

APPENDIX P: Choose Your Own Adventure Case Scenarios Pertaining to GH Electives

These cases were utilized at an APPD workshop in 2015 (led by Drs. Butteris, St Clair, Arora, Batra, Kuzminski, Pitt, Russ, and Schubert). They are not meant to be all-inclusive but are instead intended to prompt residency program directors regarding important considerations in the development of an infrastructure for GH electives.

CASE	TOPIC	THEME(S)
1	ACCIDENTS AND EVACUATION	Safety
2	CULTURE SHOCK, MENTAL HEALTH (PRE-EXISTING CONDITIONS)	Health, Culture Shock
3	COMMUNICATION WHILE ON SITE (PHOTOS, BLOGS, EMAILS, FACEBOOK)	Professionalism
4	HEALTH PROBLEMS WHILE ON SITE AND INJURY RELATED TO RISK-TAKING BEHAVIOR	Health, Safety
5	POTENTIAL IMPACT OF DONATIONS AND THE ROLE OF THE TRAINEE	Donations, Ethics
6	SIGNIFICANT OTHERS ON ELECTIVES	Logistics, Professionalism
7	TRAINEES AND RESEARCH	Ethics
8	PRESENTATIONS ON RETURN	Professionalism, Ethics
9	RETURNED TRAVELER WITH FEVER (MALARIA)	Health
10	HIV EXPOSURE; POST-EXPOSURE PROPHYLAXIS	Health, Safety
11	DEATH AND DYING	Culture Shock, Ethics, Professionalism, Debriefing
12	PRACTICING OUTSIDE OF SCOPE OF TRAINING	Ethics
13	PANIC DURING NATIONAL ELECTION	Safety
14	ELECTIVE “FALLS THROUGH” AFTER ARRIVAL	Logistics, Ethics

CASE 1: ACCIDENTS AND EVACUATION

One of your residents is participating in an elective in Uganda. Her elective site is in a moderately large city that is 2 to 3 hours by bus from Kampala (the capital city). She decides to travel back and forth between where she is staying and her elective site by boda-boda (motorcycle taxi).

- What reasons might a resident have for choosing this particular mode of transportation?
- What reasons might you as the faculty member have for not wanting the resident to choose this mode of transportation?

While on her way home from the hospital one evening, her boda-boda is hit by a car. She has no helmet and is thrown from the boda-boda in the collision.

- If this were a resident at your institution, what would happen next?

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- Who would the resident call and how would she contact them?
- How would this change if the resident was unable to make the phone call (eg, unconscious or head injury)?

Considerations:

- Trainee expense related to in-country travel: boda-boda or matatu (bus) ~\$0.50; car taxi \$5
- Safety and convenience of foot travel versus vehicle
- Evacuation insurance details (What does it cover? How is it accessed? Why is it essential?)
- Emergency communication process: Who does the resident call and how? Is there someone at your home institution available 24/7? If so, is this person prepared to deal with this situation? Who should be notified on the resident's behalf (parents, spouse, etc) and do you currently collect this information? Who would be an in-country emergency contact to assist the resident?
- Importance of an emergency card for resident to carry on person at all times ([Appendix E](#))

CASE 2: CULTURE SHOCK, MENTAL HEALTH (PRE-EXISTING CONDITIONS)

One of your residents is participating in a GH elective in an urban area in a large city in India. You receive an email from the faculty supervisor at the site informing you that the supervisor has not seen the resident in a few days. The supervisor is concerned and is wondering if you have heard from the resident.

- What would you do next?

You decide to call the faculty supervisor in India. The supervisor tells you that the resident was a bit quiet at the start of the elective and seemed to be affected by jet lag, as he frequently excused himself from the clinic in the afternoon to return home to sleep. His performance and behavior have been somewhat erratic. He has now been absent for the last 3 days.

- What do you think is likely going on with this resident?
- What would you do next?

You alert the residency program director, who is visibly concerned to learn that the resident has not shown up at the elective site for the last 3 days. You decide together to call the resident's spouse to tell her about the situation and see if she has heard from the resident. Unfortunately, she has not heard from the resident. She shares with you that the resident has a past history of anxiety and depression that have seemed to be better controlled recently. He has a strong family history of psychiatric illness, including schizophrenia and bipolar disorder.

- How does this information change your approach to the current situation?
- Is there anything that could have been done prior to the resident's trip that would have been helpful?

