

# The Benefit of a Global Surgery Rotation in a General Surgery Residency Program

What?

Where?

Why?

How?



# Goals and Objectives

- Discuss the Importance of Global Surgery Awareness to our Residents
- Describe how to successfully navigate the ACGME and ABS application process for a Global Surgery Rotation
- How having a Global Surgery rotation can be a valuable recruitment tool
- Share one resident's extraordinary experience and how it has affected her life

# International Elective



- Why and Where? - Dane Smith, MD, Program Director
- How? - Darlene Norton - Program Coordinator
- Why and so what? - April Grant, MD PGY-4





# Global Surgery

- Global Health is working
- Surgical diseases
- The need:



# Global Surgery: Need

- Estimated that 2 Billion people lack access to even basic surgical care.
- Injuries kill 5 million people/ year
- 270,000 women die each year from OB complications
- The World Bank has identified 44 “Essential Operations” that are all highly cost-effective ways of averting death
- Provision of essential surgical care could avert 1.5 million deaths/year (6-7% of ALL avertable deaths in low and middle income countries)

# Why?

- It's the right thing to do (?)
- Resident Interest
- Piece of curriculum
- To be part of the solution
- Appeal to applicants

# Where?

- Central America
- South America
- Africa
- Asia



# Where?

- Must meet ABS and ACGME requirements
- Can you help them?
- Licensure issues
- Visa issues
- Cost

# “Is it Dangerous?”

- Managing risk
  - Illness/injury
  - Malpractice
  - Liability



# Illness/ Injury

- US citizens abroad are 10 times more likely to die of injury as infectious disease.
- Malaria
- Traveler's diarrhea
- Traveler's insurance



# Malpractice

- No risk
- Minimal risk
- High risk-Buy coverage
  - Adams and Associates
  - Lloyd's of London

**Ask the Locals!!!**

# Liability

- Resident or Family holding program liable
- This is an *Elective!*
- Waiver form

# Conclusions:

- Many things to consider
- Risks are manageable
- Benefits are eternal



# International Rotation Application Process

- The *Policy for International Rotation Process* can be found by visiting the ACGME or the American Board of Surgery website(s):
- To request approval for an international rotation, a letter should be mailed (no e-mails or faxes) to the American Board of Surgery and the RRC-Surgery.
- This letter must be signed by both your program director and the DIO.
  - I include both agencies in one document
  - Print two original copies, get signatures on both documents, and mail at the same time.

- As soon as your Block Schedule is complete, and you have queried your residents as to elective choices – begin this process. Timing is key. I would suggest a resident not select the months of July, August, or June, due to timing of approval (*must have before the rotation occurs*), and other important events taking place during these months.
- You will receive notification from the ACGME through email/ADS, and the ABS will mail you notification of their decision.
- If this is the first time you have used a site or applied for a Global Rotation, you may receive a request for follow-up information; such as, submission of resident's evaluation and/or case logs from the ACGME or ABS for further review.



# Sample Letter

May 7, 2014

- Dr. Peggy Simpson
- Executive Director, RC for Surgery
- ACGME
- 515 North State Street
- Suite 2000
- Chicago, IL 60654

Dr. Frank Lewis, Jr.  
Executive Director, The American Board of Surgery  
1617 John F. Kennedy Blvd.  
Suite 860  
Philadelphia, PA 19103-1847

- RE: **International Rotation Application**
- ELECTIVE Request:
- ***Greenville Health System***
- ***Department of General Surgery, Greenville, South Carolina (4404511317)***
- ***and Mbingo Baptist Hospital, Cameroon, West Africa***

• Dear Drs. Simpson and Lewis:

- This letter is a request for approval of a **one-month** International Elective Rotation for residents in the surgery program at Greenville Health System, Department of Surgery in Greenville, South Carolina and Mbingo Baptist Hospital, Cameroon, West Africa. A ***Program Letter of Agreement*** is included for your review.

