

Survey of COSECSA Surgical Trainees

All trainees currently enrolled in a surgical training program accredited by the College of Surgeons of East, Central, and Southern Africa (COSECSA) are eligible to complete this survey. Please see <https://www.cosecsa.org/accredited-hospitals/> for a full list of COSECSA-accredited training hospitals.

The purpose of this survey is to better understand the BENEFITS and CHALLENGES surgical trainees in low-resource countries experience when working with visiting surgical faculty and/or trainees from high-resource countries.

It also aims to assess trainee INTEREST in, BENEFITS and BARRIERS to BIDIRECTIONAL EXCHANGE between programs in high-resource and low-resource countries. Questions in this survey were developed by a team of researchers from [redacted] data from a series of interviews conducted with surgical faculty and trainees from [redacted]

Consent to Participate: By completing and submitting the following survey, you acknowledge:

I am currently enrolled in a surgical training program accredited by COSECSA. I understand that my participation in the survey is VOLUNTARY. I understand that the data collected by this tool may be used for educational and/or professional presentations, manuscripts, or publications. I understand that I may contact any member of the research team if I have concerns or questions regarding this survey. I understand that I may contact the [redacted] if I have questions or concerns about my participation in this survey as a human subject.

Research Team Contact Information:

[redacted]

1. Background and Demographics

Age (years) _____

Gender Male Female Other Prefer not to respond

If other, please describe. _____

Marital Status Single Married Other Prefer not to respond

If other, please describe. _____

Religion Buddhism Christianity Hinduism Islam Nonreligious Other Prefer not to respond

If other, please describe. _____

Nationality (country where you were born)

- Algeria
- Angola
- Benin
- Botswana
- Burkina Faso
- Burundi
- Cabo Verde
- Cameroon
- Central African Republic
- Chad
- Comoros
- Congo (Democratic Republic)
- Congo (Republic)
- Cote d'Ivoire
- Djibouti
- Egypt
- Eritrea
- Eswatini (formerly Swaziland)
- Ethiopia
- Gabon
- Gambia
- Ghana
- Guinea
- Guinea-Bissau
- Guinea-Equatorial
- Kenya
- Lesotho
- Liberia
- Libya
- Madagascar
- Malawi
- Mali
- Mauritania
- Mauritius
- Morocco
- Mozambique
- Namibia
- Niger
- Nigeria
- Rwanda
- Sao Tome and Principe
- Senegal
- Seychelles
- Sierra Leone
- Somalia
- South Africa
- South Sudan
- Sudan
- Tanzania
- Togo
- Tunisia
- Uganda
- Zambia
- Zimbabwe
- Other
- Prefer not to respond

If other, please describe.

Home Country (country that you identify as your home)

- Algeria
- Angola
- Benin
- Botswana
- Burkina Faso
- Burundi
- Cabo Verde
- Cameroon
- Central African Republic
- Chad
- Comoros
- Congo (Democratic Republic)
- Congo (Republic)
- Cote d'Ivoire
- Djibouti
- Egypt
- Eritrea
- Eswatini (formerly Swaziland)
- Ethiopia
- Gabon
- Gambia
- Ghana
- Guinea
- Guinea-Bissau
- Guinea-Equatorial
- Kenya
- Lesotho
- Liberia
- Libya
- Madagascar
- Malawi
- Mali
- Mauritania
- Mauritius
- Morocco
- Mozambique
- Namibia
- Niger
- Nigeria
- Rwanda
- Sao Tome and Principe
- Senegal
- Seychelles
- Sierra Leone
- Somalia
- South Africa
- South Sudan
- Sudan
- Tanzania
- Togo
- Tunisia
- Uganda
- Zambia
- Zimbabwe
- Other
- Prefer not to respond

If other, please describe.

Which language(s) do you speak most commonly?

2. Surgical Training

What is the name of your surgical training program?

Please see <https://www.cosecsa.org/accredited-hospitals/> for a full list of COSECSA accredited hospitals.

In which country is your current surgical training program located?

- Botswana
- Burundi
- Cameroon
- Congo, Democratic Republic of the
- Ethiopia
- Gabon
- Kenya
- Lesotho
- Malawi
- Mozambique
- Namibia
- Niger
- Rwanda
- Somalia
- Sudan
- Tanzania
- Uganda
- Zambia
- Zimbabwe
- Other

If other, please describe.

What is the specialty of your current surgical training program?

- Cardiothoracic Surgery
- General Surgery
- Neurosurgery
- Otolaryngology (ENT, Head and Neck Surgery)
- Orthopedic Surgery
- Pediatric Surgery
- Plastic Surgery
- Urology
- Other

If other, please describe.

Please identify your current status in surgical training.

- Trainee
- Faculty

Please select your year in training.