Institutional and trainee considerations:

- Pre-departure health self-assessment (and discussion with personal physician and/or psychiatrist) ([Appendix H](#))
- Pre-departure culture shock training ([Appendix I](#))
- Pre-determined check-ins with home mentors and in-country supervisors

CASE 3: COMMUNICATION WHILE ON SITE (PHOTOS, BLOGS, EMAILS, FACEBOOK)

As a residency program director, you have made an effort to "friend" your residents on Facebook to assist them in ensuring that their Facebook posts are professionally appropriate during the time they are in residency. One of your residents currently participating in an elective in Liberia has been posting updates to her Facebook page during the course of her elective. Although her initial posts included a note to all that she had arrived safely and a link to her personal blog, her subsequent posts have included comments about her frustration in dealing with the care that is being provided (or more importantly is unable to be provided) at her hospital site.

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- What might be some potential consequences of this resident posting comments on Facebook during the elective?
- How do you expect that the resident's comments might change over the course of her elective?

Her elective is taking place during the midst of interview season at your home institution, and you just haven't had time to look at her blog, but because of her recent Facebook comments you now decide to do so. She has blog entries starting the month prior to departure, when she set up the blog to communicate with her friends and family and has written in her blog regularly since that time. Her blog entries from Liberia begin with a detailed account of her flight, arrival in the airport in Liberia, vivid description of the hospital, the patients, and the place where she is staying. In the entries that follow, she details experiences from the wards at the hospital. She includes pictures of school-age children with severe hydrocephalus and tells their stories as well as stories of the care that they have received (which she laments is substandard and primitive). She wishes that these children had the opportunity to receive the type of care available at her home institution, as she is certain that they would have had the opportunity to lead very different lives if they had.

- What do you think the resident is trying to convey in these blog posts?
- What could be the potential impact of this resident's blog?
- Would this be different if the resident had sent emails to a mailing list of friends and family?
- What could be done prior to a resident's trip to minimize problems with respect to how residents communicate while abroad?

Considerations:

- Importance of pre-departure education pertaining to use of social media and institutional social media guidelines
- Potential consequences of posting on Facebook: public versus private profiles (even if private, if residents become "friends" with host institution personnel, they would then be able to view those comments)
- How comments may change: predictable phenomenon of culture shock, which is experienced by all travelers (even seasoned ones); adjectives/descriptors change throughout an experience based on reaction to various phases of culture shock
- Photography guidelines
- Potential pitfalls of email communication (eg, proud family member forwards a note to church)
- Consider development of social media guidelines, photography guidelines, professionalism guidelines/code of conduct ([Appendix I](#) and [Appendix J](#))

CASE 4: HEALTH PROBLEMS WHILE ON SITE AND INJURY RELATED TO RISK-TAKING BEHAVIOR

While participating in an elective in Nepal, one of your residents develops fever and diarrhea.

- Based on what you do at your institution with respect to preparation, what do you think the resident is likely to do next?
- What steps do you hope the resident would take?

The resident goes to a local clinic, has stool studies performed, and is prescribed a course of antibiotics. He completes the antibiotics, and his symptoms resolve. By this time, his elective is coming to an end and he has decided to use his vacation time at the end of the elective to travel around with some U.S. students that he met at a club one night earlier during his elective. He has stayed in contact with the students, who are there studying abroad for the year. The students have planned a trip to go whitewater rafting on the Sun Kosi River near the border with Tibet, one of the best whitewater rafting sites in the world. Your resident decides to go with them.

- What problems might there be with respect to the resident's plan?

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- What could have been done prior to the resident's elective that may have helped him make a different decision?

Considerations:

- When residents become ill, where should they seek care?
- Will they have to pay out of pocket?
- How will they find an appropriate clinic?
- Should they contact you?
- What guidance would you give via email?
- What should they bring with them in anticipation of common illnesses (eg, oral rehydration salts, antibiotics, etc)?
- Risk-taking behavior (transportation, water sports, recreational activities, sexual activity, etc) and lack of emergency medical system infrastructure
- Consider developing a risk reduction agreement for trainees ([Appendix F](#))

CASE 5A: POTENTIAL IMPACT OF DONATIONS AND THE ROLE OF THE TRAINEE

One of your residents is participating in an elective in rural Honduras. The clinic site is one the resident has been to previously in the context of mission trips with a church. Unbeknownst to you, the resident has been collecting supplies to bring along for the last few months. The supplies include sheets, clothes, medications, gloves, stethoscopes, an x-ray viewing box, and books. The resident is very excited about how successful the donation collection has been and tells you this in passing the week before the trip.

- What would you want to know from the resident about these donations?
- Are there any potential problems associated with the resident bringing these items?
- Do you have any guiding principles with respect to donations?
- What information could you give residents related to donations and gifts?

