Myths and Realities of Volunteering Abroad

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Volunteer Abroad: Beginner: F026
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DISCLOSURE OF RELEVANT RELATIONSHIPS WITH INDUSTRY

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Volunteer Abroad: Beginner: F026

Myths and Realities of Volunteering Abroad

No financial relationships exist with commercial interests
Objectives

• Dispel 5 ‘common’ myths about volunteering abroad:
  – Pure altruism
  – All or none
  – Expert in tropical medicine
  – Expert about a certain disease
  – Danger

• Review a few tropical diseases dermatologists can learn about while volunteering abroad
Myth #1: Global health work has to be purely altruistic/self-sacrificial
Guiding Principles for Short-term Medical Volunteerism

• Statement of purpose
• Partnership
• Fair site selection and resource distribution
• Social value
• Bi-directionality
• Long-term capacity building
• Within local system and volunteer competency
• Outcomes review

DeCamp M HEC Forum 2011
Melby M et al. Acad Med 2015
Impact: Volunteer

• Greater commitment to underserved
• Improved clinical skills
• Enhanced knowledge of tropical diseases
• Better awareness of socio-cultural context and cost of care

Educational Effects of International Health Electives on U.S. and Canadian Medical Students and Residents: A Literature Review

Matthew J. Thompson, MSCE, MPH, Mark K. Hunningham, MD, PhD, D. Dan Hoxie, MD, Linda E. Rusby, MD, and Jonathan J.束齐e, MD

Acad Med 2003
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Heroes you may know

• Scott Norton, MD, MPH
• Carrie Kovarik, MD, MPH
• Toby Maurer, MD
• Ester Freeman, MD, PhD
• Neil Prose, MD
• Wingfield Rhemus, MD
• Nancy Kelly, MHS
• Many others!
Myth #2: You have to be a hero (devote your career to global health)

• Most assignments 1-4 weeks

• Global health is *not* an all or none endeavor
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Which of the following is the most likely diagnosis?

A. Filiriasis
B. Podoconiosis*
C. Congestive heart failure
D. Post-operative lymphedema
Podoconiosis
endemic non-filarial elephantiasis

• Clinical presentation:
  – *Ascending* and commonly *bilateral* (vs. filiriasis) lymphedema
  – Early symptoms - itching of the skin of the forefoot; burning sensation in feet and lower legs
  – Acute adenolymphangitic episodes

• Epidemiology:
  – 1st – 2nd decade onset
  – Farmers, poor – prolonged contact with soil
  – *High altitudes* (vs. filiriasis – low altitudes)
  – 1 million affected in Ethiopia
  – Economic impact - $200 mil
  – WHO 2011 – Listed as neglected tropical disease

Deribe K *et al*. WHO 2015
Global Distribution of Podoconiosis
Podoconiosis
endemic non-filarial elephantiasis

• Pathophysiology:
  – Inflammatory reaction to particulate matter in red clay soils derived from volcanic ash
  – Genetic predisposition – 5-10% of at risk patients develop disease

• Diagnosis:
  – Based on location, history, clinical findings and absence of microfilaria or antigen on immunological testing

Deribe K et al. WHO 2015
Primary Prevention

YOU DID IT!
OVER 37,000
CHILDREN IN ETHIOPIA
THANK YOU
FOR THEIR TOMS SHOES

With love and gratitude
this holiday season,
Your TOMS Family

SHOP
HELP US KEEP GIVING

37,000
33,000
30,000
27,000
24,000
21,000
18,000
15,000
12,000
9,000
6,000
3,000

PODOCONIOSIS
a ‘poster child’ for global health?

Inaugural lecture
Gail Disney
Professor of Global Health
Epidemiology.
Wednesday 19 March 2014 4.30pm
Chown Lecture Theatre
Brighton and Sussex Medical School
University of Sussex campus
Brighton BN1 9PX

Free event, all are welcome.
If you would like to attend
please register to book online
www.brighton.ac.uk/events
Leprosy

Courtesy of Seema Kini, MD
Which of the following is NOT involved in the work up of this disease?

A. Sensory examination
B. Peripheral nerve palpation
C. Tissue culture*
D. Skin slit smear
Skin Slit Smear

Courtesy of Josette McMichael, MD
Dermpath

Streicher J et al. JAAD 2016
Myth #3 – Hosts only want to learn about tropical derm and I don’t know about that!

– Gen Derm
– Surgery
– Dermpath
– Peds
– Cosmetics
Myth #4: You have to be a disease expert to teach something

- General Dermatology
  - Skin Diseases Common in Africans
  - Cutaneous Signs of Multisystem Disease
  - Pemphigus and Pemphigoid
  - Psoriasis
  - Leprosy and Mycetoma
  - Topical Steroids

- Dermatopathology
  - Psoriasiform Dermatoses
  - Lichenoid Dermatoses

- Surgical Dermatology
  - Anatomy
  - Anesthesia
  - Basic Derm Procedures
  - Nail Procedures

- Pediatric Dermatology
  - Pustular and erosive diseases of the newborn
Myth# 4.5: You have to create your own lectures
Basic Dermatology Curriculum | AAD

The members of the American Academy of Dermatology have a long history of involvement in medical student education. This curriculum was created by a work group of experienced dermatology educators based on the needs of today’s learners.

These guides provide direction about how one can best use this collection of learning modules, including the recommended order in which to review them. Each module has been peer-reviewed and is based on the best available evidence. Clinical vignettes and questions within each module provide a practical framework for learning. After completion of each module, students can test their knowledge with quiz questions.

Explore the AAD’s Basic Dermatology Curriculum:

A-C  D-G  H-R  S-Z  Suggested order of learning modules  Quizzes  Videos

https://www.aad.org/education/basic-derm-curriculum
“An intensive modular dermatology curriculum for family medicine residents in a resource-limited setting”

- First post-graduate medical international study in Somaliland

- Mean pretest score 34.0%
- Mean posttest score 60.3%
  - Mean improvement 26.7%

- Visiting dermatologists using existing AAD modules
  - Model for dermatologic education
  - Resource-limited settings

McMichael JM et al., *Int J Dermatol* 2018
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HVO sites

• Phnom Penh, Cambodia
  – Family friendly

• San Jose, Costa Rica
  – Family friendly

• Mbarara, Uganda
  – Residents eligible

• Hue, Vietnam
  – Residents eligible
  – Family friendly

• Kathmandu, Nepal
  – Family friendly
Myth #5:
These places are too dangerous!

Which of the following cities has the higher murder rate?

A. San Jose, Costa Rica

B. Atlanta, GA*
Myths

1. Global health work has to be purely altruistic
2. You have to be a hero, devote your career
3. Hosts only want to learn about tropical derm
4. You have to be a disease expert
   - You have to create your own lectures
5. These places are too dangerous
Are you ready???