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Title

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Permalink

<https://escholarship.org/uc/item/730501z3>

Journal

Journal of Craniofacial Surgery, 26(4)

ISSN

1049-2275

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Publication Date

2015-06-01

DOI

10.1097/scs.0000000000001697

Peer reviewed

The Present Status of Global Mission Trips in Plastic Surgery Residency Programs

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Objective: The present status of global mission trips of all of the academic Plastic Surgery programs was surveyed. We aimed to provide information and guidelines for other interested programs on creating a global health elective in compliance with American Board of Plastic Surgery (ABPS) and Accreditation Council for Graduate Medical Education Residency Review Committee (ACGME/RRC) requirements.

Design: A free-response survey was sent to all of the Plastic Surgery Residency program directors inquiring about their present policy on international mission trips for residents and faculty. Questions included time spent in mission, cases performed, sponsoring organizations, and whether cases are being counted in their resident Plastic Surgery Operative Logs (PSOL).

Results: Thirty-one programs responded, with 23 programs presently sponsoring international mission trips. Thirteen programs support residents going on nonprogram-sponsored trips where the majority of these programs partner with outside organizations. Many programs do not count cases performed on mission trips as part of ACGME index case requirement. Application templates for international rotations to comply with ABPS and ACGME/RRC requirements were created to facilitate the participation of interested programs.

Conclusions: Many Plastic Surgery Residency programs are sponsoring international mission trips for their residents; however, there is a lack of uniformity and administrative support in pursuing these humanitarian efforts. The creation of a dynamic centralized database will help interested programs and residents seek out the global health experience they desire and ensure standardization of the educational experience they obtain during these trips.

Key Words: Global health, missions, plastic surgery residency

(*J Craniofac Surg* 2015;26: 1088–1090)

The prevalence of surgical mission trips is increasing in both private and academic settings.¹ This has provided many medical and surgical residents exposure to different healthcare environments and hands-on experience in providing humanitarian care to an underprivileged population. The value of mission trips has recently been surveyed by Simmons et al² suggesting increased educational benefit for residents and better outcomes and quality of care for patients; however, the educational experience from all of the medical mission trips is not the same. The availability of mission trips at many institutions is presently limited by already-existing infrastructure, with little thought given to venturing outside traditional sites that have been established for many years in the past. This complacency can affect the available training opportunities provided to residents. Martiniuk et al³ concluded in a literature review: “There is significant scope for improvement in mission planning, monitoring and evaluation as well as global and/or national policies regarding foreign medical missions. To promote optimum performance by mission staff, training in such areas as cross-communication and contextual realities of mission sites should be provided. With the large number of missions conducted worldwide, efforts to ensure efficacy and harmonization with existing government programming and transparency are needed.”

As interest in international mission trips increases in plastic surgery, there is an increasing need for an up-to-date and more centralized coordination of efforts to assist interested residents and programs in finding resources and support necessary to pursue their humanitarian and educational goals. Tasked with the objective to improve mission planning among all of the Plastic Surgery programs, the American Council of Academic Plastic Surgeons (ACAPS) Global Health Committee administered an online survey to all of the Plastic Surgery Residency programs inquiring about their present policies on international rotations and mission trips. This will establish a starting point in creating a dynamic database in which Plastic Surgery programs and sponsoring organizations can provide updates and necessary information for future mission trips.

METHODS

A 10-question free-response survey was sent to all of the Plastic Surgery Residency program directors inquiring about their present policy on international mission surgery trips for residents and faculty, summarized in Table 1.

International rotation documents for Accreditation Council for Graduate Medical Education Residency Review Committee (ACGME/RRC) and ABPS from Plastic Surgery programs with established international rotation electives were examined and

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Received December 19, 2014.

Accepted for publication January 30, 2015.

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Supplemental digital contents are available for this article. Direct URL citations appear in the printed text and are provided in the HTML and PDF versions of this article on the journal's Web site (www.jcraniofacialsurgery.com).

There are no conflicts of interest.

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ISSN: 1049-2275

DOI: 10.1097/SCS.0000000000001697

TABLE 1. Survey Result Summary

Question	Yes (%)	No (%)
Does your program sponsor overseas mission trips with residents?	64	36
Does faculty attend and supervise?	100	0
Are RRC requirements met so that residents can count cases?	35	65
Do you partner with another organization?	65	35
What types of surgical procedures are done?	Refer to text	
Does your program support residents seeking nonprogram-sponsored overseas mission trips?	62	38
Does faculty attend and supervise?	65	35
Are RRC requirements met so that residents can count cases?	11	89
Do you partner with another organization?	45	55
What types of surgical procedures are done?	Refer to text	

RRC, Residency Review Committee.

modified to create a generic application template to aid other programs in their application for ACGME/RRC and ABPS approval.

RESULTS

To date, 31 Plastic Surgery programs (44%) have responded to the survey. Continued efforts are being made to ensure responses from majority of the programs.

Twenty-three programs presently sponsor international residency mission trips (64%) (Table 1). All of these programs have faculty attend and supervise the residents. Only 7 of these programs have made appropriate arrangements so that RRC requirements are met and cases are counted. Fifteen programs are partnering with another organization to accomplish their mission objectives.

Thirteen programs also support residents going on nonprogram-sponsored trips; however, only 65% of those have faculty attend and supervise. Of these programs, only 2 have made appropriate arrangements so that RRC requirements are met to count cases for the residents. Only 55% of these nonprogram-sponsored trips are associated with another organization (Table 1).