- Resident - Year 1
- Resident - Year 2
- Resident - Year 3
- Resident - Year 4
- Resident - Year 5
- Fellow - Year 1
- Fellow - Year 2
- Fellow - Year 3
- Other

If other, please describe.

Is your surgical training program affiliated with a sponsoring organization or institution (for example, the Pan-African Academy of Christian Surgeons or the University to which your program is attached)?

- Yes
- No
- Unsure

If yes, please list the name(s) of the sponsoring organization(s) or institution(s) affiliated with your surgical training program.

3. Experiences with Visiting Surgical Faculty and/or Trainees

At your current surgical training program, have you worked with any visiting surgical faculty and/or trainees FROM A HIGH-RESOURCE COUNTRY?

- Yes
- No
- Unsure

Visiting surgical trainees include fellows or residents from other surgical training programs.

IF NO, PLEASE SKIP SECTIONS 4-5 AND PROCEED TO SECTIONS 6-7.

How many visiting surgical faculty and/or trainees have you worked with in the past 12 months?

What were the levels of training of the visiting surgical faculty and/or trainees?

- Faculty (Consultant)
- Fellow
- Resident
- Unsure
- Other

Select ALL that apply.

If other, please describe.

What high-resource countries did the visiting surgical faculty and/or trainees come from?

Please see <https://data.worldbank.org/country/XD> for a list of "high-income countries" as defined by the World Bank.

Select all that apply.

- Australia
- Canada
- Germany
- France
- Italy
- South Korea
- Spain
- United Kingdom
- United States
- Unsure
- Other

If other, please describe.

4. BENEFITS of Working with Visiting Surgical Faculty and/or Trainees

To what extent do you agree or disagree with the following statements?

Visiting surgical faculty and/or trainees are a LEARNING OPPORTUNITY. (I have learned from visiting surgical faculty and/or trainees during my surgical residency.)

- Strongly Agree
 Agree
 Neutral
 Disagree
 Strongly Disagree

Visiting surgical faculty and/or trainees give me a BROADER PERSPECTIVE of how medicine and surgery are practiced in high-resource settings.

- Strongly Agree
 Agree
 Neutral
 Disagree
 Strongly Disagree

Visiting surgical faculty and/or trainees positively influence my SURGICAL SKILLS.

- Strongly Agree
 Agree
 Neutral
 Disagree
 Strongly Disagree

Visiting surgical faculty and/or trainees positively influence my CLINICAL SKILLS. (I have learned skills related to patient care from visiting surgical faculty and/or trainees.)

- Strongly Agree
 Agree
 Neutral
 Disagree
 Strongly Disagree

Visiting surgical faculty and/or trainees positively influence my RESEARCH SKILLS.

- Strongly Agree
 Agree
 Neutral
 Disagree
 Strongly Disagree

Visiting surgical faculty and/or trainees positively influence my TIME MANAGEMENT SKILLS and WORK ETHIC.

- Strongly Agree
 Agree
 Neutral
 Disagree
 Strongly Disagree

Visiting surgical faculty and/or trainees increase my ACCESS TO RESOURCES such as donated equipment, journal articles, or educational materials.

- Strongly Agree
 Agree
 Neutral
 Disagree
 Strongly Disagree

Visiting surgical faculty and/or trainees provide MENTORSHIP that is beneficial to my surgical career.

- Strongly Agree
 Agree
 Neutral
 Disagree
 Strongly Disagree

Visiting surgical faculty and/or trainees are a NETWORKING OPPORTUNITY. (I enjoy keeping in touch with the visiting surgical faculty and/or trainees I meet, and I would feel comfortable reaching out to them in the future.)

- Strongly Agree
 Agree
 Neutral
 Disagree
 Strongly Disagree

Visiting surgical FACULTY provide FACULTY COVERAGE when our local faculty are on leave or away at conferences.

- Strongly Agree
 Agree
 Neutral
 Disagree
 Strongly Disagree

Visiting surgical faculty and/or trainees positively influence the QUALITY OF CARE we are able to provide for our patients.

- Strongly Agree
 Agree
 Neutral
 Disagree
 Strongly Disagree

Visiting surgical faculty and/or trainees positively influence the PRESTIGE and REPUTATION of our hospital. (From the perspective of patients and/or hospital staff)

- Strongly Agree
 Agree
 Neutral
 Disagree
 Strongly Disagree

Working with visiting surgical faculty and/or trainees gives me a sense of VALIDATION about my surgical training. (By comparing my abilities with visiting surgical trainees, I feel like my surgical skills are on par with trainees from high-resource countries.)

- Strongly Agree
 Agree
 Neutral
 Disagree
 Strongly Disagree

Please describe any additional BENEFITS of working with visiting surgical faculty and/or trainees from high-resource countries.

