Distributed Learning or Medical Tourism? A Canadian Residency Program's Experience in Global Health

Kate Kelly, MD, Anne McCarthy, MD,† and Laurie McLean, MD**

*Department of Otolaryngology—Head and Neck Surgery, University of Ottawa, Ottawa, Ontario; and †Department of Medicine, University of Ottawa, Ottawa, Ontario

BACKGROUND: Global health experiences (GHEs) are becoming increasingly prevalent in surgical residency education. Although it may seem intuitive that participation in GHEs develops CanMEDS competencies, this has not been studied in depth in surgery. The purpose of this study is (1) to explore if and how otolaryngology—head and neck surgery (OHNS) resident participation in GHEs facilitates the development of CanMEDS competencies and (2) to develop an OHNS GHE tool to facilitate the integration of CanMEDS into GHE participation and evaluation.

METHODS: An online survey explored the GHEs of current and past OHNS residents in Canada. Based on the data collected and a literature review, a foundational tool was then created to (1) enable OHNS residents to structure their GHEs into CanMEDS-related learning objectives and (2) enable OHNS program directors to more effectively evaluate residents' GHEs with respect to CanMEDS competencies.

RESULTS: Participants' GHEs varied widely. These experiences often contributed informally to the development of several CanMEDS competencies. However, few residents had concrete objectives, rarely were CanMEDS roles clearly incorporated, and most residents were not formally evaluated during their experience. Residents felt they achieved greater learning when predeparture objectives and postexperience reflections were integrated into their GHEs.

CONCLUSIONS: Although GHEs vary widely, they can serve as valuable forums for developing CanMEDS competencies among participating residents. Without clear objectives that adhere to the CanMEDS framework or formal assessment methods however, residents in GHEs risk becoming medical tourists. The use of an objective and evaluation tool may facilitate the creation of predeparture learning objectives, encourage self-reflection on their GHE, and better enable program directors to evaluate residents participating in GHEs. (J Surg 72:e33-e45. © 2015 Association of Program Directors in Surgery. Published by Elsevier Inc. All rights reserved.)

KEY WORDS: otolaryngology, residency, medical education, CanMEDS, global health, objectives, assessment

COMPETENCIES: Medical Knowledge, Interpersonal and Communication Skills, Practice-Based Learning and Improvement, Systems-Based Practice

INTRODUCTION

A surgical resident travels to the northern part of Canada. With one hospital serving a population of less than 15,000 people dispersed across 507,451 km^2, the region is one of the most sparsely populated in the world.[1] The majority of the population is Inuit. In comparison with that of the academic institution at which the resident trained, the health care infrastructure is different, access can be difficult, supporting technology is not as robust, continuity of specialist care can be challenging, and access to interprofessional services is often limited. The prevalence of certain diseases within the Inuit population can be dramatically different, which sometimes necessitates an alternative approach to diagnosis and management. Social determinants of health are often not well met. The rich nature of this experience has the potential to challenge the resident's thinking and stretch his or her capabilities within the CanMEDs framework; otherwise, it could simply be a sightseeing trip to beautiful northern part of Canada.

Another surgical resident travels to the African continent. In a country of 35 million people, there are fewer than 10 practicing otolaryngologists—compared with Canada, where in 2013, there were more than 719 practicing otolaryngologists to serve the same number of people.[2,3]

Funding for this research project was provided by the Academy for Innovation in Medical Education (AIME) at the University of Ottawa.

Correspondence: Inquiries to Kate Kelly, c/o Sara McMartin, Box 216, Room S3, 501 Smyth Road, Ottawa, ON K1H 8L6; e-mail: katemkelly@gmail.com

 © 2015 Association of Program Directors in Surgery. Published by Elsevier Inc. All rights reserved. 1931-7204/$30.00 http://dx.doi.org/10.1016/j.jsurg.2015.01.004

In addition, 37% of the people within the country live in poverty, the literacy rate is 66%, and life expectancy is 53 years. Further, anesthetists and the anesthetics agents are limited, medical records are often nonexistent, and patients do not have a family doctor. Hospital infrastructure, including laboratory services, pathology services, and imaging capabilities, is starkly different from those of the hospitals in which the postgraduate medical education (PGME) trainee is accustomed to working. Obtaining a diagnosis via tissue biopsy, a fundamental process in Canada, is not possible in many locations. Sometimes the electricity goes out in the middle of a surgical procedure. These factors alone help to create unique health care challenges not experienced by PGME trainees in the Canadian teaching setting.

