



SECTION ON ORTHOPAEDICS Global Mentored Scholarship Program *Summary of Travel Narratives*

2014

➤ Michael Bradley Lilyquist – Ecuador

It was my privilege to join with Project Perfect World and several other volunteers to participate in a medical mission trip to Guayaquil, Ecuador. The program has been going to Ecuador twice a year since 2002 to provide orthopaedic care, custom prosthesis, training in the Ponsetti method of treating club feet as well as educating the local surgeons, nursing and operating room staff. Through the years, the process of seeing patients in clinic, providing quality care prior to and throughout the patient stay including discharge and follow up has become a fine tuned and efficient process. Thank you to the AAP International Mentored Scholarship program for this life changing opportunity you have provided me.

2015

➤ Jill Friebele – Nicaragua

The last day of our trip was bittersweet as we looked back at all the things we managed to accomplish in such a short time. We are excited about the possibilities for the future, but sad to say goodbye to everyone we had the opportunity to work with during this trip. It is amazing for me to see how people from all over the world have come to work together with the physicians in Managua to help so many children in need during this week. I am thankful I have had this opportunity and I plan to continue to build on the relationships I have made and the things I have learned during this trip in order to continue to help those in need both locally in the United States and internationally in developing countries.

➤ Joshua Holt – Jordan

During my visit to Jordan I had the privilege and honor of working with several orthopaedic surgeons from both within Jordan as well as surrounding countries. Through a series of lectures given by myself and Dr. Morcuende we helped the providers to understand the basic science/developmental abnormalities associated with clubfoot and the theory behind Dr. Ponseti's treatment method. In all, the conference was an absolute success. Those who attended had very positive feedback and responded with excitement and acceptance to the Ponseti method training that they received. The administration seemed open and willing to make improvements and enact policies to ensure that clubfoot care is sustainable and continually improving in Jordan and throughout the Middle East. And I got to experience, first hand, the way to approach international medical work in hopes of ensuring that the education provided and care performed is sustainable and supported by government and hospital leaders once I leave the country. I am exceedingly grateful to the American Academy of Pediatrics Section on Orthopaedics Global Outreach Mentored Scholarship Program for making this opportunity a possibility.

➤ Holly Leshikar-Hale – Nepal

I had the amazing opportunity to take time during my year as chief resident in orthopaedics to leave UC Davis and travel to Banepa, Nepal to HRDC. Started in 1985 they have treated >65,958 patients and performed more than 35,000 surgeries. Started by Dr. Banskota Sr. the hospital treats all children regardless of their ability to pay and their catchment area is the entire country. Over the years it has grown and now treats more clubfoot than anywhere in the world. The local physician/surgeons take great pride in the hospital. They welcome any and all help, but they are the heart of the institution. The lessons I learned in Nepal are innumerable. The context in which we make surgical decisions becomes so much more real when faced with a 14 year-old girl whose femoral head is missing and is in severe pain. In the US, a hip fusion in an adult let alone a child is met with resistance. In the hill country and

mountains of Nepal a stable leg to stand on is of the utmost importance and it is with that understanding and the trade-off of motion that these procedures are performed. But I only hope to believe that I was able to give back in some small way. I have been so fortunate in my education here in the US that I was happy to share all of my lectures, textbooks, articles etc. with the residents whom worked in my hospital. It was the most incredible experience of my orthopedic residency and has inspired me and instilled in me the passion for treating children with orthopedic conditions. I know I will be better physician and surgeon because the learning and experiences I had at HRDC.

➤ Rameez Qudsi - Haiti

This trip was a wonderful foray for me into the world of pediatric orthopaedics and education in Haiti. A single trip allowed me to combine clinical exposure, conference organization, and research on orthopaedic education in a low-resource setting. I believe the projects that have developed from this trip, my increasing involvement with pediatric orthopaedics in Haiti, and my decision to pursue an MPH and full-time, post-doctoral research fellowship on global orthopaedic development all demonstrate that the Global Outreach Mentored Scholarship Program has certainly achieved its goals in funding my experience, and I continue to sincerely appreciate the dedication and investment of this program in promoting a strong future for global orthopaedics.

➤ Curtis VandenBerg – Guatemala

From a personal standpoint, a medical service trip to an underserved region of the world provides an opportunity for appreciating our quality of life in the United States, while also gaining perspective on the values and resiliency of people living in another culture. In Guatemala, one cannot help but take note of the strength of the family unit, and reliance that family members have on one another. While a large percentage of Guatemalans face poverty and challenges not well understood by most of us in the United States, their ability to stay together and maintain a spirit of eternal optimism within their strong family units is inspiring. If there is one thing that is clear to me, it is that by participating in a volunteer trip such as this, the lessons that I learn and perspectives that I gain from the local people far exceed the service that I am able to provide to them.