5. CHALLENGES of Working with Visiting Surgical Faculty and/or Trainees

To what extent do you agree or disagree with the following statements?

SHORT LENGTH OF STAY is a challenge when working with visiting surgical faculty and/or trainees.

- Strongly Agree
 Agree
 Neutral
 Disagree
 Strongly Disagree

Helping the visiting surgical faculty and/or trainees ADAPT and INTEGRATE into the local hospital system is a challenge when working with visiting surgical faculty and/or trainees.

- Strongly Agree
 Agree
 Neutral
 Disagree
 Strongly Disagree

CULTURAL DIFFERENCES are a challenge when working with visiting surgical faculty and/or trainees.

- Strongly Agree
 Agree
 Neutral
 Disagree
 Strongly Disagree

Please describe the cultural challenges you have experienced when working with visiting surgical faculty and/or trainees from high-resource countries.

Some visiting surgical faculty and/or trainees have been AGGRESSIVE or CONFRONTATIONAL.

- Strongly Agree
 Agree
 Neutral
 Disagree
 Strongly Disagree

I have observed PROBLEMATIC or UNETHICAL BEHAVIORS of some visiting surgical faculty and/or trainees. (For example, I have seen visiting surgical faculty and/or trainees attempt procedures they are not trained to perform. Or, I have received donated equipment or medications from visiting surgical faculty and/or trainees that were expired.)

- Strongly Agree
 Agree
 Neutral
 Disagree
 Strongly Disagree

Please describe problematic or unethical behaviors you have observed when working with visiting surgical faculty and/or trainees from high-resource countries.

My operative experiences are reduced when visiting surgical TRAINEES from high-resource countries are present. (For example, I am not able to scrub into as many cases OR my role in a given case is demoted when a visiting surgical trainee is present.)

- Strongly Agree
 Agree
 Neutral
 Disagree
 Strongly Disagree

LANGUAGE BARRIERS make it challenging for local faculty, trainees, staff, and/or patients to communicate with visiting surgical faculty and/or trainees from high-resource countries.

- Strongly Agree
 Agree
 Neutral
 Disagree
 Strongly Disagree

There is a POWER IMBALANCE between high-resource countries and low-resource countries that makes it difficult to voice my concerns when I experience challenges working with visiting surgical faculty and/or trainees.

- Strongly Agree
 Agree
 Neutral
 Disagree
 Strongly Disagree

Exchange programs between surgical TRAINEES from high-resource countries and low-resource countries is UNBALANCED. (In other words, surgical trainees from high-resource countries get more benefits than surgical trainees from lower-resource countries.)

- Strongly Agree
 Agree
 Neutral
 Disagree
 Strongly Disagree

Please describe any additional CHALLENGES of working with visiting surgical faculty and/or trainees from high-resource countries.

6. Experiences Abroad

Have you participated in any surgical experiences (residency training, fellowship training, external rotations) outside of your home country?

- Yes
 No

Have you participated in any surgical experiences (residency training, fellowship training, external rotations) outside of Africa?

- Yes
 No

Have you participated in any surgical experiences (residency training, fellowship training, external rotations) in a high-resource country?

- Yes
 No

Are you interested in going to a high-resource country for a surgical rotation?

- Yes
 No
 Unsure

Would you still be interested if your experience was limited to an "observership" (i.e, you could not scrub into cases or be actively involved in patient care, but you could participate in research, grand rounds, and other didactic sessions)?

- Yes
 No
 Unsure

Are you interested in conducting research in a high-resource country?

- Yes
 No
 Unsure

7. Barriers to Bidirectional Exchange between High-Resource and Low-Resource Countries

Bidirectional exchange means that trainees from low-resource countries who host visitors from high-resource countries would also have the opportunity to rotate in high-resource countries.

COST is a barrier to bidirectional exchange between high-resource and low-resource countries.

- Strongly Agree
 Agree
 Neutral
 Disagree
 Strongly Agree

LICENSING REQUIREMENTS are a barrier to bidirectional exchange between high-resource and low-resource countries.

- Strongly Agree
 Agree
 Neutral
 Disagree
 Strongly Agree

OBTAINING A VISA is a barrier to bidirectional exchange between high-resource and low-resource countries.

- Strongly Agree
 Agree
 Neutral
 Disagree
 Strongly Agree

LACK OF PERCEIVED BENEFIT for trainees from low-resource countries is a barrier to bidirectional exchange between high-resource and low-resource countries.

- Strongly Agree
 Agree
 Neutral
 Disagree
 Strongly Agree

FEAR OF BRAIN DRAIN is a barrier to bidirectional exchange between high-resource and low-resource countries.

- Strongly Agree
 Agree
 Neutral
 Disagree
 Strongly Agree

Please describe any additional barriers to bidirectional exchange between high-resource and low-resource countries.