volunteers, we decided it was time to create an ASA-OTP Volunteer Alumni list. With help from ASA headquarters, we now have mailing addresses for all of them. Beginning this year, we will be sending them a copy of the Annual Report of the Committee on Overseas Teaching Program that is included in the handbook for the ASA House of Delegates and which is read and approved (or can be revised) every year by the House of Delegates.

This past year has seen a number of changes in our teaching activities. Rather than just the usual management of volunteers going overseas to teach, we have been involved in program planning and closure of program successes. We are trying to change the focus of our activities from “locum tenens” teaching in existing programs to fostering a self-help attitude on the part of the places we serve, with the idea of “teaching future teachers” to progressively take charge of their own programs through the development of permanent teachers.

Tanzania

At the start of 2006, the Kilimanjaro Christian Medical Center (KCMC), where we have sent volunteers for 14 years, had still been unsuccessful in obtaining the services of a full-time director of its anesthesia teaching program. The center had a very good contract anesthesiologist from the United Kingdom who terminated her contract after the first year there. It appeared that ASA-OTP had made little progress in advancing the level of anesthesia at KCMC above that which we provided. We contacted the director of KCMC and suggested that until they were able to obtain a full-time director of anesthesia and make greater efforts at supporting a teaching program with resources and staff, we would not continue to send our volunteers there. Alice A. Eder, M.D., visited KCMC in late January to discuss future plans with them; the response from KCMC was very good. KCMC succeeded in getting a well-trained anesthesiologist from within Tanzania to become director of anesthesia. Since then they have made facility improvements in their recovery room and intensive care unit and expressed interest in considering the development of a one-year Diploma of Anesthesia program for physicians. We are now in the planning stages with them and hope we might be able to return to assist with volunteers sometime in 2007.

Ghana

There was no volunteer teaching in Ghana in 2006. Our mission of assisting the program there in teaching physicians in a one-year Diploma of Anesthesia program was designed by the government and the university to provide at least one anesthesia-trained physician to every region hospital in Ghana and some for neighboring countries. That mission was accomplished over the five years that we participated in the program, and it became clear that we were not needed there anymore. The program had succeeded in developing its own teaching faculty. We formally concluded our presence there this past year.

Rwanda

The major part of our activities focused on working with Angela Enright, M.D., Chair of the World Federation of Societies of Anaesthesiologists (WFSA) Committee on

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directors from the various subspecialties, with the goal of disseminating information without the need to incur any additional travel expenses. Attendance at the primer exceeded that of the SAAC/AAPD Annual Meeting, and evaluations overwhelmingly affirmed the value of the session to the participants. The session was repeated again this year in Chicago.

Societal structure. Over a decade ago (and before my time in SAAC), a new category of membership was created for chairs who did not have a direct reporting structure with-
in medical schools and who thus did not qualify for membership in SAAC. These chairs were labeled "Program Directors," and the Society of Academic Anesthesiology Chairs became the Society of Academic Anesthesiology Chairs/Association of Anesthesiology Program Directors, or SAAC/AAPD. It was (and is) the forum for chairs to meet. Today some chairs are members only of SAAC, some only of AAPD, and many of both SAAC and AAPD.

Yet almost half of the program directors in the country are no longer department chairs, and many more are directors of subspecialty fellowship programs. Last year a task force was formed to discuss how residency and fellowship program directors might be included within the existing organizational structure of SAAC/AAPD. The recommendations of the task force shall be presented at the SAAC/AAPD Annual Meeting (which takes place after this publication deadline).

In summary, anesthesia is experiencing the brightest period in many years with respect to recruiting young physicians into our field. Yet our departments are struggling, and the standing of our specialty may be under challenge within our teaching institutions. ASA's academic component is most grateful for the Society's efforts as we address these issues together.

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Education and Chair of the Canadian Anesthesiologists' Society International Education Fund (CASIEF), in developing the foundation of the Master's of Medicine teaching program (similar to our U.S. residency program). With outstanding support of the Rwandan Health Ministry, the National University of Rwanda, The Kigali Health Institute and the anesthesiology departments of two university hospitals, we started our first trainees in February. There will be four junior physicians entering each year into the four-year program. OTP will be sharing the provision of volunteers with the Canadian Anesthesiologists' Society. The response has been outstanding. To date, we have commitments from volunteers through November 2007 and queries from volunteers about details and dates for the future.

At the 2004 World Congress of Anaesthesia of the WFSA, a foundation was created with the goal of raising funds to provide additional monies in support of all of WFSA-affiliated teaching and educational programs. Donations to the WFSA Foundation may be directed to any specific program the donor chooses so long it is in keeping with WFSA goals. The WFSA Foundation, as is the parent WFSA, is registered for tax purposes in the United States, so all donations made by ASA donors will be tax-exempt. As chair of the foundation, I can assure you that your donations will be directed to your chosen program. I also urge you to see our new ASA-OTP Web link to the ASA Web site <www.ASAHQ.org>. The WFSA Web site is located at <www.anesthesiologists.org> and describes all of the educational programs it supports as well.

Thanks go to the ASA leadership and membership for their continued support of the ASA Overseas Teaching Program; and special thanks to all past volunteers of our program. We encourage interested ASA members and members of our Resident Component to participate in our programs. Please contact ASA headquarters for further information.