Cleft lip and palate repair are the most common surgical procedures performed, with other reconstructive procedures including burn deformities, hand surgery, wound care, local flaps, head and neck reconstruction, and general plastic surgery.

Reported partnering organizations include ConnectMed International, Faith in Action, HandReach, Healing the Children, Health Volunteers Overseas, Hirsche Smiles Foundation, Interface, Interplast South, Komedypast, Mayan Families, Medi-Share, Operation Smile, Philippine Minnesota Medical Association, ReSurge International, and Tran Tien Foundation.

A common question during these mission trips is whether cases performed can be counted toward ACGME Plastic Surgery Operative Log. Therefore, the criteria for international rotations set by the ACGME/RRC were examined⁴ in addition to acquiring information from programs with established international rotation electives. An application template and letter to the RRC were then created to facilitate applications for international rotations for interested programs (see Supplemental Digital Content, Appendices A and B, <http://links.lww.com/SCS/A143>, <http://links.lww.com/SCS/A144>).

Residents are required to spend 48 weeks per year in their training program to comply with ACGME training requirements. This compliance issue can arise when there is not enough vacation

time left available or when the mission trip lasts longer than 1 week. We then inquired the ABPS about the ability of residents to count the time they are on a mission trip as part of the 48 weeks per year. The response from the ABPS is as follows: “Faculty supervised resident experiences for international surgical rotations are considered part of the 48 weeks of full-time clinical residency training. International rotations without faculty supervision must be included in allotted vacation time.”

A template for a sample letter to the ABPS was also created (see Supplemental Digital Content, Appendix C, <http://links.lww.com/SCS/A145>).

DISCUSSION

Plastic surgeons have long been involved in surgical mission trips to developing countries. In contrast to short-term visits by physicians of other specialties, plastic surgeons have the opportunity to provide a reasonably definitive solution to problems that can benefit patients for the rest of their lives. The survey reported in this article indicates the most common procedures performed presently are those to remedy cleft lip and palate and burn scar contracture deformities. Although other procedures are also done, these problems are particularly suited to a plastic surgeon’s skill set and can often be done as a single procedure with significant long-term effect.

To determine what is actually happening in the context of Plastic Surgery Residency programs in the United States, this survey was performed to gather data for the ACAPS regarding the extent and nature of resident involvement in these efforts. As has been previously demonstrated, mission trips are enthusiastically received by residents themselves, both for the cultural experience gained as well as the improvement in technical skills afforded by a high-intensity exposure to procedures that may not be performed as frequently in their home programs.

Approximately, a third of US programs responded to the survey and about two thirds of those (23) supported international mission trips on which faculty was always present to supervise and educate. Even in those residencies without their own program, residents are encouraged to go on other medical missions and faculty usually attended those trips as well. This seems to demonstrate faculty agreement that the educational experience outweighs the “cultural” experience and the mentoring role of the senior plastic surgeon is as critical in a foreign country as at home.

For those programs who do not have their own “global health” program, multiple organizations exist with whom programs can partner to provide this valuable experience for their residents. Adherence to ACGME requirements for counting cases done on the trip may be difficult under these circumstances, but it can still be a worthwhile endeavor, nonetheless. If the resident has adequate case numbers at home, counting cases may not be an issue at all. Only 2 of these nonprogram-sponsored trips presently count cases compared with 7 in the program-sponsored trips.

The present level of US Plastic Surgery Residency programs in international mission trips is significant, but could obviously be greater. Although it is unclear what is in programs that did not respond to the survey, the lack of response may reflect noninvolvement in foreign missions. If this is the case, a minority of programs presently participate in any kind of foreign mission trip activity. It would seem appropriate for ACAPS to encourage and support this aspect of plastic surgery residency training. The patients served and the residents and faculty who serve them reap great rewards.

CONCLUSION

Many Plastic Surgery Residency programs are sponsoring international mission trips for their residents; however, there is a lack of

uniformity and administrative support in pursuing these humanitarian efforts. Although it is possible to meet RRC requirements allowing residents to officially count their cases, the majority of responding programs have not yet taken advantage of this. The creation of a dynamic centralized database may help interested programs and residents seek out the surgical experience they desire as well as facilitate better standardization of the educational experience obtained during these trips.

ACKNOWLEDGMENTS

The authors thank Rebecca Bonsaint, American Council of Academic Plastic Surgeons (ACAPS), for her assistance with his project.

REFERENCES

1. Moon W, Perry H, Baek RM. Is international volunteer surgery for cleft lip and cleft palate a cost-effective and justifiable intervention? A case study from East Asia. *World J Surg* 2012;36:2819–2830
2. Simmons BJ, Gishen KE, Dalsania RM, Thaller SR. An evaluation of the value of plastic surgery mission trips in resident education by attending physicians. *J Craniofac Surg* 2015;26:1091–1094
3. Martiniuk AL, Manouchehrian M, Negin JA, et al. Brain Gains: a literature review of medical missions to low and middle-income countries. *BMC Health Serv Res* 2012;12:134
4. International Rotation Application Process—Review Committee for Plastic Surgery. http://www.acgme.org/acgmeweb/Portals/0/PFAssets/ProgramResources/360_PS_Criteria_forApproved_International_Rotations.pdf. Accessed January 13, 2015.