Improving the applicability of international fellowships in high-income countries: analyzing the experience of fellows from low-middle income countries



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Fellows experience and challenges:



Introduction

Postgraduate surgical training programs in high-income countries (HICs) are one of the resources for the expansion and training of the surgical workforce. Fellowships expose trainees from low- and middle-income countries (LMICs) to new surgical technologies, protocols and system implementations, but also provides bidirectional learning opportunities.

The purpose of our study is to understand the challenges and benefits of surgical fellowships in HIC for surgeons from LMICs. This will help us to design fellowships to best support their experiences so they can achieve their goals and objectives to benefit surgical and clinical care when they return home.

While there is some literature around mentorship and personal barriers, the literature lacks information regarding what surgical fellows perceive as necessary for a successful fellowship. Filling this gap and ensuring application of knowledge has the potential to transform LMIC health care.

Methods

The study is a qualitative explorative project using semistructured interviews to provide a broader understanding of their experience, without limitations. A snowball sampling strategy was used to recruit the participants.

This is a preliminary study where we will discuss the shared experiences of 6 fellows who completed 6-24 months fellowships in a variety of HICs. Based on their shared experiences, we will discuss challenges faced with completing their clinical fellowships, as well as those related to the implementation of their learning when returning home. We will also discuss recommendations for ways to improve fellowships targeted at improving the quality of surgical and clinical care in LMICs.

Results

Fellows' background:

Country: Egypt, Guyana, Tanzania, Cameroon, DRC, Kenya
Type of hospital: teaching hospital, public +/- private system
Position: junior surgeon +/- teaching position +/- administrative responsibilities
Medical school and residency training: home country or other LMIC
Time in practice before starting the fellowship: 0 – 1 years
Objectives: improve surgical skills, gain new experience, management skills

Fellowship program details:

Country: Belgium, France, The Netherlands, Canada Length: 6-24 months Specialty: plastic surgery, orthopaedics, pediatric surgery Application process: institutional partnerships, personal approach Funding source: fellowship program, NGOs sponsorship Curricula: standard or customized to the fellow's interest

Administrative

- Application documents P3 "It was a lot of documentation. I would say it was not something that was not doable, but I remember the process being a very long, tedious one"
- Bank account P2"I struggled so much on banking"
- Being a healthcare leader –P5 "the main challenge, I would say is managing public and private practice, managing staff, having to source equipment, operating time"

Social life

- Adjustment to new work environment P4 "3 weeks to figure out where to find things, where to go, how to change, everything, and 6 weeks to work with electronic medical records"
- Feeling socially isolated at work P2 "people dont talk and after working they go home and that's how it is, maybe in other parts of the world, you come to work, we greet each other, we talk, maybe after work coffee time, you go and chat a little and you go back to work, lunch and maybe some other people just work alone and just work work work and that is their thing"
- Finding mentors P6 "I liked working with that surgeon, he loved to teach", P5 "actually today we discussed a case I'm about to do this week"
- Receiving support from the job at home P5 "I received a lot of support from back home, the hospital allowed me to keep the housing and salary so I can support my family"

*P# - participant number

Work culture

- Difficulty with integration within the team when starting fellowships P5 "its is always important to be able to adjust, to have a global understanding of medicine, (...) learning is global but on the practical level there are always differences"
- Trying to change culture when returning home to implement new ideas P2 "I came from a country where, you know, things are kind of slow and not very scheduled. It happens whenever it happens. I had to really build a team to my sticks and to get, you know, to run the way I was trained."
- Racism, reluctance from parents to let their children be treated by trainees from LMICs P4 "Did you study here in "X country"?"

Setting goals and objectives

- P3 "I realized that I couldn't do it alone, that we had to get a team"
- Sometimes lack of objectives P5" I had no expectations; I was willing to accept what I will be offered"

Ability to use skills

- Disappointment knowing you cannot offer this surgery at home P3 "certain pathologies that we are taken care of with difficulty could easily be treated in Europe. You could easily see a difference in terms of mortality and morbidity for certain pathologies (...) it is interesting to know what they do to improve care"
- Ability to be promoted upon return and implement change P1"there were no challenges because when I came back, I was upgraded to a lecturer in plastic surgery, assistant professor"

Conclusions

The experience and perceptions of international fellows is very diverse and is influenced by multiple factors such as educational milestones, personal expectations and professional background. This paper is a preliminary report of a limited number of interviews which influences the outcomes and conclusions of the results.

References

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