Over the past two years, the ASA Overseas Teaching Program (OTP) has gradually expanded its teaching goals to focus more on teaching physicians than just teaching the elementary lessons of anesthesia to nurse anesthetists and assistant medical officers (AMOs). There is such a shortage of anesthesiologists in Africa and many other developing countries that much of the teaching is done by nonphysicians unless they have the benefit of contract anesthesiologists from other countries. In addition there is such a lack of newer textbooks, journals and postgraduate courses that there is little to no advancement in the knowledge, skills and safety of anesthesia, especially in the subspecialties.

To help combat the lack of up-to-date knowledge in their teaching centers, our efforts are now aimed at more structured curricular programs, endorsed by the respective hospital, university and ministry of health. In the past, a very few physicians had to go to teaching programs in the major medical centers in Asia, Europe or the United States, and many never returned to their home country. Our goal is to teach them in their own country with the intent they will stay and become teachers in their own centers. Such is the case in both of our programs in Rwanda and Tanzania.

Rwanda

In January 2006, the OTP, in collaboration with the Canadian Anesthesiologists’ Society (CAS) International Education Fund, started a Masters of Medicine (M.Med) in Anesthesia program in Kigali, Rwanda. The director of anesthesia at the university hospital there is an anesthesiologist/intensivist on contract from Belgium. There are three to four other anesthesiologists there who also have come on contract from other countries. There is a second university hospital in Butare (two hours away), which is the location of the main campus of the university and its medical school. The curriculum of the M.Med program in anesthesia is approved by the university and the ministry as it is with the M.Med programs in a few other specialties. After the country’s genocide in 1994, the medical school had to recruit and teach a new cadre of physicians, as many/most did not survive the genocide. The ASA-CAS mission is to help develop and teach the didactics and clinical application of that program.

The first 18 months of the program have been very successful. There are now four physicians in each of the years of the four-year program. Our volunteers give most to all of the lectures to the residents and also lecture to the students in the school of nurse anesthesia. After each rotation, the volunteer submits a report to the ASA/CAS on his/her observations of the program and what the needs are in the way of teaching materials, both didactic and clinical. To a person, they have listed their time there as a positive life experience. ASA and CAS share the volunteer load with four to five from each society per year.

Tanzania

For the past 18 months, our longstanding program at the Kilimanjaro Christian Medical Center (KCMC) in Moshi, Tanzania, was put on “hold” due primarily to a lack of a physician director of anesthesia to supervise the teaching program for nurse anesthetists and assistant

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medical officers. We also wanted to elevate the program to our “teach physician teachers” goal so they might, some day, create their own teaching faculty rather than have to depend exclusively on ASA volunteers. As of this past February 2007, we met with the new director of anesthesia, the hospital administrator, the provost of clinical affairs for the college of medicine and the chancellior of the university. We are in the process of starting a two-tiered program for physicians within the university. The first year of the M.Med program will be structured to teach the fundamentals of basic and clinical anesthesia resulting in a diploma of Anesthesia and will prepare those physicians to go to regional hospitals and supervise their anesthesia services. Those physicians who have successfully completed the diploma year and want to go on in their training will continue for another three-plus years in the formal M.Med program. Successful completion of this program will result in the awarding of the degree of Masters of Medicine in Anesthesiology and will qualify them to join a teaching faculty in their own or other teaching hospitals. We hope to enroll our first students in late summer 2008. Our volunteers will return to KCMC in spring 2008 to help develop and implement the new program as well as to teach the nurse anesthetists and AMOs as we have done in the past.

What Can You Do to Assist in This Endeavor?

It should be apparent that our Society is making a significant contribution to improving anesthesia education in our African programs. The ongoing commitment to these four-year “residency” programs by sending volunteer teachers for one to two months each requires a willingness on the part of our membership to assist us in volunteering for this very rewarding experience. (The fact that a significant number of our 80-plus volunteers over the past 10-plus years have returned several times attests to those rewards.) There also is a significant need to update teaching resources both in equipment and didactic materials. Although computers do exist there, the electricity and service facilities leave much to be desired. Postage is expensive and unreliable, so most volunteers will be asked to carry the essential needs for the department in order to grow those facilities.

We need your help in teaching or sponsoring volunteers. There is a special need for teachers in the subspecialities since they lack the knowledge and supplies to do adequate pediatric, regional and obstetric anesthesia. Please consult us if you wish to donate supplies so only the most relevant of needs are met and we do not pay to ship unusable equipment. Your monetary donations, in any amount, are VERY important, and can be directed to either of our programs, tax deductible, through the WFSA Foundation. Please contact Phillip O. Bredenbaugh, M.D., chair of the Committee on Overseas Teaching Programs, at OTP@ASAhq.org for further details. We do need your help if we are to succeed with our mission of “Teaching Teachers of Anesthesia.” Thanks to ASA for its continued and significant support for these very important programs.

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areas. Physician specialties were to enact voluntary reporting of three to five measures each. Legislation completed in 2006 failed, however, to keep this structure or timetable, and the tying of future Medicare payment to performance measures is currently unsettled. It is, however, clear that future reimbursements overseen by CMS will utilize (be tied to) some elements of measurement of clinical performance and outcomes.

Testimony to the March 2007 ASA Board Review Committee affirmed the desirability for ASA to act as a clearinghouse for performance data but recognized the necessity of our representation being able to respond in a timely fashion when participating in the Consortium workgroups. The 2006 ASA House of Delegates approved the recommendation that all ASA-endorsed performance measures be evaluated by CPOM prior to their release as an ASA work product. These work products will be presented to the ASA House of Delegates at the Annual Meeting. Further discussion by the ASA Board of Directors resulted in an approved compromise to allow ASA representatives to these workgroups to react quickly when necessary to negotiate with such “pay for performance” programs, relieving our representatives of the constraint that the development and promotion of quality measures would be limited by the annual House of Delegates meeting calendar.