



## PLANNED OBSERVERSHIP FOR POLISH PHYSICIANS AT MEDICAL CITY DALLAS CHILDREN'S HOSPITAL –

# PROJECT ACP

## A SYSTEMIC APPROACH

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### INTRODUCTION

The idea of the Project ACP is to provide funds for the training of a team of Polish surgeons by a team of physicians organized by Dr. Jeffrey Fearon, MD, FACS at Medical City Children's Hospital located in Dallas, TX.

The mission of the Project is not only to provide funds for the training but also to help to build a team of highly trained and experienced physicians, practicing in Poland, who would meet international standards by undergoing a professional external evaluation and certification by ACPA-CPF.org. It is assumed, that an external evaluation of the interdisciplinary team work and performance of the team would bring the highest possible level of medical care to patients' based on the American standards.



## GENESIS OF THE PROJECT ACP

For the past several years, Dallas has been hosting children and their families from Poland who travel to seek the medical care needed for correction of congenital anomalies related to Apert's, Crouzone's, and Pfeiffer's syndromes. Dr. Jeffrey Fearon and several other surgeons affiliated with Medical City Dallas Children's Hospital have been correcting those with great patient satisfaction. Dr. Jeffrey Fearon is a world recognized specialist who cares for children with Apert's syndrome. The other option for surgical care for those children is Paris, France. This way of treatment is costly, only associated with excess stress and unnecessary discomfort to families related to staying in a foreign country and intercontinental travel, especially for children shortly after major surgery.

### I. GOAL OF THE PROJECT ACP

Organization of observership for practicing and already experienced surgeons from Poland with Dr. Jeffrey Fearon along with other surgeons on his team which would provide Polish physicians with necessary training to organize **ONE center that would provide a comprehensive, multidisciplinary and life-long care for children with Apert's, Crouzone's, and Pfeiffer's syndromes in Poland (Project ACP).**

### II. ORGANIZATION OF PROJECT ACP

#### 1. Duration of training- about 1 year.

During the 1 year period each physician from Poland would travel to Dallas for 3-5 observership visits supervised by Dr. Jeffrey Fearon and other specialists on his team; each lasting 1- 2 weeks.

#### 2. Location of training.

Medical City Dallas Children's Hospital and medical offices of Dr. Jeffrey Fearon and other physicians affiliated with this hospital. Hospital address: 7777 Forest Lane, Dallas, TX.



**3. Specialties included in the training:**

- a. Craniofacial surgeon
- b. Pediatric neurosurgeon
- c. Hand surgeon
- d. Pediatric anesthesiologist
- e. Pediatric ophthalmologist
- f. Nurse coordinator
- g. Operating Room (OR) assistant nurses and other personnel as deemed necessary

**4. Plan of the observership:**

- a. Preparation for and “hands-off” participation in surgeries and procedures performed by the observership sponsor, e.g., hosting physician.
- b. Participation and learning details of pre-surgery and post – surgery care.
- c. Participation in the outpatient consultations done by sponsors in their offices.
- d. Observation/ learning of rules/tips related to successful care for patients as well as successful multi-specialty team operation.

(“Hands-off” - physicians in training, due to medical-legal regulations, would not be able to perform surgeries but only observe and discuss cases with hosting physicians.)

**5. Selection of candidates for training in Dallas:**



We have decided to select Institute of the Mother and Child (Instytut Matki i Dziecka), located in Warsaw, centrally located in the Capital City of Poland.

During our selection process we have considered the following criteria:

- Experience of all physicians who would be involved in the training and the future interdisciplinary team of specialists;
- Research and international experience in the medical/surgical area;
- Location of the hospital;
- Physical location of the offices of the future team members.

## **6. Phases of the Project ACP**

Due to a very complicated nature of the Project we decided to organize it in two phases (stages):

- **Phase I** – initial observership, hosted by Dr. Jeffrey Fearon, designed for the future Polish team leader (cranio-facial surgeon), who would be participating, on hands off basis, in surgeries, and also gather the necessary information for the preparation and organization of observerships for other future team members. Phase I was financed by the members of the Polish community, residing in Dallas Fort Worth metroplex. It was a gift from Polish community to the Institute of Mother and Child of Warsaw (IMiD). **Phase I of the Project ACP was completed in the second part of October of 2018 by Dr. Andrzej Brudnicki.**

**During Phase I we have established the following:**

a/ opened clear channel of communication between the leader of the future Polish team and the physicians on the American team;

b/ identified differences in the operating procedures and methods used in Dallas; understood differences in the organizational structure of both teams; recognized differences in the training and preparation of the personnel of the operating room; determined a set of unique differences in the procedures performed by the anesthesiologists and the personnel of the pediatric intensive care units; spot the differences in training of the personnel, as well as the organizational structure of the multi-specialty team in Dallas.

