

International outreach for pediatric surgical subspecialists

International outreach for surgical subspecialists may take many forms. The first model is direct care of children by a pediatric surgical subspecialist, along with one or more nurses, in a facility in an underdeveloped area. On the first day or two of a one to two week stay the group will assess a large number of patients until the operating schedule for the duration of the visit is fully booked. The remainder of the time will be spent in surgery, perhaps assisted by a local surgeon, and they then leave the country with the local personnel providing follow-up. The team may bring sutures, instruments, and medications, and the amount of supplies that they bring with them may be a rate-limiting step. This type of outreach provides much needed care to the children who are treated. However, when the team leaves, help is over. Frequently in this model, the same core team will continue to visit the site on a regular basis. Funding may be from a variety of sources including religious institutions, ethnic community support groups, or through the philanthropy of the involved physicians and nurses themselves.

One must ensure that the medical facility is able to support the anticipated surgical procedures and that adequate follow-up is available. In addition, if children are significantly malnourished or have loss of skin integrity then surgical healing may be compromised.

The second level also involves a team going to a less-developed country, but on a much grander scale. The team will be larger and include surgical and recovery room nurses, physical therapists, and enough equipment to sustain fully the work and more. Local personnel are fully involved, and funding is usually provided by an established philanthropic non-governmental organization. In addition to the clinical program, educational programs are also provided. This may involve direct teaching in the operating room and/or a series of lectures by the visitors.

The next and final level of international medical outreach is exemplified by the Project HOPE program in which I was involved in Armenia following the devastating earthquake that occurred in December 1998. Project HOPE sponsored a team to provide immediate medical assistance, and arranged for transportation of 30 or more injured children to various centers around the United States for treatment. When the officials from Project HOPE looked into the possibilities of local follow-up, they found that pediatric rehabilitation was essentially non-existent in Armenia at that time. There were pediatric orthopedists but they concentrated primarily on trauma and congenital deformities. Project HOPE responded by developing a five-year program which provided a rotating team of health professionals who were in residence in Armenia, including a physiatrist, a nurse, a physical and an occupational therapist, and an orthotist, as well as administrative support staff including competent interpreters. They recruited Armenian medical personnel and made a five-year commitment to provide an

educational program for Armenian health professionals, as well as an active treatment program for physically disabled children. A team of US orthopedic surgeons made several visits to work with the local medical staff, both to provide surgical care to patients, as well as education. A very significant part of this program, though not part of the original plan and relatively inexpensive, was the training of several key members of the team in the United States. Dr Garen Koloyan, an orthopedic surgeon, and Dr Laura Movsesian, a physiatrist, as well as several physiotherapists came to the United States for training, and have returned to Armenia to lead the program.

The outcome of the HOPE program has been that there is now an excellent pediatric orthopedic and rehabilitation program in Armenia to provide comprehensive care to children with physical disabilities, as well as education to health professionals throughout the region. The HOPE team has established outreach clinics throughout Armenia, and is now receiving referrals from neighboring ex-Soviet Union countries. They have established residency and other professional training programs which will not only provide additional members of their team, but also professionals to establish similar teams in other areas. This type of comprehensive program can only be developed and implemented by a stable organization with solid funding and a long-term vision, such as Project HOPE.

All these types of international outreach outlined here have tremendous value. On the most basic level they have value to the patients treated by allowing them to live their lives as part of society, rather than being excluded due to their deformity or disabilities. On the highest level, which includes a long-term educational commitment plus the training of fellows in the US, there is provision of care to individual patients as well as a long-term impact on medical care in the chosen area. The establishment of a self-sufficient group not only provides continuing care for children but also fosters the development of other programs throughout the region.

I think many of us in the field of developmental disabilities are grateful for the comfortable lives which we are able to lead, and derive tremendous satisfaction from being able to provide some 'payback' to society by sharing our knowledge and skills with those from other less developed countries. My outreach activities have been a great source of satisfaction, and I encourage all of you to become involved in international outreach programs.

Information is available on the Pediatric Orthopaedic Society of North America website: www.posna.org (see International Activities), or from project HOPE: www.projecthope.org. Some of the information herein was acquired at a symposium at the POSNA meeting in Salt Lake City in May 2002, and for this I thank the presenters.

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