



FAR FROM THE BEATEN TRAIL

FIVE QUESTIONS TO ASK
YOURSELF BEFORE EMBARKING
ON A MEDICAL MISSION TRIP

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Objectives

- Discuss commonly asked questions about transitioning into international medical service.
- Consider potential pitfalls and opportunities in global health volunteerism.
- Explain practical educational resources to improve healthcare delivery in short term medical mission settings.
- Identify key World Health Organization best practice guidelines in global health.



Disclosure

The presenters have no conflicts of interest to disclose.

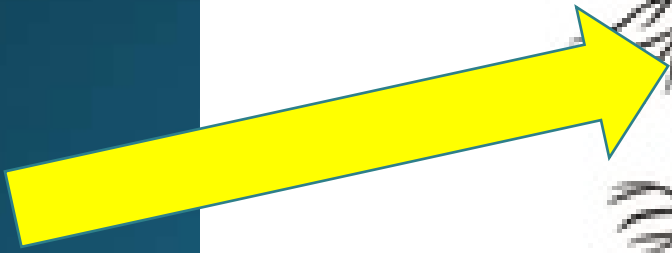


Our Family













The 5 Questions

- 1) What is my why?
- 2) How do I select an organization to go with?
- 3) How can I best prepare to serve?
- 4) How can I provide quality care in resource-limited settings?
- 5) What footprint will I leave behind?



What Is My Why?



The Opportunity

- You have an incredible set of skills- go out and use them!
- Short term medical missions can be vital to the success of long-term missions
 - Educating and equipping nationals
 - Giving relief to long-term workers
- Offering specialty care in regions of critical need



Surgical Need

- 5 billion people in the world do not have access to safe surgical care.
 - Of the 313 million procedures undertaken worldwide each year, only 6% occur in the poorest countries, where over a third of the world's population lives.
- In low-income and lower-middle-income countries, 9 of 10 people cannot access basic surgical care.
- It is estimated that lack of access to surgery results in the death 16.9 million people each year.



Potential Pitfalls

- Tendency to focus more on “experience” than what is left behind
- 250,000 – 500,000 medical volunteers serve annually from the U.S.
 - Many serve totally disconnected from hospitals and healthcare programs
 - At least 200 mission hospitals have closed in the past decade because they lack outside support
- Opportunity exists for improved healthcare delivery in short term medical mission settings

C'mon, it's better than nothing, isn't it?



Unintended Consequences

- Social action to improve the quality of human life or respond to human need often has unintended consequences.



Maria's Story



Patient Safety

- Dohn and Dohn (2003), in studying the quality of short-term healthcare projects in the Dominican Republic, state that as many as 36% of patients seen by a recent healthcare team had shared the medicines with one or more people, some of whom were children.
- Goal is to build a patient safety centered organizational culture.



Relief or Development?

- Relief is meant to provide short-term charity in emergency or crisis situations, whereas development is about improving self-sufficiency and building capacity.
- Goal is to use approaches to both relief and development that support human dignity and build on the assets of the community.



Principles for Operating Responsible Healthcare Missions

- Attempt to identify potential unintended consequences
- Document all care provided
- Avoid paternalism- the attitude of a person that subordinates another as if they should be controlled in a fatherly way for their own good
- Endeavor to transition program ownership to nationals and empower the community



How Do I Select An Organization To Go With?



