

Global plastic surgery case rounds: a low-fidelity global health tool to maintain trainee engagement during residency

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Significant inequities continue to exist with respect to the delivery of global surgical care. Surgically treatable conditions currently comprise 30% of the total global burden of disease and 11% of disability-adjusted life years.^{1,2} A growing recognition for the significant health and economic burden of surgical disease treated by plastic surgeons has led to a newfound interest in incorporating formal global health education into surgical training. There is also increasing concern that surgical training has become dependent on tertiary institutions, with a decreasing emphasis on developing surgical skills in low-resource settings.

Traditionally, global health education during residency is administered via didactic teaching and the opportunity for international mission experiences.³ These opportunities are effective at improving cultural competency and knowledge.^{4,7} However, plastic surgery trainees continue to face barriers to engagement over the course of their residencies. Such barriers include a lack of institutional support, financial and time restrictions, insufficient mentorship, and a lack of recognition that global surgery is academically legitimate. To many trainees, these barriers are compounded by rigorous clinical and academic demands, which unfortunately put global health interests on hold over the course of their 5 to 7 years of surgical training.

In an effort to address these barriers and engage residents in a low-demand and time-flexible fashion, the authors hypothesized that online global surgery case rounds would provide a platform for cross-cultural learning and international collaboration. In 2015, the Resident Global Surgery Collaborative (RGSC) was jointly created by plastic surgery trainees in Canada and the United Kingdom. Every 3 months, 45-minute-long case-based rounds were held between plastic surgery trainees in developed and developing institutions. Meetings were typically attended by 10 trainees from 3 to 5 countries worldwide and moderated by at least one attending surgeon to ensure quality assurance. Cases were typically shared by one host institution and followed by discussions of clinical and surgical approaches specific to each resource setting.

As such, trainees learned to address common plastic surgery problems using a range of diagnostic tools and surgical techniques that reflected the diverse cultural and socioeconomic backgrounds of attendees. Cases were also typically followed by the presenter distributing relevant literature around the topic to international attendees. Case round scheduling was featured on the RGSC website where residents were given the opportunity to sign up for meetings around their busy schedule.

The bidirectional exchange of knowledge and experiences through the RGSC has been invaluable in educating trainees to treat surgical disease with varying resources, tools and techniques. Trainees learn to appreciate the manner in which the social determinants of health impact the delivery of global surgical care and challenge them to find innovative ways to deconstruct the social and institutional barriers that lead to healthcare inequities. Perhaps most significantly, the RGSC has successfully provided a much-needed dialogue between like-minded surgeons-in training across the globe, hopefully inspiring long-term partnership and collaboration.

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