

The International Association of Student Surgical Societies: creation and dissemination

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SUMMARY

While initiatives exist to address the worldwide need for surgeons, none involve a student-driven solution from low- and middle-income countries (LMICs). In response to falling surgical residency enrolment in South Africa, the students at the University of Cape Town (UCT) founded the UCT Surgical Society and were subsequently instrumental in creating the International Association of Student Surgical Societies (IASSS). The IASSS currently includes 25 societies in 15 countries. Its primary objectives are building sustainable networks for mutually beneficial exchanges, supporting student-driven projects, understanding issues impacting student interest in surgery, promoting global fellowship, creating an elective database and providing assistance to student surgical societies. The IASSS is a unique student-led initiative trying to improve surgical care in LMICs.

The Lancet Commission estimates that 5 billion people lack access to adequate surgical care.¹ Surgeons are much needed in Africa, which lacks approximately 1 million health workers.²

In response to decreasing enrolment of surgical trainees,³ the University of Cape Town (UCT) Surgical Society was created in 2006 to foster interest in surgery.⁴ It later realized that students around the world were interested in global surgery — the intersection of surgery and public health.⁵ In light of this, the UCT program expanded to include programs within South Africa, in surrounding countries (i.e., Namibia and Botswana), and in high-income countries (HICs).⁴

The International Association of Student Surgical Societies (IASSS) was founded in 2011 to help improve surgical training for medical students in LMICs and begin to address inequitable access to surgical care. Inclusion of members from HICs was intended to foster collaborative efforts to share ideas, exchange students through electives, support research, develop advocacy and foster a sense of global fellowship. The guiding principles and objectives of the IASSS are outlined in Appendix 1, Box SA, available at canjsurg.ca. In this article, we discuss the accomplishments and activities under the 6 guiding principles and objectives.

CREATE A SUSTAINABLE GLOBAL NETWORK PROMOTING THE EXCHANGE OF IDEAS AND THE POOLING OF RESOURCES

The UCT and University of Witwatersrand Surgical Societies were the first student surgical societies in Southern Africa. Together with 6 subsequent surgical societies (University of Kwa-Zulu Natal, University of Namibia, University of Botswana, University of Stellenbosch, University of Pretoria, and Medical University of Southern Africa), the Southern African Student Surgical Society (SASSS) was established in 2013 and constitutes the African core of the IASSS.

The IASSS has been organized by region and is constructed around the adage, “Think globally, act locally.” Students at the University of Toronto, Canada, have helped to establish a presence in North America; students from the University of Bucharest, Romania, have established a presence in Europe; the Surgical Interest Network of Australia was the inaugural Australasian group; and the International Students Surgical Society of China and the Bangladesh Medical Students’ Society were the initial affiliates in Asia.

FOSTER MUTUALLY BENEFICIAL — AND IDEALLY EQUITABLE — CONNECTIONS AND EXCHANGES AROUND THE WORLD

The IASSS helps establish equitable connections among student societies by recognizing that each has a unique set of objectives, needs and resources. This network enables the matching of member societies with complimentary needs.

CREATE A THOUGHTFUL GLOBAL PLATFORM FOR SURGICAL ELECTIVES

The IASSS aims to foster long-term formal institutional relationships. The interest in international surgical electives from medical students in both LMICs and HICs is an opportunity to establish a platform to broaden the scope of clinical and scholarly experiences for students moving in either direction. An online database listing electives is being compiled.

PROVIDE SUPPORT FOR SCHOLARLY STUDENT-DRIVEN PROJECTS TO IMPROVE PATIENT CARE AND PROVIDE SOLUTIONS TO GLOBAL SURGICAL ISSUES

Collaboration between the University of Witwatersrand and UCT resulted in a research competition at the regional SASSS symposium in 2013. The University of Namibia Surgical Society started a research program focusing on quality improvement in rural areas.

The IASSS fosters student-driven solutions for improving surgical training in LMICs. An online open education project was started with videos to augment the learning of basic surgical skills to address common surgical pathologies that junior doctors in southern Africa are expected to manage. Such local student-driven educational initiatives can be disseminated regionally and internationally.

FOSTER A BETTER UNDERSTANDING OF LOCAL AND GLOBAL ISSUES IMPACTING MEDICAL STUDENTS WITH AN INTEREST IN SURGICAL SPECIALTIES AND CREATE A SENSE OF GLOBAL FELLOWSHIP

The IASSS aims to provide support for medical students interested in becoming surgeons who are

equipped to tackle not only their local challenges, but also global surgery issues. Its hope is to provide a forum for global awareness, mutual understanding and a sense of fellowship.

PROVIDE ASSISTANCE TO ASPIRING STUDENT SURGICAL SOCIETIES ACROSS THE GLOBE

The UCT and University of Witwatersrand Surgical Societies have developed a “Surgical Society Starter Pack” to help prospective societies get up and running. Sustainability of a new society is a key objective. By fostering and integrating new societies within the IASSS, relationships will grow among members, thus enabling new societies to thrive.

One goal of the IASSS that bears special mention is the establishment of open discussions regarding equitable partnership. Students from LMICs have specific objectives, as do those from HICs. Open communication, led by LMIC societies, will allow development of thoughtful collaborations where, although all needs may not be met, an understanding of what could and should be done can be examined. Examples of equitable exchange may range from HIC elective students not taking away learning opportunities from local students to what learning opportunities LMIC elective students may expect. If the elective experience for LMIC students cannot allow for clinical equity, beneficial alternatives, including research, education and health administration, may be provided. These are the types of discussions that the IASSS should not only facilitate, but also mandate.

An important milestone in the growth of the IASSS was the inaugural international symposium in Cape Town. This 4-day symposium in 2014 was attended by 116 students from 21 academic institutions in 15 countries from 5 continents. The dominant message for the participants was that mutually beneficial collaborations can lead to critical innovations in global surgery (e.g., open online education). This inaugural meeting established a greater sense of fellowship and understanding among attendees from HICs and LMICs. The second IASSS Symposium was held in Australia in 2015, and the third took place in Namibia in 2016. In time, we will be able to better assess the longitudinal impact of the IASSS on its members and the global society.

CONCLUSION

The IASSS is a unique home-grown society with firm roots in African soil and an immense potential for impact on improving surgical expertise in LMICs. The driving force of this movement will be from invested local

stakeholders, and the support will be from a global membership of likeminded, young future surgeons. Details on how to join the IASSS are available in Appendix 1.

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References

1. Meara JG, Leather AJM, Hagander L, et al. Global Surgery 2030: evidence and solutions for achieving health, welfare, and economic development. *Lancet* 2015;386:569-624.
2. World Health Organization. The world health report: 2006: working together for health. 2006.
3. Kahn D, Pillay S, Veller M, et al. General surgery in crisis — the critical shortage. *S Afr J Surg* 2006;44:88-92.
4. Leusink A, Hoffman R. The Surgical Society of the University of Cape Town: a society on the cutting edge. *S Afr Med J* 2012;102:436-7.
5. Mock C, Cherian M, Juillard C, et al. Developing priorities for addressing surgical conditions globally: furthering the link between surgery and public health policy. *World J Surg* 2010;34:381-5.

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