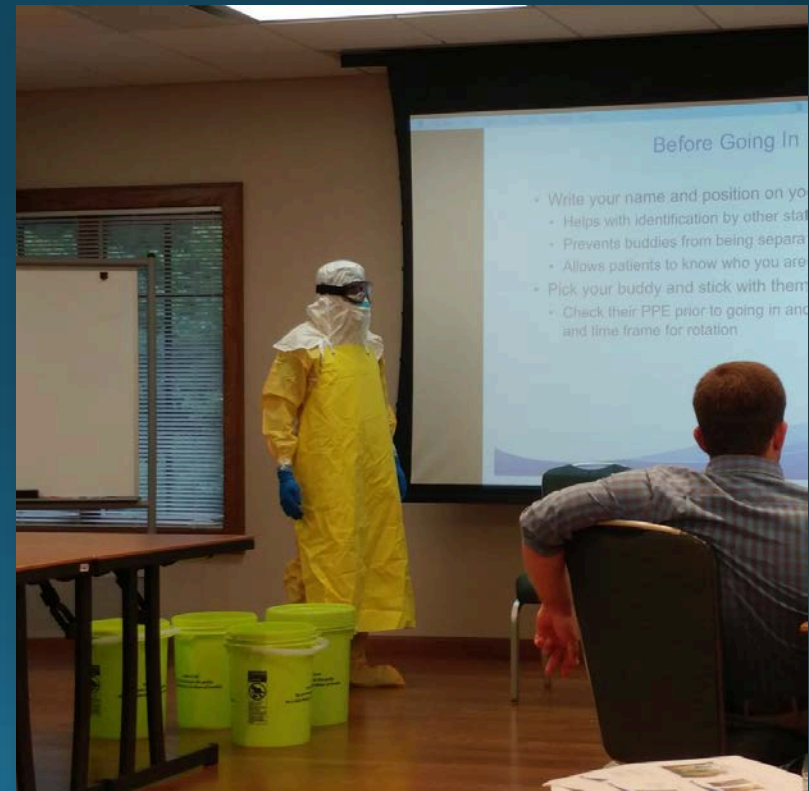
Finding the Right Fit

- Word of mouth is important!
 - Set up a zoom meeting with a long-term worker on site and listen to their experience. If considering long-term service, plan a short visit.
- Look at the organization's mission statement and goals. Do they match yours?
- What is the trip timeframe? Cost?



Finding the Right Fit

- If considering long-term service, find out how will you maintain CME, malpractice, licensing, etc.
- Does the organization provide any orientation or region-specific training?
- What is their relationship with the local healthcare system and/or national workers?



Christian Health Service Corps

- An organization focused on evidence-based practices and clinical excellence in global missions.
- CHSC Reserve Corps: volunteers serve between one month to one year at a mission hospital to help meet a vital need for relief staffing.
- CHSC provides orientation and continuing professional education in global health and tropical medicine.
- Great way to “test the waters” and learn from long-term staff.

World Medical Mission

- The medical arm of Samaritan's Purse, sending hundreds of medical professionals every year to 50 remote hospitals globally.
- Supplies mission hospitals with millions of dollars' worth of critically needed medical equipment and supplies.
- Short-term volunteers spend anywhere from two weeks to one year serving at a remote hospital.
- Volunteers are self-funded and raise financial support to cover the cost of their trips. WMM assists with all logistical aspects of the trips, including flights, visas, medical licenses, in-country travel and lodging.

World Medical Mission- DART

- Specialized team for international disaster relief, meeting critical needs for victims of conflict, disaster, famine, and epidemics throughout the world.
- Contracted “on call” employees



How Can I Best Prepare To Serve?



Before You Board the Plane...

- Ask: What specific medications, medical equipment and educational materials should I take?
 - Check with the local hospital or medical team
 - Be empowered to turn down donation offers that are not useful or may present challenges clearing customs (may be able to purchase in- country)
- How can I document the care I will provide? What type of translation support will I need, if any?
- Are there region or area- specific protocols I should review?
Consider taking a course in global health and tropical medicine
- Who is on my “phone a friend” inner circle that may be available for professional or moral support?



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How Can I Provide Quality Care In Resource-limited Settings?



WHO/UNICEF Practice Guidelines

- IMCI Integrated Management of Childhood Illness
- IMAM Integrated Management of Acute Malnutrition
- Integrated Management of Pregnancy and Childbirth (IMPAC)
- WHO Safe Surgery Program and Checklist
- WHO Alliance for Patient Safety
- WHO Standards for Pharmaceutical Safety & Pharmacovigilance

