A Reflection on International Lessons in Residency

Recently I spent a week of vacation traveling to a mission clinic in Central America as part of a surgical mission trip. I expected to receive excellent hands-on surgical experience and to examine a variety of cases not seen on a daily basis in the United States. What I hadn't expected were the many life, cultural, and clinical lessons I would learn. The knowledge and wisdom I gained in 1 short week of international medicine will stay with me, and I have become an advocate for the opportunity to obtain this type of international medical experience during residency.

During the trip, I participated in 10 total vaginal hysterectomies and 4 abdominal hysterectomies. This provided a level of repetition and learning that I likely will not experience again in residency. I was able to develop my surgical techniques and put them to use in one case after another. The surgical volume I experienced over a few days of operating was equivalent to multiple gynecology rotations at my home program. In 2009, obstetrics and gynecology residents performed approximately 120 hysterectomies during their training.[1] I performed 14 hysterectomies in 3 and a half days, or 11.7% of the average total number of hysterectomies performed by an obstetrics and gynecology resident over the course of 4 years. A study found that the median number of total vaginal hysterectomies performed during training decreased from 29 in 2008 to 18 in 2011,[2] making the volume of 10 total vaginal hysterectomies even more astounding.

Although the trip was surgically oriented, the same mission also provided primary medical care at outreach clinics a few hours away. The stories and experiences shared by the internal medicine physician on our visiting team after spending a day at each of the outreach clinics were amazing. The lesson constantly emphasized throughout the weeklong trip was "don't forget your basic assessment skills." They will not fail you even when you don't have access to your routine or normal diagnostic tests.

The Accreditation Council for Graduate Medical Education (ACGME) has outlined core competencies for resident education. International experiences in residency can help develop proficiency in these areas. Patient care, medical knowledge, interpersonal and communication skills, professionalism, and systems-based practices are all enhanced when practicing medicine internationally. Cost awareness, cultural awareness and its effect on professionalism, in addition to working effectively in a new health setting, are some of the examples of competencies that are emphasized on international rotations.

International experiences can benefit both medical and surgical residents. International surgery rotations do not just increase residents' surgical numbers, but more importantly, they help residents achieve proficiency and further develop the core competencies expected of graduates. In conjunction with several specialties, the ACGME has developed guidelines for international rotations, such as the 2011 guidelines created by the ACGME and the American Board of Surgery for international surgery rotations.[3] While some have cited challenges, such as funding and the fear of academic tourism as barriers, there is a need for resident educators across a range of specialties to develop a standardized curriculum for international rotations to further resident education and to work with funders to make these experiences possible.

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