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ORIGINAL RESEARCH

A Protocol to Develop Practice Guidelines for Primary Care Medical Service Trips

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Abstract

BACKGROUND North American clinicians are increasingly participating in medical service trips (MSTs) that provide primary healthcare in Latin America and the Caribbean. Literature reviews have shown that the existence and use of evidence-based guidelines by these groups are limited, which presents potential for harm.

OBJECTIVE This paper proposes a 5-step methodology to develop protocols for diagnosis and treatment of conditions encountered by MST clinicians.

METHODS We reviewed the 2010 American College of Physicians guidance statement on guidelines development and developed our own adaptation. Ancestry search of the American College of Physicians statement identified specific publications that provided additional detail on key steps in the guideline development process, with additional focus given to evidence, equity, and local adaptation considerations.

FINDINGS Our adaptation produced a 5-step process for developing locally optimized protocols for diagnosis and treatment of common conditions seen in MSTs. For specified conditions, this process includes: 1) a focused environmental scan of current practices based on grey literature protocols from MST sending organizations; 2) a review of relevant practice guidelines; 3) a literature review assessing the epidemiology, diagnosis, and treatment of the specified condition; 4) an eDelphi process with experts representing MST and Latin American and the Caribbean partner organizations assessing identified guidelines; and 5) external peer review and summary.

CONCLUSIONS This protocol will enable the creation of practice guidelines that are based on best available evidence, local knowledge, and equitable considerations. The development of guidelines using this process could optimize the conduct of MSTs, while prioritizing input from local community partners.

KEY WORDS medical missions, humanitarian health, medical service trips, Latin America, global health, international health

Authors' contributions: Christopher Dainton conceived the study and was involved in writing and revision of all sections. Charlene H. Chu was involved in writing and revision of the Methods and Discussion section. Lawrence Loh was involved in the conception and writing of the Discussion section, and in substantial revision and editing of all other sections. Henry Lin and William Cherniak were involved in writing and revision of the Introduction section. All authors reviewed the final version and approved it for publication.
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INTRODUCTION

Short-term medical service trips (MSTs) have emerged as a controversial means of providing health care in low and middle income countries.[1,2] These endeavors typically involve clinicians, students, allied health professionals, and other support staff who travel to under-resourced settings in remote communities, providing primary, specialty, and/or surgical care to populations that often have limited access.[3,4] Due to their geographic proximity to the United States, countries in Latin America and the Caribbean (LAC) are a particular focus for many MSTs, with at least 1 study documenting 125 different groups operating in Honduras alone.[5]

The conduct of MSTs has raised numerous concerns, particularly surrounding the consumption of scarce resources by visiting providers, the inherent communication barriers in such settings, and the potential for undermining local community leadership and creating dependence. There are additional concerns over the appropriateness and effectiveness of North American clinicians practicing in settings that are culturally discordant and resource limited.[6-8]

Clinical guidelines may be defined as "recommendations intended to optimize patient care that are informed by a systematic review of evidence and an assessment of the benefits and harms of alternative care options"[9] and are an accepted means for summarizing evidence, making it relevant to practice, and standardizing patient care.[10] However, a review of peer-reviewed literature failed to identify practice guidelines employed by primary care MSTs in LAC.[11]

Context-specific practice guidelines for these efforts could optimize care provided and address some of these concerns by accounting for 1) limited access to laboratory tests, medical equipment, and diagnostic radiography; 2) epidemiological differences in MST communities and practice settings; and 3) local differences in disease management. These guidelines would also promote effective partnerships by inviting collaboration in the development of mutually acceptable standards for host and visiting providers alike. Furthermore, guidelines would serve to improve outcomes for patients by encouraging treatment based on best available evidence.

This paper outlines a novel approach to the development of practice guidelines for diagnosis and treatment of common conditions seen in primary care MSTs in LAC. Primary care can be defined as "first contact assessment of a patient and the provision of continuing care for a wide range of health concerns," including but not limited to the assessment of undifferentiated illness.[12] For our purposes, the term "primary care" refers to MSTs that are not primarily surgical, subspecialized, or technical in nature. The latter subcategories are not the focus of this paper as they are fundamentally different in character, setting, and how they might impose on local resources. Our approach integrates a systematic process to include the perspectives of multiple stakeholders, such as local and national health authorities in LAC, program administrators, volunteer health care professionals, and patients themselves. Any process to develop guidelines requires a collaborative methodology that effectively solicits contributions from each of these stakeholders. Ideally, this will foster credibility and a sense of ownership and support eventual guideline adoption by MST implementers in partnership with host communities.[13]

METHODS

This adapted approach to assessing evidence and producing a practice guideline for a common target condition is based on an American College of Physicians guidance statement and summarized in Figure 1.[10] This process consists of two steps: 1) summarizing the relevant literature, and 2) achieving consensus via an eDelphi panel.

Scope and Leadership. These guidelines will be tailored for use by primary care clinicians on MSTs in under-resourced settings in LAC. A clinician is defined as a physician, physician assistant, nurse practitioner, or other healthcare professional with responsibility for diagnosis. The process will be led by the MST Guidelines Development Group, consisting of experienced MST physicians from backgrounds in emergency medicine, public health, and pediatrics, as well as an academic nurse with expertise in research methods.

Environmental Scan of Guidelines, Protocols, and Grey Literature from Nongovernmental Organizations. The majority of existing practice guidelines and protocols are unpublished and unavailable in peer-reviewed literature.[11] The panel will summarize existing practices by directly contacting nongovernmental organizations (NGOs) conducting primary care MSTs via email and telephone to request access to existing clinical or treatment guidelines/protocols for specified conditions. A summary will be created and areas of disagreement will be highlighted.