2016

➤ Kristen Alves – Uganda

While global work and research is the most consuming in terms of money, time, and effort, it is also the most rewarding. Working in Uganda, the patient-doctor relationship has been preserved in its most essential primary form which is the doctor is there to help the patient and the patient trusts, respects and is thankful for all the efforts of the doctor. So much of this relationship has been lost working in the US with continuous questioning of the objective of the physician secondary to monetary issues. I also learned the art of patience and persistence. While working in a resource limited setting, there are great stresses on the system with limited human capacity, limited surgical supplies, and limited funding for both of the former needs. You therefore must be able to learn, understand and work with the system and resources you have in place. You have to learn how to work with what you have and grow in the process, evolving your skills and abilities to work outside of the box to provide the best care possible for the patients. I have learned and gained as much if not more in knowledge, skills and experiences from the Ugandan physicians, nurses and community-based social workers as we have provided. I will be forever grateful for this experience, as it has not only molded and shaped me currently but it will continue to direct my future training and work.

➤ Dane Church – Ecuador

As part of the daily medical rounds, I learned how indispensable an organized team is. Every person had their role and responsibility, and carried it out with compassion. This arrangement allowed the visiting staff time to teach the local staff, creating a unified front as they worked together to provide outstanding patient care. It has been my dream to become part of a medical mission team serving those who don't

have access to conventional medical treatments. I experienced firsthand the kind of change this type of service brings to a community and its individual members and was humbled to be considered an integral part of such a compassionate and talented volunteer surgical team.

➤ Nasser Heyrani – Nicaragua

My trip to Managua was undoubtedly the highlight of my brief orthopaedic career thus far. Our group saw approximately 150 children on our first day, identifying about 16 children for surgery. Patients came from all over the country to see us, mostly from the city of Managua. We worked closely with Nicaraguan surgeons and orthopaedic surgery residents who cared for our patients post-operatively. We focused primarily on pediatric upper extremity malformations, injuries, deformities and neuromuscular conditions however I also assisted on a trauma patient with a Grade III open tibia fracture that required external fixation. We saw children with complicated and neglected injuries including fracture malunion and nonunion, chronic or recurrent dislocations, cerebral palsy, brachial plexus and peripheral nerve injuries, and tendon injuries. We also saw children with complex upper extremity malformations and deformities, including syndactyly, polydactyly, brachial plexus palsies, radial deficiencies, Madelung's deformity, constriction ring syndrome, thumb hypoplasia, and other syndromic hand anomalies. Our hand therapist provided therapy for operative and non-operative patients, and taught local therapists splinting techniques and post-operative therapy protocols. My role was to examine children in clinic, help the local residents develop the weekly schedule, and assist in surgery. I also provided thumb drives with orthopaedic articles and texts for the local residents. Postoperatively, I taught the patients, their caregivers, and the local health care providers about necessary postoperative care and rehabilitation.

2017

➤ Alexa Karkenny – Ecuador

I am so grateful for the opportunity the American Academy of Pediatrics gave me to join a mission trip to Ecuador with Project Perfect World in October 2017. I accompanied two of my attendings alongside two of their former pediatric orthopaedic co-fellows on a surgical mission to Hospital de Niños de Dr. Robert Gilbert in Guayaquil, Ecuador. Our team consisted of 28 people, including pediatric anesthesiologists, circulating, PACU, and sterile processing nurses, scrub techs, prosthetics and orthotics specialists, orthopaedic implant specialists and an amazing backbone of non-clinical team members.

I am very lucky to have an experience like this at the start of my career because it brought me back to the essence of why I chose orthopaedics, and reminded me that there is a universal need for the skills my training is providing me. One of the biggest lessons from the week was to stay focused on your goal but be flexible —whether on a mission or at home. We didn't know exactly what patients and pathology we would see on our clinic day, but at the end of the day had to have a solid plan for the week. We were working in another hospital's OR, with a team of people from all over the country. We had to understand the system and resources we had, and adapt quickly to changes because we set out to accomplish a lot in a very short time. In this way this trip was a great chance to see my four surgeon mentors work together out of their element, so to speak, but still rely on their basic principles, approach things systematically, and count on each other as a sounding board.

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