High Disparity Between Orthopedic Resident Interest and Participation in International Health Electives

To the Editor:

A recent article by Zhang et al\(^1\) proposes global health training initiatives for orthopedic surgery residents as one method to alleviate the burden of musculoskeletal disease, which is substantial and escalating,\(^2\) and reduce health disparities.\(^3\) Zhang et al\(^1\) highlight the awareness and commitment of most orthopedic residents regarding this issue and discuss barriers to participation in global health initiatives. In their survey of 182 orthopedic surgery residents, more than half responded that their motivation for participation in global health training initiatives was to contribute to the care of the underserved and betterment of the world.

Unfortunately, the study conducted by Zhang et al indicates that there exists a relative lack of opportunities for orthopedic residents in global health. There is a growing sense that modern-day medicine is failing to recognize its role in educating physicians to meet the health care needs of a diverse global society.\(^3\) This is supported by the fact that a mere 36\% of the responding programs offer formal global health education and international electives.\(^1\) Although this number is increasing, it still does not match residents’ demand or help meet patients’ needs.

To address this issue, residency program directors must be made aware of the growing demand and interest on the part of residents about lessening the global burden of musculoskeletal disease. Program directors can change their curricula to include experiential learning opportunities, international electives, and global health lectures and workshops.\(^4\) At a minimum, training programs can provide the infrastructure, time, and support for residents to design experiences to optimize their own professional development.

As a recent orthopedic graduate, I experienced many of the same barriers and dilemmas to participation in global health initiatives, notably the financial burden and scheduling conflicts. Although my elective experience was permitted, it was not financially supported or logistically facilitated by my program. As a result, I spent a considerable amount of time, effort, and money to design a worthwhile educational experience. I did so for many of the same reasons outlined by the respondents in the study by Zhang et al: social responsibility, teaching opportunities, and exposure to uncommon pathologies.

Resident education in global health, and experiential learning in particular, helps foster a lifelong commitment to global health initiatives, as early exposure during training leads to subsequent participation in international orthopedic care.\(^5\) This lifelong commitment would help address some of the disparities in access to safe health care.

The increase in globalization and the global burden of musculoskeletal disease make global health an important topic to incorporate into all residency programs. As the world globalizes, so too should health care and health education. It is our responsibility to prepare future surgeons for this phenomenon and our duty to provide or facilitate quality orthopedic care worldwide. As health and disease know no boundaries, neither should our service and education.

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The author has no relevant financial relationships to disclose.

REFERENCES


Reply:

We thank Dr Tougas for her insightful comments regarding international training opportunities during residency. Her reflection further illustrates the lack of international learning opportunities in orthopedic training while demand and interest have grown. Her personal experience points toward many of the bar-
riers that our study revealed, including financial and scheduling conflicts and overall lack of opportunities. The competing interests that exist in the current residency training system—between the sponsoring institution’s department of graduate medical education, the orthopedic department managing its own local population, and the residency maintaining flow in operations—are contributing to the aforementioned barriers. Indeed, our specialty would benefit from a culture shift that values international health electives and recognizes the role future orthopedic surgeons could play in addressing the global burden of musculoskeletal disease. As our health care system increasingly focuses on quality, value, and population health, lessons learned from practicing in resource-limited environments may help train future surgeons to provide resource-efficient, low-waste, high-value care. We hope that our study brings attention to the importance of global health education during orthopedic training and fosters future orthopedic surgeons interested in addressing global health and its disparities.

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