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## Global opportunities on 239 general surgery residency Web sites



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### ABSTRACT

**Background:** Many general surgical residency programs lack a formal international component. We hypothesized that most surgery programs do not have international training or do not provide the information to prospective applicants regarding electives or programs in an easily accessible manner via Web-based resources.

**Materials and methods:** Individual general surgery program Web sites and the American College of Surgeons residency tool were used to identify 239 residencies. The homepages were examined for specific mention of international or global health programs. Ease of access was also considered. Global surgery specific pages or centers were noted. Programs were assessed for length of rotation, presence of research component, and mention of benefits to residents and respective institution.

**Results:** Of 239 programs, 24 (10%) mentioned international experiences on their home page and 42 (18%) contained information about global surgery. Of those with information available, 69% were easily accessible. Academic programs were more likely than independent programs to have information about international opportunities on their home page (13.7% versus 4.0%,  $P = 0.006$ ) and more likely to have a dedicated program or pathway Web site (18.8% versus 2.0%,  $P < 0.0001$ ). Half of the residencies with global surgery information did not have length of rotation available. Research was only mentioned by 29% of the Web sites. Benefits to high-income country residents were discussed more than benefits to low- and middle-income country residents (57% versus 17%).

**Conclusions:** General surgery residency programs do not effectively communicate international opportunities for prospective residents through Web-based resources and

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should seriously consider integrating international options into their curriculum and better present them on department Web sites.

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## 1. Introduction

Although the global health community is beginning to recognize the need to provide surgical services for the world's poorest and most underserved populations, limited progress has been made [1]. One way to improve surgical care in low- and middle-income countries (LMICs) is by developing partnerships with surgical training programs in high-income countries (HICs). Although very important for delivering patient care, short-term private or institutional humanitarian missions do not often provide the forum for large scale and long-term collaborations. While some programs have developed partnerships and global surgery research is increasing, much of the research has been descriptive. To develop robust outcomes-based studies, there is a need for HIC surgeons to collaborate and engage in academic hypothesis-driven studies of delivery methods, cost structures, capacity building, and outcomes assessment with LMIC colleagues [2].

In recent years, global health has grown into a formal academic field in many disciplines. However, surgery has lagged behind because of lack of funding, perceived complexity of all surgical interventions, and lack of involvement by significant numbers of HIC surgeons [3,4]. Even so, there is a documented and growing interest in global health among general surgical residents [5]. Global surgery-specific surveys have been attempted to quantify the number of programs that offer international electives, programs, or experiences; however, it is unknown what information is available through Web-based resources to prospective students before starting residency as well as the impact that this has on program selection [6]. The goal of this study was to assess surgical department Web sites to determine if international programs were profiled and what type of opportunities are advertized.

## 2. Material and methods

During July 2014, the American College of Surgeons "So You Want to be a Surgeon" (SYWTBAS) online tool was used to identify all United States general surgery residency program Web sites [7]. Each Web site was visited and data collected on whether there were global surgery programs, defined as surgical experience in a low or middle-income country for surgical residents, on the home page for the US-based general surgery residency. In addition, accessibility of information was quantified as easily accessible if international surgery-specific experience could be identified within two links from the home page. Programs were graded accessible with difficulty if information regarding international programs or electives was available after more than two links from the home page or if only accessible using the search function of the home page, using search query: "global surgery" and "international electives." Individual Web sites

were searched for a maximum of 10 min, and if no programs or electives could be identified in this time, the program was deemed not to have information available. Ten minutes was arbitrarily chosen by the authors as an estimate of how long an applicant would search; true estimates of this variable are unknown, and it may not reflect an average due to other factors such as internet connection speed, particularly if potential residents are accessing the information from a LMIC. For those programs that demonstrated an international component, it was noted if the program had a dedicated international surgery Web site, global surgery tract, or global surgery center. Academic programs were identified based on their association with a university and self-reported status on the Web site. Web sites were revisited between November 2014 and February 2015, and quality of opportunities were assessed by length of rotation, inclusion of research component, discussions of benefits to HIC institution, HIC residents, LMIC Institution, and LMIC residents. All statistical analysis was completed using STATA 13.1 (STATA Corp, College Station, TX).

## 3. Results

Of the 239 surgical residencies surveyed, 138 (58%) were academic and 101 (42%) were independent. Overall, 16% ( $n = 42$ ) of programs had information about international opportunities available through Web-based resources (Table 1). Stratified by the type of program, 27% ( $n = 37$ ) of academic programs and 5% ( $n = 5$ ) of independent programs had any global surgery information ( $P < 0.0001$ ). Dedicated pathways, centers, or global surgery-specific Web sites were found on 12% ( $n = 28$ ) of residency pages; however, academic programs were more likely to have this feature (18.8% versus 2.0%,  $P < 0.0001$ ). With regard to ease of accessibility, 10.5% of programs ( $n = 25$ ) had evidence of international programs, rotations, or electives directly on the main surgery residency home page, with academic programs having a higher proportion compared with independent programs (13.7% versus 4.0%,  $P = 0.006$ ). Of programs with global surgery information available, 69% ( $n = 29$ ) were evaluated as "easily accessible" (representing 12% of residencies overall). The

**Table 1 – Programs with global surgery information by ease of access and type of program.**

Type of program	Number of programs (% row)			Total
	Easily	With difficulty	No information	
Academic	25 (18.1)	12 (8.7)	101 (73.2)	138
Independent	4 (4.0)	1 (1.0)	96 (95.0)	101
Total	29 (12.2)	13 (5.4)	197 (82.4)	239

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