These intense experiences offer the opportunity to frame the limitations of the developing region's health care infrastructure through comparison and may also help the surgical PGME trainee to better understand the effect on quality of care that the CanMEDs roles facilitate. Alternatively, each experience has the potential to be simply a vacation to a beautiful and exotic locale, a few weeks away from the Canadian academic setting, and a chance to indicate "global health experience" on a curriculum vitae. How can a PGME training program and program director facilitate a deeper experience for the PGME trainee—one that has both educational breadth and depth and results in improved surgeon capability? Can a PGME program better ensure that the surgical trainee explores relevant CanMEDs competencies during a global health experience (GHE)?

Although often thought of in purely international terms, GHEs can be defined as experience in any health delivery system different from that of one's home system, and therefore, it can often include experience in alternative health systems even within one's own country. As such, GHEs are becoming increasingly popular among medical trainees, both undergraduate students[4] and residents.[5-10] In Canada, at least 32% of residents in otolaryngology—head and neck Surgery (OHNS) have expressed interest in participating in a GHE during their postgraduate training and the number is similar in general surgery.[11]

Residents cite multiple reasons for their interest in global health participation, which include the following[11,12]:

- Knowledge, skills, resources, and service for a meaningful cause
- Personal growth
- Increased global awareness
- Improved understanding of economic, environmental, and political influences on health care
- Increased cultural awareness and understanding

At the same time, exposure to other health care systems may offer unique insight and experiences that have the potential to both increase a resident's current medical knowledge and skill base and influence their future professional choices.

Meanwhile, Canadian residency programs are being held to higher standards than ever before with respect to resident education and assessment. In an effort to standardize the Canadian resident experience and ensure a well-rounded educational foundation, the Royal College of Physicians and Surgeons of Canada (RCPSC) in 1996 developed the 7 CanMEDS roles (revised in 2005)—that of medical expert, communicator, collaborator, health advocate, manager, scholar, and professional—which are recognized as the essential competencies required of today's physicians.[13] Created to define and codify the scope and breadth of what every Canadian resident's residency training should include, these competencies have since been integrated into all aspects of medical education in Canada and represent the standard to which all residents are to be held accountable.

At its core, a GHE during residency forms part of the resident's overall training program and therefore should adhere to PGME training standards. Although it may seem intuitive that participation in GHEs may develop CanMEDS competencies, this has not been studied in depth in surgery. It is not known which competencies are developed, how they are developed, or to what extent. Without this data, it is difficult to create reasonable and achievable elective goals and objectives or assess resident GHEs in a manner that is acceptable to RCPSC guidelines. Furthermore, objectives for residents participating in GHE are often vague and poorly defined. Without structure, clear goals and expectations, GHEs risk devolving into medical tourism.

There is a paucity of literature exploring the CanMEDS framework as it relates to a surgical GHE. In the last 7 years, there have been a few published articles on surgical residents' reflections of their work in international settings. However, none of these explicitly relate to CanMEDs competencies.[14,15] Using a single general surgery resident's experience in a low-income country, Goecke et al.[16] documented the resident's informal experience of the CanMEDS roles throughout her elective, and subsequently proposed a vehicle to guide resident experience and evaluate achievement of the CanMEDS competencies during a GHE. However, this guide does not offer a clear set of objectives for residents participating in GHEs, nor does it suggest appropriate methods of assessment. Even so, the guide is helpful in offering direction for general surgery residents preparing for participation in a GHE; no such guiding tool exists for residents in OHNS.

We therefore set out to examine the current state of GHEs among Canadian OHNS residents to determine if and how OHNS resident participation in a GHE facilitates the development of CanMEDS competencies. From this information, we intend to create an OHNS GHE tool to facilitate the integration of CanMEDS into GHE preparation, participation, and evaluation. It is hoped that this tool may be used by residents, program directors, and

Download English Version:

https://daneshyari.com/en/article/4297727

Download Persian Version:

https://daneshyari.com/article/4297727

Daneshyari.com