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Visiting teams - experts or colleagues?

This issue sees the very welcome publication of consensus guidelines and checklists for pediatric short term surgical trips (STST) (1). These guidelines have been developed by representatives from surgical, anesthesia and nursing professional groups and are aimed at health workers who are planning an STST involvement.

STST by health workers from high-income countries (HIC) to low- and middle-income countries (LMIC) have increased in recent years. Recent publications such as the Lancet Commission on Global Surgery have highlighted the disparity between high- and low-income countries in surgical and anesthesia care (2). The increased interest in the global crisis in surgical and anesthesia care will likely see a rise in STSTs.

Developing an effective STST

Expert opinion suggests that the benefits of STSTs include provision of high quality complex surgical care that would be otherwise unavailable in LMICs, and opportunities to strengthen LMIC surgical and anesthesia care through education and partnerships with HIC organizations. For the individual patient, the potential of a life-saving visit is hard to ignore. There have been notable successes particularly in areas such as cardiac surgery where repeat STSTs and reciprocal training and visits by LMIC partners to HIC hosts have transformed local services and helped to establish free-standing units (3). However, in many specialties, there is little objective evidence demonstrating long-term effectiveness in terms of increasing anesthesia and surgical capacity (4, 5).

STSTs may cause stress on local systems, leave behind complications that are difficult to manage, compete with functioning local services and may not be particularly cost-effective. Moreover, it has

been suggested that many STSTs may benefit the visiting health workers more than the hosts, particularly trainees wishing to build up their logbook of cases (6).

These new guidelines have emphasized the importance of visiting teams working with their hosts to develop realistic goals that deliver a high standard of care, quality education and sustainable change. Particularly important is the suggestion that "a worthy goal is development of long term relationships". We agree that those involved in developing STSTs should aim for a long-term commitment between HIC and LMIC partners, with reciprocal visits if possible. Local leadership and ownership should be the ultimate goal, with redundancy of the HIC partner. Poorly coordinated programs have the potential to weaken LMIC systems and disempower local health workers. It is vital that projects are driven by the needs of the LMICs and aligned with the LMICs health plans.

The guidelines emphasize the importance of pre-trip communication between host surgeons and anesthetists. Planning mutually convenient dates that avoid local holidays and minimize disruption of local hospital work flow make a huge difference. Similarly, the detailed advice on assessment of local infrastructure and equipment if followed, will help to ensure that local resources are used appropriately and do not overwhelm the host hospital.

The section on patient selection is essential reading. We agree that visiting teams should work within their current scope of practice and that an equitable system for determining who should receive care should be developed in partnership with the local team. Usually complex cases should be scheduled towards the start of the mission so that potential complications can be handled in partnership however the advice to consider low-risk cases first, to assess local capacity is worth considering. Again, care should be taken not to overwhelm local capacity, particularly intensive care capacity, nor attempting cases that are too complex. A respectful positive teaching approach will do much to strengthen the surgical system, particularly on the wards. Poor outcomes will have a negative impact on morale for everyone.

During the STST it is suggested that a daily team brief and debrief is particularly valuable for the local team, it helps to set expectations for the day, and to reflect on what went well and what could have gone better. The guidelines mention the importance of good communication during handover to postoperative care units and we agree that structured handovers have a lot to commend them. These aspects of care are often a weak if the mission is overstretched and the team is very tired and overwhelmed at the end of each day. However, it is essential for patient safety and improves the overall educational impact of the visit.

Developing an ethical STST

These guidelines do not have a specific section addressing ethical issues, but if used in conjunction with those already developed by the Global Paediatric Surgery Network (7), those planning trips will be able to adequately consider the significant ethical issues involved in STSTs.

The Tropical Health and Education Trust (THET) is a UK organization that was established in the 1990's to promote partnerships between UK organizations and overseas health institutions such as hospitals, universities and research centers (8). The THET 'Principles of Partnership' suggest that partnerships should be strategic, harmonized and aligned, effective and sustainable, respectful and reciprocal, organized and accountable, responsible, flexible, resourceful and innovative and committed to joint learning. These same principles are embodied in the recently published Australian Society of Anaesthetists Guidelines on Humanitarian work (9). All prospective humanitarian volunteers are encouraged to consider these principles when determining whether a STST is running on an ethical basis.

STSTs have been suggested as opportunities for HIC trainees to gain more clinical experience (6). Please be sensitive to the training needs of the local residents and medical students. Our view is that HIC residents and medical students should only be part of STSTs if their presence does not decrease the quality of care or impact on educational opportunities for LMIC partners. Similarly, any publications/blogs/newsletters relating to the STST should be discussed in advance and should ideally be co-authored by a clinician from the host organization. The guidelines published here provide commendable guidance on this issue.

What is the role of guidelines and checklists and how will they help?

In the words of Professor Sir Eldryd Parry, the founder of THET: 'If there's mutual trust and a willingness on both sides to learn from each other, a readiness to adapt and a readiness to try new things, then good work will happen'(10). The guidelines and checklists for short term missions published in this issue are commendable. The inclusion of checklists is a useful practical approach, particularly when considered as separate checklists for planning, specific craft group or day of surgery checklists, travel and safety checklists. Future revisions could include a reference to the high-level principles as outlined above and the inclusion of LMIC partners and stakeholders in the development process. Consideration could also be given to describing the challenges of pediatric surgery in LMICs, such as the case mix, late diagnosis and delays in treatment that can result in high

mortality from conditions considered routine in HICs. Nevertheless, this is a great start, and highlights the commitment of all to make sure that good work will indeed happen.

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