

Mission: Restore resets goals; looks to 'teach others to fish'

By Paul Snyder

In the eight years since ASPS member Kaveh Alizadeh, MD, New York, founded the nonprofit organization Mission: Restore, he and his team have traveled to more than a dozen countries, including Afghanistan, El Salvador, Haiti, Iran, Iraq, Myanmar, Nepal and Palestinian-occupied territories to help assist local communities affected by natural disasters, war, devastation and trauma.

Although the work was fulfilling, Dr. Alizadeh says he also realized these trips were limited in their scope.

"What we learned from the experience was that we're effective when we're there, but not so when we leave," he explains. "We really don't have control over external factors. We worked in Afghanistan for over two years, but we had to leave after a doctor was shot at our host hospital. Even in Myanmar, the political climate changed rapidly before our eyes as the government restricted travel to the provinces. We wanted to go from macro environmental constraints to micro level sustainability with a long runway for change."

As someone who has worked on volunteer trips around the world for the past 25 years, Dr. Alizadeh says he knew Mission: Restore could produce a better model. That prompted the organization to do an internal analysis with its board and draw a new vision for 21st-century delivery of care. In 2014, Mission: Restore narrowed its focus to East Africa as a place with political stability but disproportionate access to medical care that could prompt a long-term, sustainable education model.

A new way

The organization focused on East African territories not only as places where it could help improve lives, but also where a "train the trainer" model could be applied to plastic surgery education. Unlike other nonprofits that target areas where plastic surgery is non-existent and needed, Mission: Restore goes to places where it can help train and empower young surgeons within the community.

"We don't claim to do the surgery, nor do we want to be the lead surgeons," Dr. Alizadeh says. "We operate with the surgeons – not for the surgeons. We want to take people who are



Aisha (center) is a mother of three who was severely injured by burns, but survived and was restored over the course of three surgeries thanks to the help of Mission: Restore trainers in Zanzibar. She can now cook, work in fields and take care of her newborn child. (Inset) ASPS member Kaveh Alizadeh, MD, during a 2017 Mission: Restore training session in Kenya.

established and have taught these operations to others. In a sense, it's not as sexy because I can't come back and tell people I did 100 cleft operations, but the larger point is we're paying it forward. We're empowering local, bright surgeons to apply plastic surgery principles – and increase not only their operative cases, but also to improve outcomes. That means better wound management, and lower surgical-site infections"

That's particularly important, as these areas need sustainable educational programs. According to a 2018 article published on *allafrica.com*, Tanzania has fewer than 350 surgeons for a population of 55 million people – or, one surgeon for every 150,000 individuals versus one for every 6,000 in the United States. There are currently only three fully trained reconstructive surgeons in the entire country (compared to more than 7,000 in the United States).

Instead of flying in for a weekend and moving on, Mission: Restore has spent the past five years creating an education program to recruit young surgeons, bring them into the system and ultimately hone their skills to a point where they can train the ensuing generations of plastic surgeons.

To build interest and help, Mission: Restore began hosting a regional summit as a networking and recruitment tool for potential lead surgeons in these African regions. After the first summit in Kenya, the number of interested surgeons jumped from 50 to 70 – and now, Dr. Alizadeh says, there were more than 100 participants representing 13 countries from 36 hospitals during the last summit in Uganda. The summit featured eight session types, 44 hours of training and 19 operative cases for hands-on training. Even more impressive, more than 40 percent of the participants are women, many of whom received grants from the organization to finish a formal plastic surgery training program and return to their country to teach.

"They're interested and motivated; they just have no support," he says. "There's no training or certification in a lot of these countries, so someone needs to take them under their wing. It's essentially old school preceptorship – making sure they make it to the other side, and once they make it to the other side, we want to make sure they can start a program, because now they have to learn the politics of obtaining the resources to succeed."

That can include everything from talking

to hospital administrators, to managing government officials or hiring a nurse – all of the business acumen that's involved in running an effective program.

Closing a gap

The next wave of grants is targeted at growing the next generation of women plastic surgeons in these territories, Dr. Alizadeh says. Closing the gender gap is of particular importance, he says, because gender inequality and bias within households or communities typically result in women rarely leaving their communities for economic opportunity – instead focusing on family and personal growth. If women stay in the community, he argues, it creates a stronger foothold for development of future surgeons in that area.

To that end, Mission: Restore still seeks volunteer trainers – plastic surgeons who are willing to make a one-week commitment to travel to Africa and teach aspiring plastic surgeons in the community.

