INTRODUCTION

The World Health Report found that countries with the greatest burden of disease had smaller healthcare workforces.1 Recent work has suggested that surgical and sub-surgery care may play a critical role in the improvement of global health.2 There are potential educational benefits to residents’ participation in international humanitarian missions. Clinically, it is an opportunity to see tropical and rare diseases as well as common diseases advanced to a degree uncommon in the U.S. International work also requires creative problem solving due to limited resources. Evidence-based medicine becomes more pertinent in resource-limited settings and residents start to display increased resource efficiency.3

METHODS

The study was conducted among 53 U.S. Otolaryngology residents who received humanitarian mission travel grants through the American Academy of Otolaryngology – Head and Neck Surgery Foundation. The survey asked residents about clinical experience, surgical experience, and the perceived educational benefit. A survey was also conducted among 103 U.S. Otolaryngology program directors. They were asked about program involvement and support as well as perceived benefit among participating faculty and residents.

RESULTS

Of those surveyed, 31 of the residents and 67 of the program directors responded. Residents participated in an average of 14.5 surgeries a week and 65% noted an improvement in their surgical skills as well as to local treatments. This allows for development of professionalism and cultural sensitivities, a point that is becoming more pertinent with the increasing diversity of the U.S. population. Many physicians find these experiences gratifying and a reminder of what inspired them to pursue medicine in the first place.

METHODS AND MATERIALS

A survey was conducted among otolaryngology residents in the US with travel grants through the American Academy of Otolaryngology – Head and Neck Surgery Foundation between 2010 and 2007. To qualify for the grant, applicants had completed their third postgraduate year, had permission from the sponsoring organization, attending physician supervision, and planning was set for at least one week. Web-based surveys were emailed to 53 eligible residents with one follow-up email. T-tests were used to examine correlations between multiple variables. Resident survey questions are summarized in Table 1. Web-based surveys were then emailed to 103 program directors representing the otolaryngology residency programs in the US. Program director survey questions are summarized in Table 2.

DISCUSSION

All medical and surgical work that improves a person’s well-being is, in its essence, humanitarian.4 Evidence has shown that residents who participate in these trips, and the residents have increased cost sensitivities, improved skills and greater appreciation for cross-cultural differences.6-7 This highlights the need for resident international humanitarian missions. This is especially true since motivation to work with vulnerable populations decreases with increased training.8

While humanitarian trips are touted as providing good clinical or surgical exposure, there are no studies to quantify such exposure. Based on the survey, they provide a significant surgical and clinical experience, with an average of 14.5 surgeries and 25-50 clinical visits per week. The rare and advanced pathology encountered during international health projects is of particular importance for surgical diseases. The majority of residents and program directors saw an improvement in resident surgical skills after the trip.

While some trips concentrate on meeting surgical and clinical needs, others have strong teaching components. Given that teaching theoretically provides a more long-term benefit to local medical care, it is concerning that it was not a primary focus. This is underscored by the fact that 37% of residents never met a local otolaryngologist. This raises concern regarding follow-up care and their opportunity to create international relationships.

Finally, the respondents were asked to identify barriers to resident participation. In spite of the fact that the residents sampled had all been awarded a travel grant, a lack of funding was cited as the top barrier. A close second was a lack of program support. Roughly half of the program directors said they encouraged residents to participate, reflecting a difference in perceived support. Program directors saw value in time and call responsibilities as a limiting factor. Therefore, dedicated time for humanitarian trips may help to improve resident participation and their perception of program endorsement.

CONCLUSIONS

International humanitarian missions can be useful experiences in otolaryngology resident training, providing significant surgical and clinical exposure, broadening one’s worldview, and encouraging future humanitarian work. Funding, a perceived lack of institutional support, and time off were reported as barriers to participation in such mission trips.

REFERENCES