Rethinking Global Health Education during Plastic Surgery Residency

Brian Christie, MD, MPH
Stanford Hand and Upper Extremity Fellow
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What are the goals of resident involvement in global health?
Residency Training

- ACGME Resident Education:
  - “The mission of institutions participating in graduate medical education is to improve the health of the public.”

- RRC and ABPS allow 12 weeks of elective rotations

- Current models improve all core competencies

- Short term trips predict future involvement

- So why rethink global health education?

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3 Evolving Contexts

- Residency training
- Academic surgery
- Global surgery
1. Residency Training has Evolved

- Work-hour restrictions
- Competency-based education
- “Unprecedented, pervasive, and passionate” interest in global surgery\(^1,2\)

2. Academic Surgery has Evolved

- Global Surgery emerging as validated academic track¹
  - Multiple models for career paths²

- Academic surgery and global health³:
  - “Win-win situation”
  - Addresses three current realities:
    ➢ Unprecedented interest of trainees and young faculty
    ➢ Diminishing clinical experience 2/2 work hour limitations
    ➢ Terrible condition of medical science in LMICs

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3. Global Surgery has Evolved

Past/Present

• Self-limited “mission” style trips
• Vertical models
• Self-contained
• Limited efficacy
• Non-sustainable
• Questionable cultural competency
• Convenient for guest

Future

• Sustained presence
• Diagonal models
• Local partnerships
• Wider efficacy
• Focus on sustainability
• Accompaniment
• Convenient for host
The Need to Evolve

• Current models provide residents with:\n  • Introduction to skills to function in limited-resource settings
  • Exposure to a wider variety of operative pathology
  • Limited immersion in a foreign culture
  • Temporary relationships with local counterparts

• Are these models optimized for the modern global surgical context?

Are Current Models Preparing Residents?

- How successful is current model?
  - 76% of residents want to incorporate global surgery into their career\(^1\)
  - Only 17% continue to provide surgical care in LMICs after graduation\(^2\)

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The Need for a Better Experience

• Teaching the next generation of global surgeons

• Does global health education ethically/optimally necessitate follow up?
  • Most resident experiences are singular and lack follow up

• How does this experience set expectations for the future?
  • How does it prepare them for modern global surgical practice?

• Future models need to evolve in tandem with changes in:
  • Residency training
  • Global surgery
  • Academic surgery
Evolution in Tandem

- **Longitudinal** opportunities for global health involvement

- **Structured** opportunities in preparation for global surgery career\(^1,2\):
  - Research
  - Education
  - Clinical work

- Development of specific global surgery tracks within residency

- Emphasis on capacity building

- Development of resident research/QI project with local partners

- Cultural exchange/true reciprocity


Competing Priorities

- Service vs Education
  - US Model → LMIC model
  - Can the training environment be optimized for more efficient resident education?

- Operating Rooms vs Clinics
  - Teaching residents to do more with less
  - Exposure to pathology

- Technical Skills vs Cultural Competency
  - Exposure to resource-limited environments
  - Exposure to challenges of truly rationed medical care
  - LMIC medical education
  - Cultural exchange/accompaniment
Where is Field Experience Unnecessary?

- Is there a role for global surgery taught in residency outside of an outreach trip?

- Pre-education
  - Global burden of surgical disease
  - Experience of practicing medicine in LMIC
  - Specific cultural context
  - Professionalism/ethical social media

- Efficiency of on-site experience
  - Resources available
  - Expected curriculum/schedule
  - Briefing and debriefing sessions
Financing

- Major challenge

- Grants support from local/national foundations/agencies

- Institutional/Departmental buy-in
  - Attract top residency candidates
  - Supports academic mission of department/institution
  - International brand ambassadors
  - Reverse innovation: reducing waste/cost-savings
  - Involve institutional development office

Next Steps

• RRC-PS and ABPS are permissive

• More optimized experiences are necessary to prepare the next generation

• PS training programs should develop:
  • Long term relationships with teaching institutions in LMIC
  • Structured, longitudinal experiences for residents
  • Consideration of dedicated tracks/local (US-based) education/training
  • An educational curriculum that balances multiple priorities

• Working with NGOs and fostering institutional/departmental support is crucial for financial sustainability
“If academic medical centers truly believe that training the future leaders of surgery is an integral part of their mission, then promoting awareness of the role for surgeons in improving health around the globe is imperative.”