

RESIDENT PARTICIPATION IN GLOBAL HEALTH:

A Worthwhile Challenge

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Committee on Global Humanitarian Outreach

Residency training in anesthesiology generally happens at a single location, and you learn the craft from a single point of view. Participation in global health activities means providing anesthesia in a completely different setting. It puts things in context and can help debunk some dogmas. You will never look at the “usual” practice in your home institution in quite the same way again!

But there’s a price to be paid: the process for getting approval from all the players involved (department, institution, American Board of Anesthesiology) for doing even a small part of your residency in another country is complex and can be quite daunting. And being there will force you to rethink many preconceptions – with regard both to anesthesiology and to life in general. It is a challenge, therefore, to participate in global health efforts as a resident but a challenge that is definitely worthwhile.

In this article, two residents who have participated in global health activities in Africa report on these two aspects: what it took to get there, and what it meant to be there.



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Getting There
Kristi Rose, M.D.

There are many opportunities for doing medical mission trips overseas for residents, fellows and board-certified anesthesiologists. Searchable databases are maintained by the ASA’s Global Humanitarian Outreach (GHO)¹ and the Society for Pediatric Anesthesia.² In addition, there are many independent organizations that one can contact directly to get involved with international work. A few examples of organizations that encourage resident participation are listed in the Table on page 31. Many of these organizations have opportunities available that range from providing clinical care, education and training, to telecommunications, infrastructure development and supply delivery, fundraising and research – so getting involved does not necessarily have to mean obtaining a visa and getting a yellow fever vaccination.



Kristi Rose, M.D. teaching regional techniques at the Health Center of the University of Kigali, Rwanda.

Sample of Organizations Providing Global Health Care With Resident Participation

GROUP	WEBSITE
Medical Missions for Children	http://www.mmfc.org/waystovolunteer.htm
Global Partners in Anesthesia and Surgery	http://www.globalpas.org/
Operation Smile	http://www.operationsmile.org/
Rotaplast	http://www.rotaplast.org/volunteers/medical.php
Society for Pediatric Anesthesia	http://www.pedsanesthesia.org/vmsa_search.iphtml (provides a searchable database for volunteer programs)
ASA/CASIEF	http://www.cas.ca/English/CASIEF
The Society for Education in Anesthesia – SEA/HVO Traveling Fellowship Rotation	http://www.seahq.net/index.php?option=com_content&view=article&id=54&Itemid=77

An overseas mission trip can be counted toward residency requirements if it is approved by the Accreditation Council for Graduate Medical Education (ACGME)/Anesthesiology Residency Review Committee (RRC). A useful checklist for requirements can be found on the ABA website,³ and the ASA GHO site has a page with answers to frequently asked questions.⁴ Of note, the rotation cannot be completed during the first year or the last three months of the CA-3 year. Additionally, for residents to obtain credit there needs to be a supervising anesthesiologist accompanying the trip who is willing to ensure that the goals and objectives of the rotation are accomplished.

In 1969, a *JAMA* editorial stated, "If, as a routine, young American doctors were encouraged to spend some months working in a developing country before they became tied to the responsibilities of practice, the result could only be better medicine at home and abroad."⁵ This is echoed by a recent study that reported reduced use of laboratory testing and improved physical examination skills as a result of participating in global health efforts.⁶ Residency programs should encourage and support resident participation in mission trips. The experience one gains from these very raw and stripped-down-to-basics events is invaluable, as exemplified by the experiences of a CA-3 resident participating in a teaching effort in Tanzania:



Being There

Diana Lobo, M.D.

Our trip to Tanzania was in collaboration with Madaktari,⁷ an organization that helps educate and train health care professionals in developing countries. Our team consisted of an attending anesthesiologist, a senior neurosurgery resident, an ICU nurse and myself.

We spent several days at Haydom Lutheran Hospital in central Tanzania, where we worked with local doctors and nurses on ways to improve care in the ICU. The remainder of our time was spent at Bugando Medical Center, a teaching hospital in Mwanza. Here we worked in conjunction with the hospital anesthesia and surgical providers, teaching the local health care team how to do basic neurosurgical procedures, such as ventriculoperitoneal shunt placements, myelomeningocele repairs, and adult spine procedures. We provided daily morning lectures to the anesthesia students, focusing on fundamental concepts in the practice of anesthesia. In the operating room, the neurosurgery resident taught surgical technique, while our anesthesia team focused on teaching neuroanesthesia. Our ICU nurse helped with the postoperative course.

