Association of Academic Professionals in Obstetrics and Gynaecology

Association des académiciens professionnels en obstétrique-gynécologie

UNIVERSITY OF TORONTO FACULTY OF MEDICINE

UBC FACULTY OF MEDICINE

uOttawa Faculté de médecine Faculty of Medicine

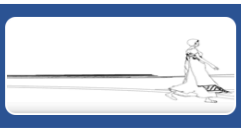
DALHOUSIE UNIVERSITY Inspiring Minds Faculty of Medicine

Case 7: Andrew's Global Health Elective

Case: Andrew's GH Elective

First Do No Harm: A Qualitative Research Documentary (2011)

A qualitative research documentary exploring the ethics of global health clinical electives and volunteer projects in developing regions. Intended to be used a pre-departure training. Links to pre-view and post-view survey available in Vimeo description.



Why did Mrs X Die, Retold (2012)

An animated short film, based on the original WHO feature. This piece looks at the dangers women around the world face during pregnancy and delivery.

Effective Partnerships (2015)

Put together by Dalhousie University, four global health office partners from various institutions (Malaysia, Tanzania, and Australia) share their experiences with respect to collaboration. This piece looks at best practices, challenges, visions, and future directions.

Annals of Global Health

Rawthorne, V. Global/local: What does it mean for global health educators and how do we do it? *Ann Glob Health* 2015; 81: 593-601.

OBSTETRICS & GYNECOLOGY

Chen G et al. Competency-based objectives in global underserved women's health for medical trainees. *Obstet Gynecol* 2017; 130: 836-842.

Case 7: Andrew's Global Health Elective

Andrew is a PGY3 in a Canadian ObGyn residency program with an interest in global women's health. His friends in other residency programs recently travelled to Rwanda to undertake global health electives and had good experiences. He is particularly impressed by their reports of interesting pathology in the OR and the opportunity to travel locally during the elective. His residency program has no formal relationship with international sites for global health electives, so he sends out some emails with general inquiries. Unfortunately, no preceptors are available for his allotted elective time in Rwanda; however, he secures a preceptor and lodging for his elective month in the neighboring country Burundi. With the requirements organized, Andrew gets his elective approved by his Program Director.

On the flight, Andrew shares his travel plans with fellow passengers who advise him to exercise caution as Burundi has recently experienced some political unrest. Andrew had read about this in the news and felt that the situation was stable. He arrives and settles in Bujumbura, the capital city, and enjoys exploring and finding his way with his high-school French. He presents to the Labor and Delivery unit on his first day for rounds as instructed by his preceptor via email. Upon arrival, Andrew is informed that his preceptor was needed at one of the district hospitals and is not planning on returning until later in the week. As such, Andrew is paired with Fidele, an intern completing his rotation through the maternity ward.

Throughout his first few days, Andrew is overwhelmed by his situation—his conversional French is not sufficient for medical care, the volume of patients presenting for care is beyond what he has experienced, and the acuity is much higher than he's used to due to the delay in presentation. On several occasions, he feels conflicted as patients look to him to provide 'Western Medicine' compared to that available by their local care providers.

Near the end of his first week, Andrew is on-call with Fidele. They accept a transfer-patient who has been laboring in a rural health center for 24 hours, as she could not afford transportation and had to wait for a friend to bring her to hospital. On admission, a fetal heart rate is not auscultated and the decision to proceed with an emergent caesarean section is made. Unfortunately, a still born infant is delivered. The delivery is complicated by a severe post-partum hemorrhage that does not respond to Misoprostol, the only uterotonic available. Blood products are called for, however only two units of pRBC are available. Management escalates to surgical interventions but the patient develops DIC and dies.

Over the coming weeks, Andrew grapples with this outcome and is devastated. He asks Fidele when the case will be brought to Morbidity & Mortality Rounds so this can be prevented in the

future. Fidele states the date will be recorded but that many similar outcomes occur due to the lack of blood products and resources; as such, this will remain an ongoing challenge for the hospital.

On his way back to the hotel, Andrew picks up a local newspaper and absent mindedly skims the article describing the growing unrest in the rural parts of the country. This, combined with the difficulty engaging in patient care begins to overwhelm Andrew. He feels helpless, discouraged, and burned out. He considers booking a ticket home.

Despite returning home, Andrew remains troubled by his experience abroad. He sleeps poorly, and becomes anxious every time he enters an OR. Unfortunately he feels isolated and feels unable to discuss his experience with his colleagues.

Questions for Discussion:

1. What are some of the potential pitfalls of global health electives highlighted by Andrew's case? How can they be avoided?
    a. Pre-departure? "First do no harm" https://vimeo.com/22008886
    b. During the elective?
    c. Post-departure?
2. What were the system-based factors that contributed to the outcome of stillbirth and maternal mortality?
    a. "Why did Mrs. X die?" https://www.youtube.com/watch?v=gS7fCvCIe1k
3. What factors might be taken into consideration when developing educational partnership with an international site to ensure a good experience for patients, residents, and others involved?
    a. "Effective Partnerships" https://www.youtube.com/watch?v=ZVGPE8MdhVg
4. Why are the principles of Global Women's Health relevant to all residents in Ob/Gyn training programs?
    a. Rawthorne, V. Global/local: What does it mean for global health educators and how do we do it? *Ann Glob Health* 2015; 81: 593-601.
    b. Chen G et al. Competency-based objectives in global underserved women's health for medical trainees. *Obstet Gynecol* 2017; 130: 836-842.