- Elective for Residents: PGY-2, PGY-3, PGY-4
- Rotation Requests:
- John Smith, MD PGY-3 September 2014
- Jane Doe, MD PGY PGY-3 February 2015
- April Grant, MD PGY-4 May 2015



- **Sponsoring Institution:** The Greenville Health System, Department of General Surgery received continued accreditation for a 5 year cycle on July 25, 2011. The next approximate date of next ACGME Site Visit 6/01/2016.
- **Faculty:**
- **Dr. Steven R. Sparks**, Program Director, will be responsible for the education and supervision for this International “Surgery” Rotation Elective. Dr. Sparks received his initial ABS Board Certification in Surgery April 22, 1996, and was recertified December 10, 2005. Dr. Sparks is also ABS Board certified in Vascular Surgery. He received his initial ABS Board Certification in Vascular Surgery May 13, 1997, and was recertified October 15, 2005.
- **Dr. James Allen Brown**, faculty, received his initial ABS Board Certification in Surgery May 7, 1985, recertified October 23, 1992, recertified October 17, 2003, recertified December 2, 2013.
- **Educational Rationale**
- As global health becomes more successful and fewer people are dying of malnutrition and communicable diseases the burden of Global Surgery will become immense. This rotation is designed not only to expose the residents to the diversity and intensity of surgical disease in the third world but also some of the active ways of meeting this need. Mbingo Hospital has a surgery residency training African surgeons to work in their own countries. The opportunity to meet and work with these residents will be invaluable as our US residents try to understand how they can make a difference in this rapidly changing and interconnected world.
- **Physical/ environmental Issues:** Warm climate, malaria prophylaxis recommended
- **Housing:** On-compound rooms are available for visitors; there is a dining facility for visitors
- **Transportation:** From the arrival airport to Mbingo van transport will be arranged at the resident’s expense. From housing to the hospital is a short walk.
- **Communication:** Internet Wi-Fi is available throughout the compound, Cellular phone service is available, but usually not on the US designed phone.
- **Safety:** Stable country, very little violence reported, especially against foreigners. Robbery is a risk in the bigger cities of Cameroon; guests should not walk around by themselves.
- **Language:** French in parts of Cameroon, in the area where Mbingo is located English is common. English is used and understood in the hospital.



- **Evaluation** - An evaluation based on the goals and objectives for this elective will be completed in a timely manner by faculty using New Innovations web-based evaluation system. Link: [www.new-innov.com](http://www.new-innov.com) Institution: **GHS** Sign-on and password will be supplied to faculty via email.
- **Operative Experiences:** The resident will enter operative experiences for ACGME credit by logging in to the ACGME Case Log system.
- **Rotation Site:** Started in 1952 as a Leprosy Settlement, Mbingo Baptist Hospital (MBH) grew into a full Hospital in 1965. It has over the years developed into one of the referral Hospitals in Cameroon and the West African Sub-Region. Currently, the hospital has over 400 trained staff and a bed capacity of 250. Besides being an approved HIV/AIDS treatment Center, MBH provides a comprehensive Health
- Care System in the following domains:
  - **Hansen's Diseases Hospital**
  - **General Consultations and in-patient services**
  - **Eye Care/Surgical Services**
  - **[Dental Services](#)**
  - **X-ray/Ultra Sound services**
  - **General and Orthopedic surgery**
  - **Surgical Residency Training**
  - **Christian Internal Medicine Specialization Program (CIMS)**
  - **[Center for Clinical Pastoral Education and Social Services](#)(NEW!!)**
  - **Pharmaceutical services**
  - **HIV & AIDS Prevention and Care (MBH is an approved HIV/AIDS treatment center)**
  - **Laboratory services with CD4 machine**
  - **Physiotherapy and Prosthetic services**
  - **Community Rehabilitation Services**
  - **Technical Services**
  - **Catering Services**



### **Goals and Objectives: International Rotation, Surgery**

- **Medical Knowledge:**
- MK1: The resident will become familiar with the spectrum of surgical disease in the rotation area and learn the essential diagnosis and management of the diseases that are uncommon in the usual training environment.
- MK2: The resident will demonstrate an understanding of how HIV can impact surgical disease and healing.
  
- **Patient Care:**
- PC1: The resident will learn the special considerations for care of the patient in an OR where resources are constrained.
- PC2: The resident will participate in OR cases in both general surgery and subspecialty cases and complete ACGME case logging as appropriate.
- PC3: The resident will participate in the outpatient surgical clinic at least 2 half days per week.
  
- **Practice Based Learning:**
- PBL1: The resident will acquire specific information from the resources available to adequately care for his/her patients.
- PBL2: Given any limitations in technology and resources the resident will develop alternative strategies for gathering the information required.
  
