**Episode 4: Careers in Global Surgery**

**Guests:** Dr. David Nolen & Dr. Dave Shaye

**Question:** How did you come to the decision to primarily live abroad rather than primarily practicing at your academic job?

* Pyramid of participation in global surgery: bottom-short term surgical trips, middle tiers-Mercy Ships, Doctors without borders, upper tier-policy, and at the pinnacle-those who live abroad

**Dr. Shaye**

* A motivation to pursue medicine is that it is a passport to the world.
* Sought a position after residency that aligned with the goal of spending months abroad rather than weeks and building a relationship with a department to meaningfully contribute.

**Question:** Prior to COVID, what was the general breakdown of your year?

**Dr. Shaye**

Split practice

* 7mo: Massachusetts Eye and Ear-faculty, resident teaching,, clinical practice
* 5mo: Rwanda Central Teaching Hospital for the past >8 years with 10 graduates-faculty with 2 other faculty.
* 1mo: Nigeria doing *NOMA work* with **Médecins Sans Frontières**
* Shorter term: Nepal, and Zimbabwe teaching and research focused

Family accompanies him back and forth

**Question:** Dr. Nolen, where are you now and how are you able to be there?

**Dr. Nolen**

Previously it was thought to be incompatible and unheard of to do global health within Otolaryngology. It is not, it requires thinking outside the box.

* Moved to Kijabe, Kenya in March 2015 to work at AIC Kijabe hospital through **Samaritan’s Purse and World Medical Mission** (2 years of funding and partnership with a hospital)
  + These organization are faith based and eliminate many barriers to global practice (logistics, funding, insurance, malpractice insurance)
    - Faith Based NGO’s and sending agencies with 501.3c organizations with tax deductions for donations. Assist with logistics and accounts for donations in a tax deductible way.
  + Provides a matching service for providers looking for opportunities abroad (Central South America, Asia, Africa)

**Question:** Prior to your current level of engagement in global surgery, did you participate in short-term medical trips as a resident or fellow?

**Dr. Nolen**

* Participated in a short-term trip to Zambia that was not patient care oriented- reached out to ENT’s at a local teaching hospital and shadowed to see what life and practicing medicine there was like there and to learn the system and Guatemala active with working with local residents and involved with patient care. Two short-term trips in fellowship.
* Short term surgical trips were to confirm my interest and suspicion that I could shape a career around global surgery. Always had been interested in living outside of the US and practicing medicine and the trips informed his decision.

**Dr. Shaye**

* Grew up in Nepal with parents involved with **Save the children** organization with health related aspects to services provided. Had additional exposure during high school and college in a medical setting. Spent 2 months in Guatemala as a medical student. Generally looked for opportunities to experience and contribute.
* Although residency was limiting for global surgery work, he took advantage of a research rotation to spend 1.5 months in Zimbabwe.
* Reconfirm your goals, interests, and passions as you progress through each phase.

**Dr. Wiedermann**

* Experiencing different types of global surgery trips gives valuable perspective. Sustainability factor is different when you work long-term with the same local team and gain an understanding of the burden of disease, and an understanding of limitations of your setting vs. a targeted trip for a specific need.

**Question:** Do you feel that you’ve been able to create a sustainable model at your respective institutions?Has there been an increase in capacity?

**Dr. Nolen**

* We tend to overestimate what we can do in the short-term and under-estimate what we can do in the long-term.

*“Most people overestimate what they can do in one year and underestimate what they can do in ten years.”-Bill Gates*

* Capacity notably increased over the 100yr history of the hospital and an evolution to emphasizing training.
* Long-term allows you to see the impact of different factors and crises such as COVID pandemic, national hospital strikes and local insurance programs,what works vs. what doesn’t.
* Gain a true sense of where medicine is heading in the region and build in a way that makes sense with that. Long term or short term, it’s important to make sure you’re working under the direction of a local team

**Question:** In addition to the previous question, how does your academic relationship augment your ability to create capacity abroad?

**Dr. Shaye**

* Taking the view of what can be gained from a longer period of time provides a chance to view and understand things in many dimensions since you are immersed in it. You are viscerally feeling the magnitude and complexity of various problems that patients and local providers face which creates a mutual respect.
* Short trips are 1 dimensional. Can be more impactful with an incorporation of teaching or an education day. Can inconvenience local teams.
* Academic global surgery focuses on education and research which translates to exponential impact and multidimensional contribution to the local teams.

**Dr. Wiedermann**

Vertical vs. Horizontal funding

Vertical is more common since it is focused and there is one problem to fix and the parameters are well defined. Horizontal funding is more changing capacity of a system from within and is more nebulous in terms of focus.

**Question:** Can you discuss the personal challenges and the family life balance aspect of being involved in global surgery to this degree.

**Dr. Shaye**

* Like-minded partner who sees the value and has similar values is paramount
* Logistical challenges of traveling and schooling
* Requires creativity and thinking outside the box
* For example, hybrid schooling and home-schooling

**Dr. Nolen**

Benefits outweigh the struggles if it is truly what you want to do and you figure out how to make it work. Advances in technology allow for more connectedness and the world is shrinking as technology improves.

* Benefits: exposure to different cultures and languages for the kids, experience of living and working with colleagues abroad,
* Challenges: Physical distance from family with missing big life events, illnesses and health,limited number of partners to share call and patient load with
* Biggest issues for people who live and work abroad full time are challenges with schooling and aging and sick parents:
  + Schooling:
* International schools with similar curricula to US schools
* Homeschooling and hybrid/blended options

There are multiple ways to be involved with global surgery: short term trip, living abroad long-term, resource mobilization, involvement through academic collaborations with research, visiting faculty, virtual consults.

There is no algorithm, if you are interested and it’s important to you there is a way to do it.

**Organizations**

**Médecins Sans Frontières**

<https://www.msf.org/>

**Samaritan’s Purse-World Medical Mission**

<https://www.samaritanspurse.org/medical/world-medical-mission/>

**Save the children**

<https://www.savethechildren.org/>

**References**

1. Bergmark RW, Shaye DA, Shrime MG. **Surgical Care and Otolaryngology in Global Health.** *Otolaryngol Clin North Am*. 2018;51(3):501-513. doi:10.1016/J.OTC.2018.01.001

2. Shaye DA. **A Career in Global Surgery**. *JAMA Otolaryngol Head Neck Surg*. 2019;145(3):206-207. doi:10.1001/JAMAOTO.2018.3556

3. Shaye DA, Winters R, Rabbels J, Adentunji AS, Magee A, Vo D. **Noma surgery.** *Laryngoscope*. 2019;129(1):96-99. doi:10.1002/LARY.27230

4. Miller LE, Shaye DA. **Noma and Necrotizing Fasciitis of the Face and Neck.** *Facial Plast Surg*. 2021;37(4):439-445. doi:10.1055/S-0041-1722894