

Surgeon Training

Understanding the Principles

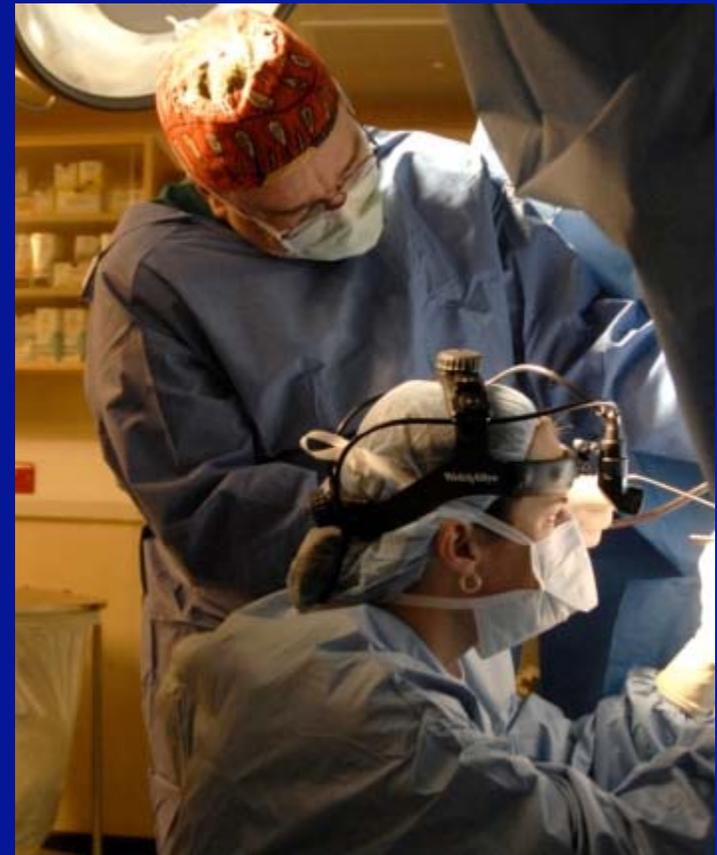


Difficulties

- Crosses Traditional Surgical Disciplines
- Crosses Boundaries of Culture
- Crosses Thresholds of Knowledge

Difficulties

- Fistula Surgery is Difficult
- Ethical Issues
 - First attempt is best attempt
- Time
- Exhaustion



Why?

- Capacity Building
- Awareness
- Other Reasons?

Who?

- Masai
- Surgeons
 - Gynecology
 - Urology
 - General Surgery
 - Others?

What?

- What does a VVF surgeon need to know?
 - Selection
 - Preparation
 - Surgical Treatment
 - Post-operative care
 - All the rest

What?

- We must impart a philosophy!
 - Whole Person Care
 - Vulnerable, bewildered clients
 - Field Marshalls

What?

- The Culture of Surgical Education
 - Admiration
 - See one, do one, teach one

What?

- Need for standardization
 - CURRICULUM

- Not:
 - Training people to operate

When?

(How long should training be?)

- A lot of disagreement
- Goals:
 - Capacity building=throughput
 - The beginning of a process
 - Not a whole unto itself
- Practicalities

How?

- Observation?
- Telemedicine?
- Surgical learning is hands-on
- Mentorship

Where?

- General Hospital vs. Fistula Center
- Distance learning vs. On-site
- Other Factors
 - Accessible
 - Ship-based?

After Training

- Rock Climbing
 - The idea is to not fall
 - Classification down to 2 decimal points
- VVF Surgery
 - Classification System



After Training

- Assessment
- Certification

After Training

- Multiple Points of Contact
 - Higher level
 - Follow-up
- Trainees **must** strive to become Trainers