"Most of the issues we are dealing with in these areas are initial trauma management – wounds and fractures from road accidents, and home and industrial burns – conditions that are intuitive to plastic surgeons," Dr. Alizadeh says. "It's also important that we get people who can teach clefts. To know how to do a cleft is not enough – these people need to understand the principals of reconstructive surgery, and who owns the principals? Plastic surgeons. How to raise a flap, clean a wound, make sure a wound doesn't fall apart and so on."

Ideally, Dr. Alizadeh, says Mission: Restore will achieve this worldwide – and it will work meticulously to show proof of the concept in Africa.

"If you think about the 'Teach a man how to fish' analogy, it's like that," he says. "We're not doing the fishing, but we're going to show them how to be successful fishers, so to speak. How to create bonds in the community, how to sell it at a local bazaar, what time to get the boat out, understanding the weather patterns. Once they have the right tools and understand the business, they can be more efficient at what they do."

Visit missionrestore.org if you are interested in sponsoring the education of surgeons or volunteer with their training. **PSN**

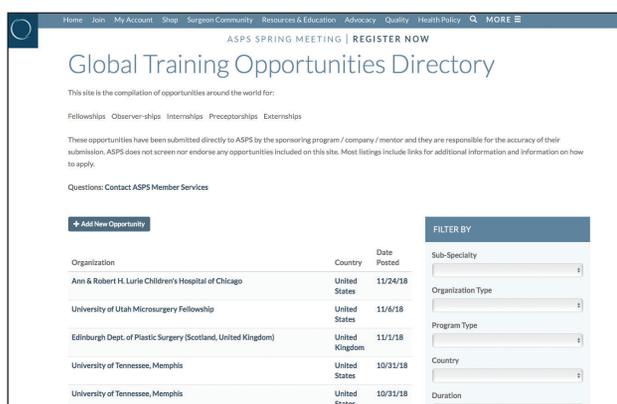
ASPS unveils Global Training Opportunities Directory online

Plastic surgeons now have access to posting fellowships, internships and other post-graduate plastic surgery training opportunities in the new ASPS Global Training Opportunities Directory.

The goal of the initiative is to provide plastic surgeons and plastic-surgeons-in-training with a searchable database of plastic surgery fellowships, observerships and internships/externships available in the United States and throughout the world.

The directory will help attract qualified plastic surgeons to your fellowships/observerships. The listings are both free to post and free to search. The directory is searchable by subspecialty, duration, country and/or region, paid or unpaid, and more. It's also open to private plastic surgeons, institutions and training directors to post their short and long-term training.

The directory is the result of ASPS having



been approached by various groups and individuals suggesting the creation of a directory to identify global training opportunities in the specialty. A series of meetings and discussions ultimately resulted in the directory, and listings will replace the free-standing Centers for Excellence list for The PSE.

Questions about the new directory can be sent to membership@plasticsurgery.org. Those interested can begin posting listings now at plasticsurgery.org/globaltraining. **PSN**

Nominations sought for Special Achievement Award

ASPS is now accepting nominations for the prestigious Special Achievement Award, the winner of which is selected by the Society's Board of Trustees. Established in 1976, the award is presented annually at Plastic Surgery The Meeting to an outstanding physician who has brought credit and distinction to plastic surgery.

All nominees with recognized professional proficiency in some phase of plastic surgery or related fields, irrespective of age or years in practice, will be considered based on clinical practice and application, community and civic accomplishments, organizational and executive performance, and teaching and research. Preference is given to Active and Life Active members of the Society.

The 2018 honoree was John B. McCraw, MD, of Jackson, Va., who was instrumental in identifying a muscle perforator system of "superficial," "deep," "dominant" and "segmental" vessels. The myocutaneous flap project led to a new generation of flap surgeons who created innovative reconstructions for massive defects that had previously been considered impossible or too dangerous to undertake.

Any ASPS member may nominate one or more individuals for the award. Names of candidates and supporting documentation should be submitted in writing by Feb. 1 to the ASPS Trustees Chair, Charles N. Verheyden, MD, PhD, FACS, at awards@plasticsurgery.org, by fax to 847-709-7517; or by mail to Dr. Verheyden, Trustees Chair, c/o ASPS Executive Office, 444 E. Algonquin Road, Arlington Heights, IL 60005-4664. **PSN**



John B. McCraw, MD, accepts the 2018 Special Achievement Award during Plastic Surgery The Meeting 2018 in Chicago.