Considerations:

- Did the host institution ask for these items to be collected? It is important that hosts identify their needs because of difficulties associated with donated items and need to dispose of things that don't work/can't be used.
- Issues with medications: expired/expiring, possible side effects, labeling and instructions with language barriers or low health literacy, sustainability, site provider familiarity
- Practical issues: customs may not allow medications or supplies to be brought in; supplies may require adapters and converters; in-country personnel may not be trained to use the medications or supplies
- Precedent setting for future visitors
- Although heavy, books can be a good thing to bring and leave (if appropriate for the site)
- Consider developing institution- and partnership-specific guidelines for donations ([Appendix K](#))

CASE 5B: POTENTIAL IMPACT OF DONATIONS AND THE ROLE OF THE TRAINEE

A resident returns from a GH elective in sub-Saharan Africa at a site that your program has recently started to engage in discussions about establishing a formal affiliation agreement. She had a wonderful experience, and during morning report she described several cases that highlighted the difficulties of caring for patients in low-resource settings. During that discussion, she mentioned that she paid for the testing and medications for several patients who couldn't otherwise afford it. Her resident colleagues nodded their heads eagerly in support of her generosity and compassion.

- What might be some negative consequences of her approach to assisting with the cost of the care for those patients?

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- How might her actions influence the experience for future residents who rotate at that site?
- In the future, how might you advise residents regarding the use of donations to assist with patient care during GH electives? Consider developing guidelines for donations, [Appendix K](#)).

CASE 6: SIGNIFICANT OTHERS ON ELECTIVES

One of your residents is participating in an elective in Port-au-Prince, Haiti. He has decided to bring his fiancée with him on the trip. She has not traveled previously and is not in the medical field. He is passionate about a career that involves GH and would like her to be part of this experience in hopes that she will be as excited as he is about the possibility of living and working abroad after he completes residency.

- How would you counsel this resident?
- What does he need to consider?
- What do you need to consider?
- If this were a homosexual trainee, what issues might he encounter in bringing a same-sex partner?
- Without regard to partners, what concerns might you have for a trainee who is a member of the LGBTQ community participating in GH electives?

Considerations:

- Potential impact on the fiancée: Is she prepared for this? What will she do while the resident is at work? Does the fiancée have evacuation coverage?
- Potential impact on the resident: Will it interfere with elective responsibilities/experience?
- Potential impact on the host: Will it cause strain/stress for staff/hosts (housing/food/transportation considerations, etc)
- Unique issues for LGBTQ trainees during GH electives

CASE 7: TRAINEES AND RESEARCH

While participating in an elective in Ghana, your resident notices that a large number of children in the spina bifida room of the neonatal ward come from a similar region, which the resident learns from a colleague has quite a few industrial mines. During further discussion, the resident and colleague start to wonder whether the spina bifida cases have anything to do with the mines. The resident develops a spreadsheet to gather information on the affected children and begins reviewing their charts for more information. The colleague helps them ask the mothers of the children a number of different questions about their pregnancies, their husband's occupations, and their other children. Your resident has collected a large amount of data during the 8-week elective and returns home excited to analyze the data. The resident meets with you to discuss the initial findings and asks you to review an abstract that the resident would like to submit to PAS about the findings.

- What are your concerns?
- What might have been done before the resident left for the elective that would have been helpful?

Considerations:

- Research ethics and IRB requirements (both at home and in-country institutions)
- Who owns the data?
- Who gets credit for the work?

CASE 8: PRESENTATIONS ON RETURN

Just last week the residents in your program who have completed GH electives in the last year presented about their experiences at your university's campus-wide GH symposium. Yesterday, while

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waiting for your next APPD workshop to start, you received an email from a social worker at the hospital where you work. She attended the GH symposium and listened to a presentation from one of your residents who did an elective in Ethiopia earlier this academic year. The social worker is originally from Ethiopia and found the presentation insensitive, offensive, and personally insulting. She has copied your chair, the organizers of the GH symposium, and the resident.

- What would you do next?
- What impact could such an email have for your program?
- What effect do you think this email may have on the resident?

You called the social worker yesterday to discuss her concerns further. She expresses frustration that the resident's presentation painted a picture of her country that she does not believe to be accurate. She describes statements that the resident mentioned in the presentation about family dynamics in relation to feeding practices and distribution of work that she does not believe apply to all families. Furthermore, she expresses deep frustration with the many pictures of "starving children with big bellies and dirty, torn clothing." She feels that this left the audience with an inaccurate impression of Ethiopia and its people and reinforced many of the stereotypes about Africa as a whole that exist in the media in the United States.

- What do you think the resident's intentions were with respect to her presentation?
- What could this resident have done differently in her presentation?
- What process exists at your institution with respect to presentations on return from electives?
- What impact might a resident's presentation on return have on other residents or your program?