WHO 10 Steps for Management of Severe Acute Malnutrition



WHO 10 Steps for Management of Severe Acute Malnutrition



Activity	Initial treatment		Rehabilitation	Follow-up
	Days 1–2	Days 3–7	Weeks 2–6	Weeks 7–26
<i>Treat or prevent</i>				
1. Hypoglycemia	→			
2. Hypothermia	→			
3. Dehydration	→			
4. Correct electrolyte imbalance	→			
5. Treat infection	→			
6. Correct micronutrient deficiencies	Without iron		With iron	
7. Begin feeding	→			
8. Increase feeding to recover lost weight ("catch-up growth")			→	
9. Stimulate emotional and sensorial development	→			
10. Prepare for discharge			→	

Integrated Management of Childhood Illnesses (IMCI)



ASSESS AND CLASSIFY THE SICK CHILD AGED 2 MONTHS UP TO 5 YEARS



ASSESS

ASK THE MOTHER WHAT THE CHILD'S PROBLEMS ARE

- Determine whether this is an initial or follow-up visit for this problem.
 - if follow-up visit, use the follow-up instructions on *TREAT THE CHILD* chart
 - if initial visit, assess the child as follows:

CHECK FOR GENERAL DANGER SIGNS

ASK:	LOOK:
<ul style="list-style-type: none"> • Is the child able to drink or breastfeed? • Does the child vomit everything? • Has the child had convulsions? 	<ul style="list-style-type: none"> • See if the child is lethargic or unconscious. • Is the child convulsing now?

A child with any general danger sign needs **URGENT** attention; complete the assessment and any pre-referral treatment immediately so that referral is not delayed.

CLASSIFY

IDENTIFY TREATMENT

USE ALL BOXES THAT MATCH THE CHILD'S SYMPTOMS AND PROBLEMS TO CLASSIFY THE ILLNESS.

THEN ASK ABOUT MAIN SYMPTOMS:

Does the child have cough or difficult breathing?

<p>IF YES, ASK:</p> <ul style="list-style-type: none"> • For how long? 	<p>LOOK, LISTEN, FEEL:</p> <ul style="list-style-type: none"> • Count the breaths in one minute. • Look for chest indrawing. • Look and listen for stridor. • Look and listen for wheezing. <p>If wheezing and either fast breathing or chest indrawing: Give a trial of rapid acting inhaled bronchodilator for up to three times 15-20 minutes apart. Count the breaths and look for chest indrawing again, and then classify.</p>	<p>CHILD MUST BE CALM</p>	<p>Classify COUGH or DIFFICULT BREATHING</p>
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If the child is:	Fast breathing is:
2 months up to 12 months	50 breaths per minute or more
12 months up to 5 years	40 breaths per minute or more

SIGNS	CLASSIFY AS	TREATMENT <small>(Urgent pre-referral treatments are in bold print)</small>
<ul style="list-style-type: none"> • Any general danger sign or • Chest indrawing or • Stridor in a calm child 	SEVERE PNEUMONIA OR VERY SEVERE DISEASE	<ul style="list-style-type: none"> ➢ Give first dose of an appropriate antibiotic ➢ Refer URGENTLY to hospital*
<ul style="list-style-type: none"> • Fast breathing 	PNEUMONIA	<ul style="list-style-type: none"> ➢ Give oral antibiotic for 3 days ➢ If wheezing (even if it disappeared after rapidly acting bronchodilator) give an inhaled bronchodilator for 5 days** ➢ Soothe the throat and relieve the cough with a safe remedy ➢ If coughing for more than 3 weeks or if having recurrent wheezing, refer for assessment for TB or asthma ➢ Advise the mother when to return immediately ➢ Follow-up in 2 days
<ul style="list-style-type: none"> • No signs of pneumonia or very severe disease 	COUGH OR COLD	<ul style="list-style-type: none"> ➢ If wheezing (even if it disappeared after rapidly acting bronchodilator) give an inhaled bronchodilator for 5 days** ➢ Soothe the throat and relieve the cough with a safe remedy ➢ If coughing for more than 3 weeks or if having recurrent wheezing, refer for assessment for TB or asthma ➢ Advise mother when to return immediately ➢ Follow up in 5 days if not improving

**What Footprint
Will I Leave
Behind?**







LET US NOT BECOME WEARY IN DOING GOOD

*For at the proper time we will
reap a harvest if we do not
give up.*

GALATIANS 6:9



Thank You!



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