- **Professionalism:**
- P1: The resident will demonstrate a beginner understanding of cultural issues that influence the delivery of care in the region visited.
- P2: The resident will develop a basic understanding of the medical education system of the country visited and how it affects interactions and expectations among medical professionals there.
  
- **Interpersonal Skills and Communication:**
- ISC1: The resident will acquire a basic understanding of language and cultural barriers to care delivery.
- ISC2: the resident will become proficient in hospital charting and communication with ancillary care-givers such as nurses and technicians.
  
- **Systems Based Practice:**
- SBP1: The resident will identify the surgeon's role in the coordination of care and adapt to differences that exist within the system.
- SBP2: The resident will begin to develop an understanding of system resources and how to apply those resources to patients under his/her care. Examples would include PT, social services, tuberculosis registries, etc.

- **Salary/Benefits:** Greenville Hospital System shall incur 100% of the costs of the residents' salary and benefits, while resident(s) is assigned to the participating institution.
- Hopefully, we have provided all the information required. This will be a very educational rotation for residents who have a desire to select an International Elective.
- Please let me know if you need further documentation, or if I can answer any further questions for you. Thank you for your consideration.
- Sincerely,

- \_\_\_\_\_
- Dane E. Smith, MD, FACS
- Program Director, General Surgery,, Greenville Health System/University of South Carolina
- Ramage Center for Teaching and Learning
- 701 Grove Road
- Greenville, SC 29605-5601

- \_\_\_\_\_
- Edward W. Bray III, MD
- DIO, Greenville Health System/University of South Carolina
- Ramage Center for Teaching and Learning
- 701 Grove Road
- Greenville, SC 29605-5601

Enclosure(s):

- Letter of Agreement Greenville Hospital System and Mbingo Baptist Hospital
- Dr. Steven R. Sparks (CV)
- Dr. James Allen Brown (CV)

# Good News/Bad News

- Good News: If paperwork is completed properly and sent in quickly, the response will be received fairly quickly.
- Bad News: You must complete this process each year.

# Recruiting Advantage

## GHS General Surgery Residency 2014-2015

- 731 applications received
- 60 selected for categorical interviews
- 18 candidates expressed a strong interest in our Global Surgery Elective opportunity

# **Why and So What?**

**April A. Grant, MD  
Greenville Health System UMC  
Greenville, SC**

# Why? Demand

“...a growing number of our surgical residents envision themselves becoming involved in the nascent branch of global health, now increasingly referred to as **global surgery**. Given the growth of attention and the fact that many of these trainees are among our brightest and most motivated, global surgery can no longer be ignored as a boutique interest.”

“...we are now seeing... ***trainees who want to build academic careers in global surgery research.***”

Samuel Finlayson, Surgery, 2013

# Why? Requirements

- **Patient care**
  - “Residents must be able to provide patient care that is compassionate, appropriate, and effective for the treatment of health problems and the promotion of health.”
- **Medical Knowledge**
  - “Residents must be able to demonstrate knowledge about established and evolving biomedical, clinical, and cognate (e.g. epidemiological and social-behavioral) sciences and the application of this knowledge to patient care.
- **Systems-based learning and improvement**
  - “Residents must be able to investigate and evaluate their patient care practices, appraise and assimilate scientific evidence, and improve their patient care practices.”
- **Interpersonal and communication skills**
  - “Residents must be able to demonstrate interpersonal and communication skills that result in effective information exchange and teaming with patients, patients’ families, and professional associates.”
- **Professionalism**
  - “Residents must be able to demonstrate a commitment to carrying out professional responsibilities, adherence to ethical principles, and sensitivity to a diverse patient population.”
- **Systems-based practice**
  - “Residents must be able to demonstrate an awareness of and responsiveness to the larger context and system of health care and the ability to effectively call on system resources to provide care that is of optimal value.”

# Why? Humanity

You must give some time to your fellow man.  
For remember, you don't live in a world all  
your own. Your brothers are here too.

