Incorporating Global Health Electives Into Residency

Nicole Kurnik, MD  
*Craniofacial Fellow University of Washington*

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Topics

• My experience

• Who should go on international trips?
  • Timing in residency

• How much time should be allowed?
  • Single trip vs multiple trips
  • Week/month

• How should you decide location?

• How to develop a collaborative plan to establish a mutually beneficial relationship
My Experience

One month Plastic Surgery elective: Kijabi, Kenya

• Chief year
• Elective month
• Funding: Mayo Clinic International Health Program Grant
  • Excess self paid
• ACGME accredited site/RRC approved
  • Time and cases counted towards residency
Kijabe Hospital

- 9 OR’s, 350 bed
- Rady’s Children’s hospital
- Public hospital with (some) private funding
  - Patients need insurance NHIF and to fund “co-pay”
  - Smile train funding
  - International donations
Kijabe Hospital’s Plastic Surgeons

- 2 Plastic Surgeons
  - Dr. Peter Nthumba
  - Dr. Justin Dagget

- Burn Reconstruction, Lower Extremity Trauma Coverage, Craniofacial Surgery, Hand Surgery

- No Plastic Surgery training program
Kijabe, Kenya
Who should go?

- When in residency?
  - Senior residents
  - Vanderbilt Surgical rotation Kijabi, Kenya- initially PGY4, extended to PGY3
  - Concern for draining resources with medical students/junior residents

- Professional, mature, trainees motivated to understand cultural competency
How much time?

- **ACGME:**
  - Integrated: 3 months
  - Independent: 6 weeks
  - Craniofacial/hand fellows: 4 weeks total\(^6\)
    - Approved rotations count towards the 48 weeks and case logs\(^6,7\)
- Extended trip to consistent locations may improve relationships and education between sites\(^4,5,6\)
- 82% of residents participating in missions felt 4 weeks was appropriate amount of time.\(^5\)
Location?

• **International**
  • 5 billion people worldwide don’t have access to care.\(^5\)
  • LMIC: surgeon density 0.13-1.5/100,000 vs USA: surgeon density 55/100,000\(^5\)
    • Lancet commission on Global surgery: outlines international advocacy for training, research and outreach to solve this problem\(^5\)

• Institution connections
• Trainee interest
Mutually Beneficial Relationship

- **Benefit to trainees/trainees institution:**
  - Recruitment, cross cultural competency, resourcefulness, independence, increased knowledge of tropical disease, improved global health competency.\(^3,4\)
    - Increasing number of medical students/residents interested in global health\(^3,5\)
      - 5% 1982 vs up to 75%\(^3,5\)

- **Negative impact of trainees:**
  - Cost, potential medical illnesses, culture shock\(^3,4\)
Mutually Beneficial Relationship

- **Benefits for host institution**
  - Shared and gained knowledge
  - Improved reputation among the community $^{3,4}$

- **Negative impact to host institution**
  - Utilization of scarce resources (supplies, teaching time, support staff burden) $^{3,4,5}$
  - Teaching often involves methods not available in host institution
  - Lack of understanding of culture.
  - Potential harm with lack of supervision $^{3,4}$
Improving Collaboration

- Formalized exchange partnerships
- Better communication about teaching goals
- Training in cultural competency\(^4,5\)
  - Pre-departure training
- Regular flow of students and residents would strengthen partnership and allow for better follow-up\(^3,4,5\)
- Consistent locations for institutions\(^5\)
- Offsetting costs
  - Sending institutions should offset cost to host institution\(^3,4,5\)
Maintaining Interest in Global Surgery

- 75% of residents who participated in global health electives participate in treating underserved populations\(^5\)
  - Average 25% of practice

- 80% report international rotation increases cost awareness in daily practice.\(^5\)

- 33% continue to participate in global health\(^5\)
Thank you!
References


4. Kraeker C, Chandler C. We learn from the, they learn from us: global health experiences and host perceptions of visiting health care professionals. Acad Med. 88(4). 2013


Approved site

ACGME:

- New site: site visit by ABMS physician. First 2 rotations must be supervised by a ABMS physician.
- After this supervision local approved surgeons may supervise\(^6\).