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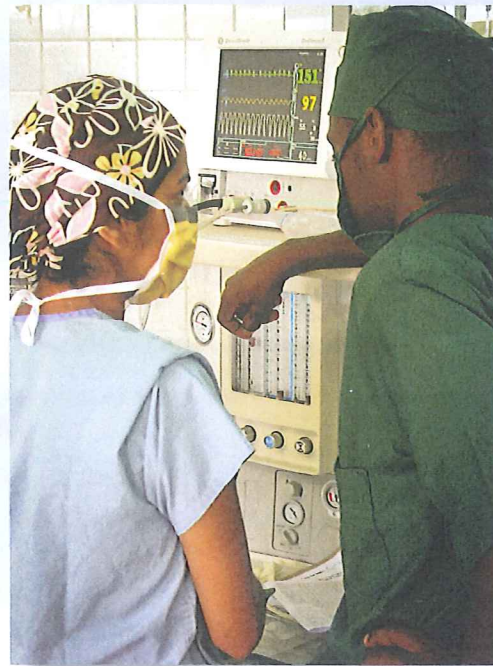
Continued from page 31

Traveling abroad as a resident was a unique experience. It allowed me to use my skills learned over three years of residency in a setting very different from my home institution. I worked with different equipment and drugs and in a completely different environment. For example: the local providers had grown accustomed to not using pulse oximetry and EKG at all, probably because of the erratic supply of equipment and supplies. Since there were insufficient monitors for all cases, one of our goals was to teach the providers how to decide, on a case-by-case basis, which monitors would be appropriate to use. Working out an approach to prioritizing monitoring equipment in this way was challenging and forced us to rethink issues that we rarely consider in the U.S., where we use “standard monitors” for all.

Looking back at my month spent in Africa, what did I learn? Living in and learning about a country across the world from home, and having the ability to provide medical care to the underserved, allowed me to gain a broader view of global health care. More than that, it allowed me to put into context so many things learned during my residency, and I feel it served as a fundamental part of my training as an anesthesiologist.

References:

1. ASA Committee on Global Humanitarian Outreach. Mission. Global Humanitarian Outreach (GHO). <http://www.asahq.org/GHO/Mission.aspx>. Accessed April 5, 2012.
2. Volunteer medical services abroad. Society for Pediatric Anesthesia. http://www.pedsanesthesia.org/vmsa_search.iphtml. Accessed April 5, 2012.
3. The American Board of Anesthesiology training away from the accredited program checklist. American Board of Anesthesiology. http://www.theaba.org/pdf/Training_Away_Checklist.pdf. Accessed April 5, 2012.
4. Information for residents. Global Humanitarian Outreach (GHO). <http://www.asahq.org/GHO/Residents.aspx>. Accessed April 5, 2012.
5. Overseas Medical Aid. *JAMA*. 1969;209(10):1521-1522.
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7. Madaktari Africa. <http://www.madaktari.org/>. Accessed April 5, 2012.



Diana Lobo, M.D. teaching neuroanesthesia at Bugando Medical Center, Mwanza, Tanzania.

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– Diana Lobo, M.D.

ASA Provides Online Clearinghouse for Global Volunteers

ASA's Committee on Global Humanitarian Outreach has launched a web tool to match ASA volunteers with opportunities for global humanitarian outreach activities at www.asahq.org/GHO/Volunteer.aspx.



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American Society of Anesthesiologists

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Volunteer

ASA is devoted to supporting the professional interests of our members at home and abroad. Specifically, we hope to encourage and facilitate the role of the volunteer anesthesiologist in improving perioperative care globally.

The ASA Volunteer Web Portal was designed for anesthesiologists with the interest and ability to volunteer teaching and patient care services. The site is designed to match your interests with the activities of high quality organizations seeking volunteer anesthesiologists.

There is still much to do to make a more complete database. We welcome your input and encourage you to email Lupe Simpson, lsimpson@asahq.org, with any feedback.

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Search For Opportunities

Start Date	End Date	Preference
<input type="text"/>	<input type="text"/>	<input type="radio"/> No Religious Affiliation
		<input type="radio"/> Religious Affiliation
Max Duration (Weeks)	Preferred Region/Location	
<input type="text"/>	All	
Opportunity Type	Clinical Focus	
<input type="text"/>	All	
Patient Care		
Teaching Opportunity		
<input type="button" value="Search"/>	<input type="button" value="Reset"/>	<input type="button" value="View All"/>

The American Society of Anesthesiologists does not endorse or recommend any volunteer opportunity or organization included in this database. ASA cannot verify the accuracy of all of the information provided, and ASA is not responsible for any data inaccuracies or omissions. The user assumes all risks related to any misinformation. ASA welcomes input to help keep this database accurate. If the volunteer opportunity or organization you are looking for is not listed, or the information is not correct, please contact committee president [Kelly McQueen](#).

About ASA: The American Society of Anesthesiologists is an educational, research and scientific association of physicians organized to raise and maintain the standards of the medical practice of anesthesiology and improve the care of the patient. Since its founding in 1905, the Society's achievements have made it an important voice in American Medicine and the foremost advocate for all patients who require anesthesia or relief from pain.

American Society of Anesthesiologists

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