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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.

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Key Words: Global health, missions, plastic surgery residency

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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.

TABLE 1. Survey Result Summary

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

RRC, Residency Review Committee.

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.


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 examined 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.

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REFERENCES