

Anesthesiologist Training, Home or Abroad?†

JARIYA LERTAKYAMANEE, M.D.*

Abstract

Anesthesiology training in various countries vary a lot in structure, manpower, duration, budget, material, and equipment. Training at home results in better understanding of local problems. Anesthesiologists in developing countries have to adapt and endure the challenge of training abroad. The results are knowledges in anesthesia, new techniques and equipment, new contacts and understanding of other way of life. But many countries have lost their anesthesiologists from emigration. Training abroad is useful only when the trainees bring the knowledge back home and help their countrymen.

Key word : Anesthesiology Training, Developing Country

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The range of anesthesiologist training

Training in developing countries, where civil war, infectious diseases and natural disasters may be common, tends to be poorly organized. Because there is a lack of manpower, a department of anesthesia may not have been established and the curriculum and duration of training vary⁽¹⁾. Some trainees may have to learn by making mistakes. There is a low

budget for books and equipment, if any. The trainees are mixed; doctors and nurses may train together and neither the process for selection or finishing the training program is clear.

Training in developed countries is better organized; the curriculum, the phase and the duration are well established. The training may even be too long. The trainee rotates to many surgical specialties

* Department of Anesthesiology, Faculty of Medicine Siriraj Hospital, Mahidol University, Bangkok 10700, Thailand.

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and some institutes have subspecialty training, e.g., intensive care or pain management. There are budgets for teaching aids, computer and simulation equipment (2,3). In prestigious hospitals, there will be stiff competition to enroll in the program. And at the end of the training there is an examination and continuing medical education is in place.

However, common characteristics in training are present in both developing and developed countries. Hands-on teaching, e.g., the opening of the airway, is important and easier to understand than any audiovisual aids. Trainees have to deal with emergency situations, e.g., massive bleeding or airway obstruction. They rotate to work in different operating theatres and with different surgeons. This may cause them stress. Trainees have short exposure to patients so they have to be able to evaluate problems rapidly. The short duration of exposure can be intense and critical, both to the welfare of the patient and to the trainee's self-confidence.

Advantages and disadvantages of different programs

Training at home in developing countries costs less and is less stressful. One can understand the local problems better and feels that one belongs to the local group. Family life is not disrupted; examinations are not so difficult. After the exam, however, there is no audit and very little litigation, and one's practice tends to be sedentary or even stagnant.

To train abroad in a developed country needs more determination and perseverance. The prerequisites and the application process can be very demanding. Training abroad requires a lot of funding to cover airplane tickets, accommodation, stipend, clothes, food, etc. Trainees may be supported by their home hospital or home government and, if so, they should have contracts to require them to return home after training. Others may be supported by a non-government organization, or they may have to pay out of their own pockets; until they are able to communicate adequately to become part of the paid work force.

In training abroad, there are obstacles such as a language barrier, legal requirements, and insurance fees, to overcome. In some developed countries, the fees for training and examinations may be so high that anesthesiologists from developing countries can not afford them. An important personal disadvantage is that, in some instances, the spouse and children have to be left behind. Many anesthesiologists can

still remember the lonely feeling when studying alone in a foreign country and wondering "Why am I here?"

However, there are many advantages to training abroad in developed countries; it is an opportunity to get basic and advanced scientific knowledge, not just practical anesthesia; to make new friends and connections. One's horizons expand and the trainee learns that there are many equally good ways to reach the same goal, so that one does not become fixed to the practice of only one institution. The trainee can also test his/her own limits. Developing countries can not afford to send every one abroad, so it is important to choose the right person who can withstand the difficulties and learn something useful for the country. When the training is finished, there is usually some form of promotion at home.

However, at this point, some trainees may choose to emigrate abroad. This may be looked on as a disadvantage for the home country. Rich countries may also be afraid that there will be too many immigrant anesthesiologists and hence, try to clamp down on entry into the program. My own feeling is that trainees should return home to help their fellow countrymen, but a man is entitled to choose what is best for him and his family and some may decide to stay in the developed country. Then it depends on his conscience and whatever opportunity arises as to how he is able to contribute to the training program at home, which many expatriates have done. From society's perspective, it would be better if there could be some cooperation between institutions or governments, so that anesthesiologists from developing countries can train abroad for some time, but must return home at the end of their training.

Another double-edged effect of training abroad is familiarity with modern equipment which can lead to sales of equipment from developed countries to developing countries. Multicenter research and future cooperation are possible. But the most important advantage is the understanding of cultures and people. Both may seem to be different from home at the beginning, but if one stays long enough, one can see the similarities in the life of anesthesiologists wherever they work, in their work, their hopes, and their fears.

There are further disadvantages to training abroad. Trainees can become attached to expensive drugs and equipment that their home countries can not afford (the latest muscle relaxants, ultrashort narcotics, electronic information, the list can be endless). The research that they get involved with

may be only self-promotion or company-promotion research. Research in developing countries is usually phase-four or promotion research. It can be seen clearly that the ethics of the relationship between a pharmaceutical or equipment company and the researcher need to be borne in mind.

