Short-term Clinical Rotation
Haiti
Background

• Interest in international surgery
  – 6% (1984) ➔ 31% (2011)

• Clinical rotations in foreign teaching hospitals

• Less studied
  – Establishing rotations in areas without academic centers
  – Increased demand for surgeons in rural settings

• Challenge: provide an ethical, sustainable and educational experience


Requirements for an International General Surgery Rotation

- Establish site
- Program accreditation status and cycle length
- Supervised faculty
- Competency based goals and objectives
- Evaluation of residents performance
- Educational rationale
- In-/outpatient experience
- Operative experience
- Expenses verification
- Description of educational resources
Surgical Residents

Resident responsibilities
- Insurance
- Vacation
- ACGME
- Safety
- Continuity of care
- Developing skills

Challenges
- Instruments and supplies
- Technology
- Staff
- Language
Curriculum

• Take on an active role in logistical planning and resource gathering for your trip
  – Clinical duties
  – Medical
  – Surgical

• Develop and/or help implement Public Health education
Goals

- Understand the pathophysiology and clinical presentation of surgical problems
- Learn management of diseases in a resource limited environment
- Understand social and cultural influences impacting surgical decisions
Clinics
Patient Care

• Awareness operative decision making on lives of patients and their role in society
  – Build sustainable surgical capacity of research and local staff
  – Understand religious cultural and family structure and how it affects care

• Develop
  – Interpersonal and communication skills
  – Professionalism and compassion
Haitian Experience

October 2013

• 4 days
  – Medical clinics ~1600 patients
  – 30 operations

April 2014

• 3 days
  – Medical clinics ~1200 patients
  – 25 operations

Board certified US surgeon was present for every resident case
Typical Day

Timing
• 6am-7am: round on inpatient ward
• Breakfast
• Clinic (medical or surgical) or Operating Room
• 5pm-8pm: dinner
• Evening activity if time permits

Resources
• History and physical
• 1 X-ray
  – No CT scanner or U/S
• Minimal access to labs
• HIV tests
• Pregnancy tests
• Mainly access to medications we bring
Pathology/Cases

- Bowel obstruction- volvulus
- Inguinal hernias
- Hydrocele
- Uterine cancer/fibroids
- Abdominal typhoid
- Tonsillectomy
- Excision of mass
  - Neurofibroma
  - Cysts
  - Breast fibroadenoma
  - Scalp lesions
Free Time
Conclusion

• Educationally valuable rotation

• Residents successfully integrated into a sustainable partnership at an international community hospital

• Opportunity to advance local knowledge (Public Health, OR training, etc)