Albert Schweitzer, MD

# Global Surgery

- “*The neglected step-child of global health...*” — Paul Farmer, 2008
- Focuses on providing adequate and appropriate surgical care in resource limited environments
- Requires skills not routinely taught in Western general surgery:
  - General, trauma, pediatric, orthopedic, thoracic, neuro, urologic, plastic, obstetric, gynecologic
  - Management of complex wounds resulting from wars and disasters
  - Knowledge of tropical diseases

# RRC approval

- Approval of global surgery rotations by the RRC in 2011



# Location

- Mbingo Baptist Hospital (MBH)
- Founded in 1952 as a leper colony
- 280+ beds
- 9 operating rooms
- ENT, Ob-Gyn, Orthopedics, Ophthalmology, General Surgery
- PAACS training site with 2 residents per year



PAACS

# My experience

- **PGY-2**
  - December 2012
  - Dry season
  - 24 hours of flying
  - Overnight in Doula, Cameroon
  - 6 hour drive the next day by car to Bamenda, Cameroon and MBH

# My experience



# My experience



# My experience

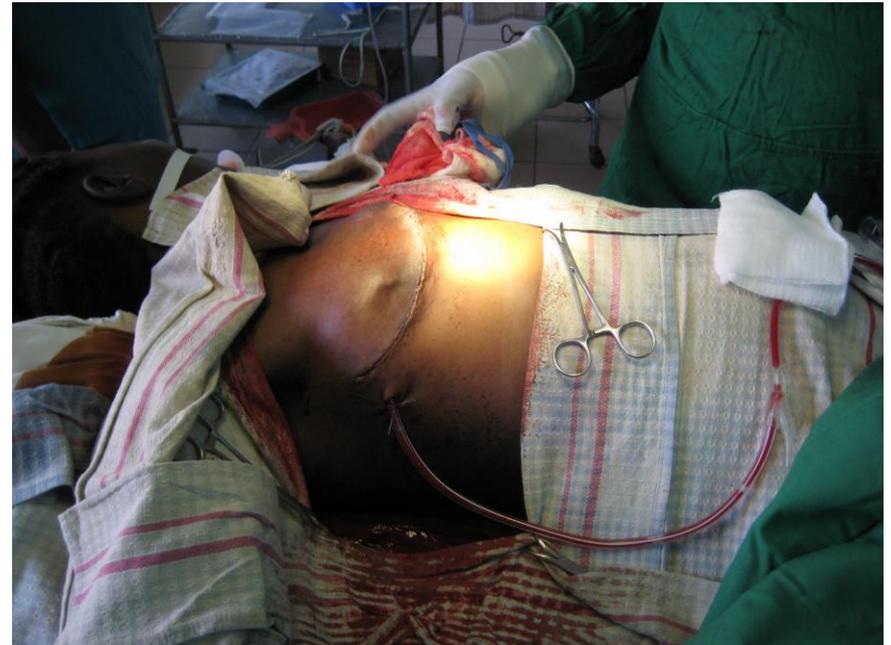


# My experience: Day 1



# My experience: Day 1





# My experience

- Day 2
  - Conference Day
    - Multidisciplinary conference
    - Schwartz lecture
    - Rounds
    - Emergency cases
    - Schwartz quiz
    - M and M
    - Bible Study
  - C-Section



# My experience

- **Day 3**
  - bilateral subcapsular orchiectomy
  - inguinal hernia repair
  - varicocele ligation
  - skin graft

*...time flies when your having fun...*

# My experiences



# My experience

- **First Call:**
  - Three consults:
    - Bilateral thigh abscesses
    - IV infiltration on peds ward
    - Trauma
      - 18yo male MVC 12 hrs earlier
      - Severe facial lacerations, left femur fracture
  - Emergency C-Section

*And on and on and on....*

# My experience

- Trauma is the 2nd leading cause of disease worldwide
  - 16% of global burden
- World Health Organization
  - By 2020 trauma will be the first or second leading cause of “*years of productive life lost*”

# Florence



# My experience

- **Reflections 2012:**
  - No working light in bathroom
  - Electrical outages
  - Intermittent/slow internet
  - Rubber boots
  - Access to water
  - Bugs and windows



# My experience

- **Reflections 2012:**

- “It’s easy to get thrown off your game. I had a guy with altered mental status today on the ward...”
- “I am at the point where I am admitting and discharging patients now with supervision. I do not have good judgement here as far as when it is okay to discharge because I have no idea what the social situation is like or what resources the patient’s have available...”
- “*I realized I understood so little about my patient’s context...I see their mud brick homes, their thatched rooves, the dirt floors, the open air markets, dirty children, motorbikes, litter filled streets...I cannot fathom what they go through on a day to day basis. I believe that part of my responsibility as a physician is understanding and empathy. This in and of itself brings healing. How can I relate to them? Understand them? How can I love them?*”
- *Florence: “At times we count ourselves ineffective or not useful. Sometimes I let circumstances intimidate me out of what I think I should do...”*