Based on the mentioned direct/in person observations of the work of the Dallas team we had to revise, edit, and correct several stipulations of the initial text of the Project. The changes in the Project resulting



from experiences brought by the Phase I are not substantial, however they may bring some rather demanding implementation schedule for the Warsaw team located at the Institute of Mother and Child.

- **Phase II – other necessary observerships for the members of the Polish team.** We assume, based on our conversation with the Polish Secretary of Health, that Phase II will be financed by the Polish Ministry of Health (again, this information is based on the verbal agreement.) We hope that a formal agreement, concerning Phase II of the Project ACP, will be executed in the early spring of 2019 by the Polish Secretary of Health and a charitable foundation.

#### **7. Organization of the training in Dallas before and during Phase II:**

a. We are planning to form a charitable organization which would be a legal entity responsible for the Project ACP along with the Polish Government and IMiD.

b. In January of 2019, we will request that IMiD provides all the necessary documents needed to obtain Operating Room access at Medical City in Dallas Children’s Hospital.

c. Selected medical team members from Poland will be required to sign legal documents that will obligate them to use learned techniques in Poland and assure continuation of care within the medical center selected. Those documents would be prepared by a legal team.

Also, we will request that the administration of IMiD sign an agreement that would stipulate that the future medical care, provided by the team trained in the USA, be based on the quality standards developed by **ACPA-CFP (American Cleft Palate Craniofacial Association)**.

d. Dr. Jeffrey Fearon agreed to provide training free of charge. We have similar agreement with Dr. David Sacco. We are in the process of obtaining those agreements from other specialists.

e. Final schedule of training will be developed after an agreement between the Polish Secretary of Health and a charitable foundation established in Dallas is executed, e.g., schedule of trips, order of training specialties, and how many trips would be needed for each specialty, etc.

f. Project ACP would pay for trainees:

- travel to/from USA

- lodging during training



- car rental and phone rental for duration of stay
- small stipend to cover living expenses during stay.

## **8. Cost of the ACP Project**

We estimate the total cost of the project to be about \$140,000.00; or about \$5,000.00 for one trip and 9 to 10 days of stay in Dallas for each trainee.

For comparison, one trip/surgery for one child coming to Dallas is \$25,000.00 - \$35,000.00 and an average patient with Apert's syndrome requires 3-5 surgeries during first 2 years of life.

## **9. Legal and Financial Organization of the Project**

- a) Bozena Niemczyk-Drania, Esq., the attorney who practices law in Poland agreed to represent and provide legal counsel for the Project in Poland. Her firm agreed to provide this representation without compensation.
- b) We are considering the need for similar legal representation in the USA.
- c) We are seeking to retain a reputable accounting firm in Dallas, Texas, to manage Project's books and control financial expenditures.

## **10. Project Sponsorship**

We are hoping to reach out to all the people in Poland and the United States who support this great project and will be willing to sponsor it.

- a) We need help to reach out to all individuals and charity organizations to help to collect money to finance this important Project.
- b) We contacted the Polish government and received a verbal approval for the Project and a promise of financing during the conversation about the Project with the Polish Secretary of Health on July 13<sup>th</sup>, 2018, in Washington D.C. However, at this time, we do not have any details concerning the timing and the amounts that the Secretary would designate for the completion of the Project. We sincerely hope that the Secretary will contact us very soon regarding this matter.



c) We reached out to the President of RP Mr. Andrzej Duda and we are still in communication with his office. In September of 2018 we received a letter from the Healthcare Section Coordinator Office for the National Council for Development Chancellery of the President of the Republic of Poland Professor Piotr Czauderna who very warmly approved of this Project and expressed his support for all of the efforts and work of Dallas Polonia committed to the Project, however, stated that the final decision concerning the support of the Project remains with the Secretary of Health.

**Project ACP is fairly expensive but not unattainable. If completed, in a timely manner, it can make a real difference and have a positive impact among lots of children born with complex head and hand anomalies that are related to ACP syndromes as well as not syndrome related.**

**We appreciate all comments and questions! Please e-mail those to [kjgajda@msn.com](mailto:kjgajda@msn.com) or send, via messenger to our Facebook account, e.g., Polish Association in Texas.**

#### Picture Gallery – Apert Syndrome



#### Before surgeries



#### After surgeries



**Comments/Notes and Questions**