

Build global capacity and SHARE in our educational wealth

By Gayle Gordillo, MD
The PSF President

There's a reason ASPS and The PSF are world-renowned for the expertise and research that are at the core of our organizations. We have a wealth of knowledge that grows every day – and as the world becomes increasingly connected and the distance (metaphorical if not yet physical) between us shrinks, we have an obligation to think globally and embolden plastic surgeons around the world with the knowledge, training and capability to build capacity.



The PSF past President Andrea Pusic, MD, MHS, and Amanda Gosman, MD, launched in 2020 with its first group of learners (profiled on pages 28 and 29), and although it was initially envisioned as an immersive experience that would see our members in sub-Saharan Africa engaging and training local surgeons, the onset of the COVID-19 pandemic and the travel restrictions that resulted quickly scuttled those plans. Nevertheless, the virtual format allowed SHARE to increase the number of participants and bring in more experts for direction than had been initially planned.

A considerable ripple effect

These kind of initiatives present scores of opportunities that initially might not have been considered – and it's our partnership with COSECSA, the largest academic organization in sub-Saharan Africa, that particularly excites me. Dr. Pusic and Dr. Gosman have explained that The PSF sought to partner with the organization that represented the part of the continent with the greatest need for plastic surgeons and educational support. COSECSA, for that region of Africa, works much like the ABPS, ACGME and ASPS all rolled into one – it's the certifying body, the accreditation body and the advocacy group on behalf of its members. It has established an admirable structure for training and certifying surgeons – it just lacks the numbers and educational resources we can provide.

Education, however, is a two-way street. These are not cases of going to visit a country for a week or two, seeing a few interesting cases, performing a few procedures and flying home. We're there to develop the infrastructure and capacity to perform plastic surgery;

We're there to help build the numbers of plastic surgeons in the area. Our members learn about the challenges faced in resource-limited settings, such as unique complications in advanced burn and trauma cases. Bi-directional learning is an invaluable byproduct of the collaboration.

Yes, any plastic surgeon can read about burn care in the United States in any number of *PRS* articles, but burn care in Africa presents different challenges. Teaching fundamental research skills can help them collect clinical data to generate evidence and establish best practices that are unique to burn care in Mozambique. We have an opportunity not only to learn the best practices for care under those conditions, but to have that knowledge analyzed rigorously and then put out in literature. Dr. Gosman recently noted how, in the program's quarterly research club, cases are presented from each participating institution where learners are challenged to a degree that she found surprising. Nothing is straightforward and even with expert moderators, a lot of the learning naturally has to fall back on evidence-based approaches. It costs us nothing to do this but a bit of time. The power and impact of sharing this information is incalculable.

The program features several "pods" or "learning communities" that include: two U.S. plastic surgeons (one junior and one senior), an African plastic surgeon as the mentee, and possibly a U.S. medical student and plastic surgery resident who help support educational activities such as looking up journal articles germane to the cases being done. More than just connecting with U.S. resources, the plastic surgeons in these pods are connecting with each other in powerful ways that simply did not exist before. It's the exposure to these kinds of cases and experience that the next

generation of plastic surgeons demand – and that patients will always need from their medical professionals. Determining how many plastic surgeons any part of any region in the world needs is an impossible metric to define, but we can all agree that two aren't enough for a population of 12 million.

In terms of mentorship, the African plastic surgeons gain guidance in everything from the practice of plastic surgery to research. There are pathways for those involved in the program to get seed grants for research and see their work published in *PRS Global Open*. The focus, as with every endeavor The PSF makes, is about providing value and education for membership and all those with whom the organization works.

There are opportunities for our members not only to become members of the SHARE program as educators, but also take part in a collaborator track to join in on monthly program meetings where all 18 mentees and their mentors meet virtually. Each pod then meets separately from the main monthly meeting to continue its work in small groups. I encourage you to get involved – the program can and will find a place for you. More information is available at the-psf.org/SHARE. The ripple effect of these efforts is tremendous.

To put it plainly, working in the service of others is at the very heart of what we do. We're here to help, and for the price of just a bit of your time, the future of plastic surgery around the world grows stronger. This is not only about serving the group of African plastic surgeons taking part in SHARE this year, or the groups that will follow in the years ahead – it's about serving a patient population so large that it can be difficult for us to fathom. It's an awesome task and responsibility – and who better than The PSF to be at the heart of it? **PSN**