

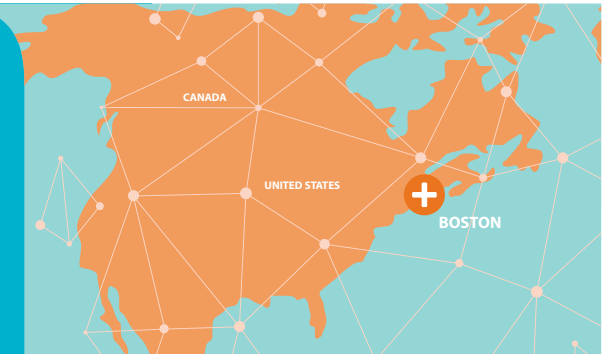
Doctors in Training Grant

FINAL REPORT



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After completing my internship in Melbourne and six months of a PGY2 resident year in Alice Springs, I have punctuated my clinical training in Australia by taking up a role as a Research Associate in the Paul Farmer Program in Global Surgery and Social Change (PGSSC) at Harvard Medical School between June 2016 and June 2017. The headquarters for the PGSSC are in Boston, but much of the research takes place in developing countries, where most of the population cannot access life-saving surgical care (e.g. appendicectomy, caesarean section, open-fracture repair, neurosurgical burr-holes and burns treatment).

1. In the operating room area with New Delhi collaborating surgeon in Lok Nayak hospital
2. PGSSC Colleagues gathering for a photograph with neurosurgeon Dr Walt Johnson, World Health Organisation Lead of Emergency and Essential Surgical Care

Five billion people cannot access timely, affordable, safe surgery if they need it, around 30% of global disability and death is caused by conditions that could be treated with surgery, only 3% of surgeries happen in developing countries, and we need to complete 143 million more surgeries every year globally to meet the need for surgery. This service deficiency results in massive global (avoidable) disability and death. The PGSSC aims to improve surgical capacity in developing countries through research, advocacy and capacity building. Additionally, I completed an observership at Massachusetts Eye and Ear Infirmary (MEEI) in the ENT global surgery department, where I have been privileged to be mentored by some brilliant and altruistic ENT global surgeons, and to observe the clinics and operations of many highly-skilled ENT surgeons.

Primarily I have been located either in the PGSSC headquarters at Harvard Medical School in Boston, where the PGSSC hosts weekly seminars on a Thursday morning. During this time, fascinating speakers from the around the world are invited to discuss their research or experiences in the global surgical field. Temporarily, my role involved relationship building for possible future research in Cambodia, however unfortunately this did not eventuate due to resource limitations. This was an important learning curve for me in the need for flexibility and efficiency in the field of public health, where the trajectory of projects and professional relationships can be subject to changes in political climate.

I have also spent a few months of the year located in one of two main collaborating hospitals in India in Tamil Nadu (Ashwini Tribal Hospital, Gudalur) and in New Delhi (Lok Nayak Hospital), with whom we are conducting randomised controlled trials. The first project is a non-inferiority trial of a curriculum in spinal anaesthesia, which would seek to provide evidence on whether it is safe to “task credential” rural Indian doctors to administer spinal anaesthesia for emergency surgery. This would serve to increase volume of life-saving surgeries which patients would not otherwise receive.

We hope that this will drive important policy change in the rural Indian healthcare context, in which most rural hospitals lack an anaesthetist but where non-anaesthetists are not legally permitted to administer anaesthesia.

Additionally, we are initiating a randomised control trial to investigate the training requirements to safely utilise a device that enables laparoscopic surgery to be completed without gas. This is potentially an important technological advance for rural Indian surgeons, as it could be used preferentially over conventional laparoscopy (which has high embedded financial costs, unaffordable to many rural hospitals). The device also

offers the capacity for a diagnostic service that many rural hospitals lack. These projects hold a lot of promise in their capacity to increase and improve surgical care in the rural Indian (and global) setting, and are currently under developmental or preliminary trial phases. Hence there are no results to report right now.

Spending a few weeks at Ashwini Gudalur Hospital in Tamil Nadu, India (where we are conducting an RCT in anaesthesia), was a particularly memorable experience. This hospital carries a distinctively beautiful atmosphere, not only because it is positioned in the thick of the jungle (full of elephants, leopards, tigers, monkeys, tea plantations and jackfruit trees), but also because the hospital service has been designed to socially elevate the disenfranchised local tribal population. Staff and patients alike walk with pride and ownership through the hallways of their institution.

Managed by Dr Shyla and Nandakumar Menon (two married surgeons), the Ashwini hospital has been built up from a one room clinic over 20 years, and now offers a wide variety of clinical services including training tribal women in a formal nursing degree. It was a privilege to spend time here as one of my workplaces this year.

The greatest resource I have been privy to access during my time in the PGSSC has been the extraordinary professional networks and mentors I have met from around the world. Some of these amazing people include Massachusetts Eye and Ear hospital global otolaryngologists who are facilitating outreach and education clinics in nearby developing nations such as Haiti; passionate general surgeons in rural India who are pioneering equitable healthcare for disenfranchised local tribal populations; and colleagues at the PGSSC who are facilitating surgical policy change with ministries of health in a variety of developing countries such as Zambia and Tanzania.

Working amongst PGSSC colleagues has been a warm and hospitable experience – a work environment both supportive and uplifting. I am grateful for the wonderful opportunity to rub shoulders and pick the brains of some of the most inspiring changemakers in the field of global surgery. I look forward to completing my upcoming Masters in Public Health at Harvard School of Public Health, and to return to Australia with public health skills, knowledge and experience in diverse clinical contexts. I intend to pursue clinical training and to work to improve access to surgical services for Indigenous Australians and South Asian/Pacific populations.



1. My colleagues and I exploring Washington D.C. before an American College of Surgeons Conference
2. Meeting the Preah Kossamak Hospital neurosurgery residents for lunch in Phnom Penh, Cambodia
3. Spending time with the family of New Delhi collaborating surgeon on Holi festival

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