# Meanwhile...back at the ranch...



# My experience Pt 2

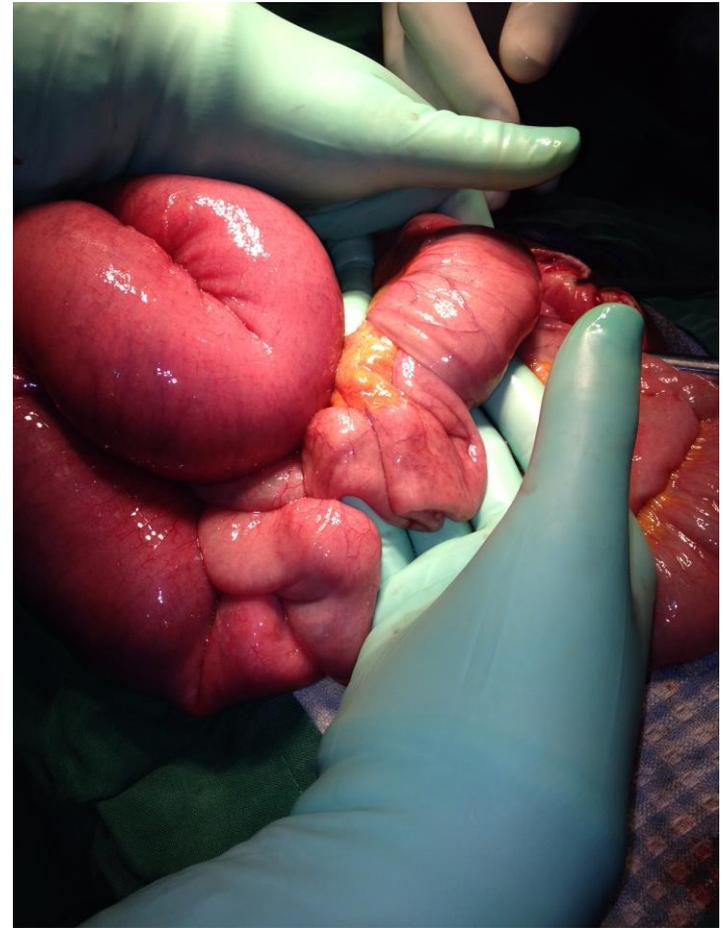
- **PGY-3, March 2014**
  - *Home coming*
    - Layers of thick dust
    - Homemade table
    - Stream of ants in house
    - “Will somebody kill that fly?”
    - Power outage in OR
    - Hot and Humid air...



# My experience Pt 2



# My experience Pt 2



# My experience Pt 2



# My experience Pt 2



# My experiences

- **2012, PGY-2**
  - N = 41
  - General Surgery: Shouldice, Bassini, open ventral, exlaps, mastectomy, skin grafts
  - Urology: Orchiectomy, varicocelectomy, suprapubic catheters
  - OB: C-sections
  - Vascular: Amputations
- **2014, PGY-3**
  - N = 57
  - General Surgery: Shouldice, Bassini, ventral hernias, skin grafts, exlaps with bowel resections, graham patch, appys
  - Urology: TVP, hydrocelectomy, pyelolithotomy, cystoscopy with stent placement
  - Neurosurgery: Burr hole, VP shunts
  - Vascular: R CIA aneurysm, AAA, amputations, PD catheters, AVF creation
  - Colorectal: Fistulectomies, hemorrhoidectomies
  - Surgical Oncology: advanced melanoma and squamous cell cancers
  - OB: C-sections, BTL

# My experiences

- Hernias!
- Trauma
- Wounds
- PUD
- Urinary retention
- Mycobacterium
- Chest wall tumors
- Hydrocephalus
- Bowel obstruction
- Vesicovaginal fistula



# Why?

Sometimes give of your services for nothing.  
And if there is an opportunity for serving one who is in financial straits, give full assistance to such. For wherever the art of medicine is loved, there is also a love of humanity.

Hippocrates

# Why?

Greater love has no one than this,  
that someone lay down his life for his friends.  
John 15:13



## *Butterfly Effect*

---

It has been said that something as small as the flutter of a butterfly's wing can ultimately cause a typhoon halfway around the world.