What the training should not forget to cover

Wherever training occurs, it should cover the aim of being a doctor (a healer, not a millionaire) and the patient-doctor relationship. The author firmly believes that inadequate training in ethics and morals can lead to the downfall of the profession. It is very important for the trainee to understand the economic reasons underlying certain practices, e.g., why ambulatory anesthesia is used a lot in some countries, is it good or bad? Are patients and physicians happy with it? Training should also provide an awareness of risk management, and promote the ability to communicate (e.g., talking with patients, writing scientific papers and guidelines). Public relations are very important to boost the image of anesthesiologists with the public. And lastly, the teacher or trainer should be a good friend to his/her trainees, helping them solve work and personal problems, so that they are not at risk of becoming drug-dependent or committing suicide.

What happens after the training abroad

The trainee has to decide on what new drugs, equipment, and practices to bring home. Should we use multimodal drugs to treat and prevent nausea and vomiting? What should be our guidelines for pre-operative investigation? Should we buy the latest model of ventilator? Will our patient be happier with ambulatory anesthesia or more money left in his pockets? What can best be adapted to suit our people, our customs and our budget? Developing countries can not copy everything seen in developed countries. We have to understand why they have more resources, why they use more resources, and whether this improves the quality of care or makes the patients more satisfied. How can we improve patient care and training back home? How can we make anesthesia in our country safe, optimum, and sustainable?

Many Thai anesthesiologists have trained abroad and returned home to contribute to the training at home, e.g., Prof Salard Tupavong, Prof Pradit

Charoenthatitawee, Prof Somsri Paosawasdi, Prof Sum-ang Kururattapan, Prof Plerndit Siriwanasancha, Prof Pogchit Pramuan, Prof Thara Tritrakarn, Assoc Prof Wanna Somboonviboon. There are also anesthesiologists from developed countries who have contributed to training in the developing world in some way or another, e.g., Professor AP Adams at Guy's Hospital in London. But we in developing countries must help one another and ourselves. Even among us, there are some countries that have more problems than others and we should help them.

Some of the trends in training

Firstly, training abroad in developing countries. Residents from the USA may choose to train for 2 months in the Kingdom of Thailand or Laos. They will have the opportunity to practice in a different environment that may be quite innovative or use back-to-basic equipment.

Secondly, long distance learning. Studying *via* the Internet at home plus a short stay abroad can lower the duration and cost of training abroad, and achieve the advantages of both methods.

Thirdly, training at a regional training center. These are supported by national societies, e.g., the Canadian Society of Anaesthesiologists, the French Society of Anesthesiologists, and the World Federation of Societies of Anaesthesiologists. For 6 years now, the WFSA and the Royal College of Anesthesiologists of Thailand have supported the Bangkok Anesthesia Regional Training Center to help developing countries nearby. The aim is to select suitable candidates and train them to become trainers in their home countries, not individually but to train 3-5 anesthesiologists from the same hospital so that they can reach a critical mass to push forward changes. They may not train with the most advanced equipment, but they should be able to select optimum equipment for their situation. The measure of the success of the training should not be a diploma at the end of the training, but evaluation of impact on society.

Having an opportunity to train abroad, for a short or long period, has many advantages. However, from society's point of view, training abroad is best and cost-effective only when the trainee understands both local and global problems and he/she returns to become a good trainer at home.

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การฝึกอบรมวิสัญญีแพทย์ในประเทศไทยหรือต่างประเทศ?†

จริยา เลิศอรรหมายณ์ พ.บ.*

การฝึกอบรมวิสัญญีแพทย์ในนานาประเทศยังมีความแตกต่างกันอยู่มาก ทั้งในด้านโครงสร้าง กำลังคน ระยะเวลา งบประมาณ และอุปกรณ์การเรียนการสอน การฝึกอบรมในประเทศไทยให้เข้าใจปัญหาของประเทศไทยได้ดีกว่า วิสัญญีแพทย์ในประเทศไทยกำลังพัฒนาต้องปรับตัวและอดทนอย่างมากในการขวนขวยไปฝึกอบรม ณ ต่างประเทศ ผลลัพธ์ที่ได้คือการได้รับความรู้ เทคนิค ฝึกงานด้านวิสัญญี และได้ใช้อุปกรณ์ทันสมัย รวมทั้งได้รู้จักคนและเข้าใจวิถีชีวิตที่ต่างไปจากเดิม แต่หลายประเทศได้สูญเสียวิสัญญีแพทย์จากการอพยพย้ายที่อยู่ การฝึกอบรมในต่างประเทศจะมีประโยชน์ต่อเมื่อผู้รับการฝึกอบรมนำความรู้กลับมาเผยแพร่ที่ประเทศไทยบ้านเกิดของตนเอง รวมทั้งช่วยเพื่อนร่วมชาติของตนด้วย

ค่าสำคัญ : การฝึกอบรมวิสัญญี ประเทศไทยกำลังพัฒนา

จริยา เลิศอรรหมายณ์

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* ภาควิชาวิสัญญีวิทยา, คณะแพทยศาสตร์ศิริราชพยาบาล, มหาวิทยาลัยมหิดล, กรุงเทพ ๔ 10700

† การอภิปรายใน Education-developing countries, การประชุมสหพันธ์วิสัญญีแพทย์แห่งโลก มงคลรัล แคนาดา พ.ศ. 2543.