Grand Rounds
January 11, 2010
Some Elective Pros and Cons

- **PROS**
  - Comparison with other institutional ways of doing things
  - Recruitment tool
  - Possible rotation at future fellowship site
  - Resident guided focus on additional exposure to a particular subject

- **CONS**
  - Limited time in residency to learn what you need
  - Cases done on elective may or may not count
  - Work hours issues
  - Quality of learning at elective site
International Elective Pros and Cons

**PROS**
- Practice medicine without a large amount of technology
- Gain experience with disease in advanced stages
- Gain exposure to other methods of healthcare delivery
- Fits with ideals of ACS volunteerism
- Likely greater independence

**CONS**
- Safety
- Quality of learning
- Lack of supervision
- Illness exposure that could limit you when you return
- Financial constraints
- Scheduling issues
- Logistical considerations
What is in the literature?

- Sustainable international surgery expertise is more frequently being discussed in the US surgical community. At the resident level, there is discussion about incorporating international experience into residency training, but current opportunities for residents are limited and often require personal funding and use of vacation time.
A structured questionnaire was administered to all ACS resident members.

724 of 6825 (11%) residents completed surveys.

92% of respondents were interested in an international elective,
- 82% would prioritize the experience over all or some other electives.
- 54% and 73% of respondents would be willing to use vacation and participate even if cases were not counted for graduation requirements, respectively.

The most frequent barriers identified by respondents were financial (61%) and logistic (66%).

Survey of Surgery Program Directors

• 2007 to 2008 nationwide survey of program directors at all 253 US general surgery residencies

• 73 programs responded to the survey (29%).
  – Of these 23 (33%) offered educational activities in global health
  – and 18 of these offered clinical rotations abroad.

• The primary goals of these activities were to
  – prepare residents for a career in global health and
  – to improve resident recruitment.
Survey of Surgery Program Directors

• The greatest barriers to establishing these activities were
  – time constraints for faculty and residents,
  – lack of approval from the ACGME and RRC
  – and funding concerns.

• Sudha P Jayaraman, et al Global Health in General Surgery Residency: A National Survey JACS 2009
An International Volunteer Program for General Surgery Residents at Brown Medical School: The Tenwek Hospital Africa Experience

• Example of a sustained partnership (8 years)
• During 4-week rotation, a resident will perform, under supervision, approximately 75 to 100 major operations and 40 to 50 endoscopic procedures

• Survey of resident participants and home institution faculty
  – 45 of the 47 general surgery residents (96%), 9 of 11 total participating residents (82%),
  – 38 of the 50 faculty surgeons at Rhode Island Hospital and all other Brown Medical School affiliated hospitals (76%) completed questionnaires.
An International Volunteer Program for General Surgery Residents at Brown Medical School: The Tenwek Hospital Africa Experience

- 62% of participants believed that the Tenwek rotation was a major factor in choosing the Brown surgery residency, and 45% of residents had similar feelings.

- 85% of residents stated that they would like to participate in the rotation if given the opportunity.

- All believed that this experience made them more cost aware, improved their physical examination and decision-making skills, and overall, made them better doctors - the majority faculty agreed with this assessment.

- No participant regretted going to Tenwek.

- Only one participant felt that personal safety was ever in jeopardy at any time during the rotation.
An International Volunteer Program for General Surgery Residents at Brown Medical School: The Tenwek Hospital Africa Experience

- 97% of faculty agreed that this was a valuable experience for surgical residents,
  - only 45% of this same group of faculty members said that the residents should be allowed to participate even if it created resident coverage issues at the home institution in the United States

- 97% of faculty also believed that the presence of a board certified general surgeon with a Brown Medical School faculty appointment who supervised was a key element to the success of this program.

- 89% of faculty believed that participants returning from Africa exhibited greater surgical competency.

- They felt that a large part of this program’s success stems from the feeling among faculty and participants that it is a supervised, safe, and educational experience.

- They report faculty interest increasing
My Elective
How I found where I went

• The hospital has some support from local surgeons
• The do not regularly have residents from the US
• They do have a general internship program for the local medical graduates
How was my time spent?

- 2 days per week of clinic
- 3 days per week of OR
- Call every night
- 2 different hospitals – One was more charity and one was more private
Case Load

• Total Cases – 62
  – GI/GU -19
  – Endoscopy -15
  – OB/GYN - 4
  – Soft Tissue – 10
  – Head and Neck – 5
  – Hernia - 7
  – Ortho – 2
• Systems are critical
  – Ancillary staff
  – Corruption
• Not as much surgery done as I would have guessed
• Anesthesia quality
Considerations for Choosing your elective

• What type of hospital?
  – Government
  – Educational
  – Charity
  – For profit
  – Funding
  – Case Load

• Who is at the hospital?
  – Other residents - US versus Local?
  – What types of other physicians?

• What language and what sort of translation will you have?

• What are you expectations?

• Is the place you are thinking of going used to having a resident or residents?

• Are you a woman and what are local attitudes toward women?
Our Elective Experience

• Started July 2008-
  – 8 resident electives the 1st year and 7 electives the 2nd year for 15 total (not all yet completed)

• 5 of 15 (33%) for international electives
  – 2 Kenya, 1 Tanzania, 1 Central America, 1 Cameroon

• 3 of 15 (20%) on UCH rotations
  – 2 thoracic, 1 endocrine

• 3 (20%) on Vascular at Rose or St. Joes

• 3 (20%) on private practice outside our system

• 1 rotating through a potential fellowship site
Our Elective in the Future?

• May narrow down to one or 2 international options?
• Other domestic options?
  – Rural surgery options in the United States?

• The Global Health and International Resident Education Discussion today after grand rounds will delve into some of these issues.
References

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  Surgical Training and Global Health: Initial Results of a 5-Year Partnership With a Surgical Training Program in a Low-Income Country Arch Surg, Sep 2008; 143: 860 - 865
• Dey CC, Grabowski JG, Gebreyes K, et al. Influence of international emergency medicine opportunities on residency program selection. Acad Emerg Med
• Sudha P Jayaraman, et al Global Health in General Surgery Residency: A National Survey JACS 2009