# So....what?



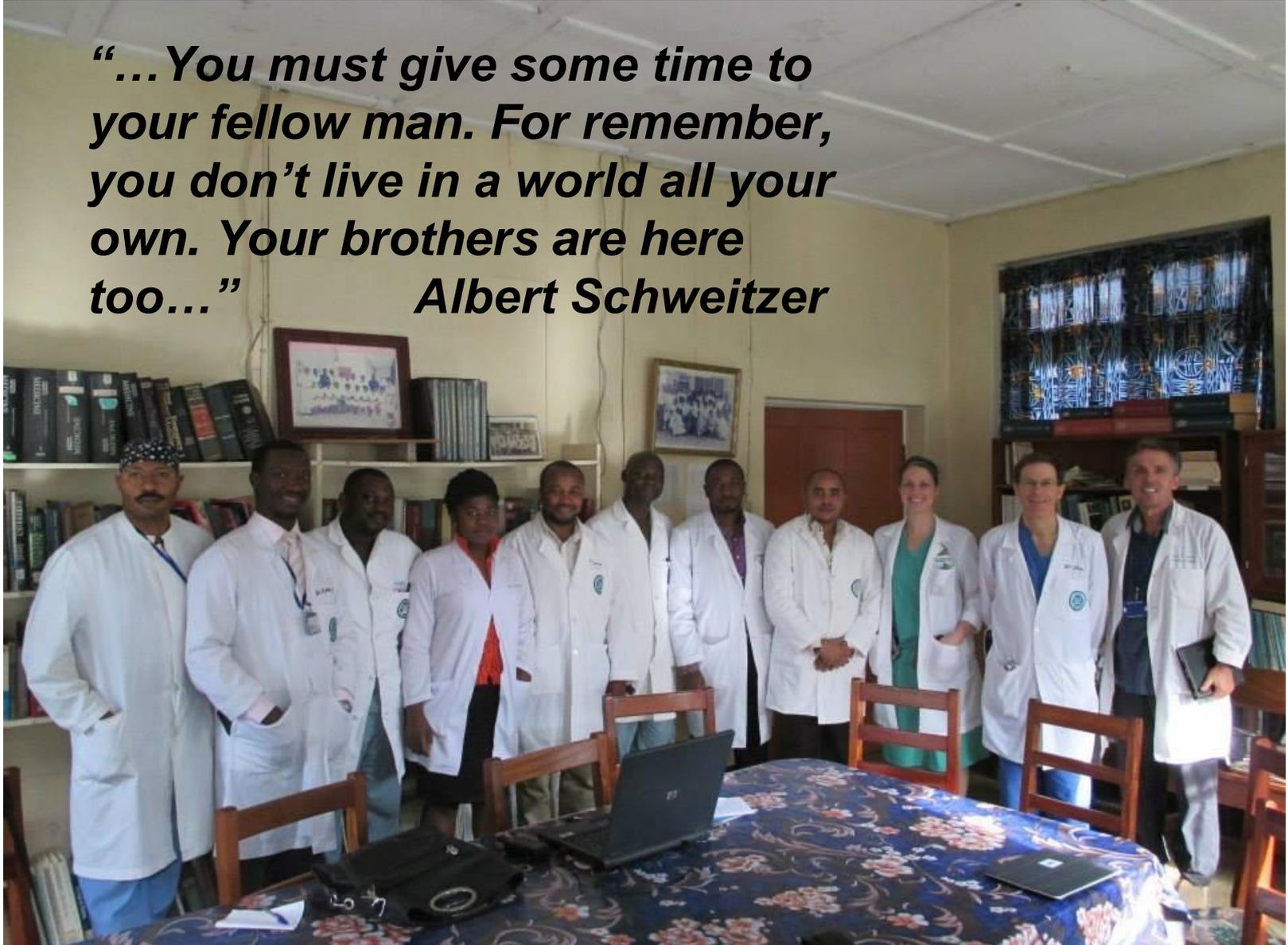


Dr. Jerry Brown  
Liberia, Africa





***“... You must give some time to your fellow man. For remember, you don’t live in a world all your own. Your brothers are here too...”***      ***Albert Schweitzer***





# GREENVILLE HEALTH SYSTEM

[ghs.org](http://ghs.org)   