Considerations:

- Resident perspective: overwhelmed by degree of illness and malnutrition, wanted to inspire others to get involved, wanted to paint a picture of what they experienced, still processing the experience themselves and unable to see how the presentation may have been insensitive
- Consider requiring residents to meet with a faculty mentor prior to any presentations to discuss content and topics. Encourage the resident to provide a background of the country, a disclaimer with respect to their experiences and lack of generalizability, and a balanced overview of positive experiences as well as challenges, and to design the presentation as if it were being given at the host site.

CASE 9: RETURNED TRAVELER WITH FEVER (MALARIA)

One of your residents recently returned from a 6-week elective in Tanzania. In your weekly meeting with your chief residents, they mention to you that they have used the back-up system multiple times this week because the resident has been in bed with the flu for the last few days. They aren't sure whether the resident is simply tired after returning from the GH elective and starting immediately on an inpatient month, and they wonder whether you think they should ask the resident to switch a week with another resident who is not on back-up so that they can stop using the back-up person.

- What are you most worried about in this situation?
- What could have been done prior to this resident's trip to address your worries?
- Are there other health considerations that can affect residents returning from an elective that are worth discussing/including in your pre-trip preparation?

Considerations:

- Fever in the returned traveler and the need for residents to have a high index of suspicion for malaria on return (discuss risks and signs/symptoms ahead of time and ensure awareness of potential consequences of incomplete prophylaxis)
- Other health considerations: TB testing after return and (depending on area) consider guidance about schistosomiasis or intestinal parasites (both in terms of prevention and recognition after return)

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- If resident is not febrile, don't forget about mental health and the possibility that the resident may have physical manifestations of the emotional stress of reverse culture shock
- Importance of a debriefing meeting and wellness check-in

CASE 10: HIV EXPOSURE; POST-EXPOSURE PROPHYLAXIS

One of your residents is working in the nursery of a large hospital in sub-Saharan Africa on a Saturday night. As she draws blood from a neonate, the needle slips and penetrates her skin. Maternal and newborn infectious disease screening is not routinely done and is not available. The laboratory technologist who does HIV screening will return on Monday morning. The faculty did not bring PEP, and there is none available in the hospital.

- What are the next steps?

Considerations:

- Importance of pre-travel occupational exposure counseling, traveling with post-exposure prophylaxis, and institution-specific post-exposure guidelines
- Pre-travel assessment of in-country resources (HIV testing capabilities, PEP medications, etc)

CASE 11: DEATH AND DYING

You are rounding in an acute care unit with your Ugandan colleague and your U.S. senior resident. You stop at a long table where five seriously ill children are being attended by their parents. You notice that the smallest one, a young infant, is in respiratory distress. Nearby is a self-inflating bag and mask, both of adult size. No oxygen is available. The mother stands anxiously by as the infant begins to gasp. Bag and mask ventilation followed by chest compressions is not successful. You look up, and tears are streaming down your resident's face.

- How do you prepare your residents for working in resource-limited settings where they will likely witness mortality?
- What coping strategies would you suggest for this resident?
- How do cultural perceptions of death and dying differ at the host country?

Considerations:

- Importance of scheduled home mentor check-ins with trainees and open communication with on-site supervisor
- Facilitation of reflection essays and written communication, perhaps with guided questions
- Pre-departure emotional preparation through simulations (eg, SUGAR <http://www.sugarprep.org/>), case scenarios, mentorship

CASE 12: PRACTICING OUTSIDE OF SCOPE OF TRAINING

Your resident returns to the guest house at the end of an inpatient day at the regional referral hospital in East Africa. She is quiet and reflective. After dinner, everyone is sitting on the porch debriefing and cooling off in the late afternoon. Your resident says that she has been asked to perform a procedure that she has not been trained to do. A 9-year-old boy who is febrile and cachectic has a hard, cervical mass. Lymphoma is suspected. Your resident, who is senior on the ward team, has been asked by the junior residents to do a bedside biopsy of the mass the following day. She has not done a biopsy before. In addition, there is no plan for anesthesia. She feels uncomfortable about the procedure but does not want to let her team down.

- What is your advice?
- What strategies can be used to avoid trainees getting into situations like this?

Considerations:

- Pre-departure ethical and communication training regarding scope of expertise
- Consider nightly debriefings, if feasible (with peers, on-site mentors, stateside mentor, etc)

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CASE 13: PANIC DURING NATIONAL ELECTION

Your residents are planning to travel to sub-Saharan Africa. The country in which they will be living for 2 months will hold a presidential election while they are there. You contact the State Department and your colleagues in-country. Both recommend that the residents do not change their plans because the risk of violence is considered low. Prior to leaving the United States, your residents watch the film “Hotel Rwanda.” They arrive and settle to work in a country close to Rwanda. During a day trip to a nearby city, their car is surrounded by people who are demonstrating in a show of support for the opposition to the present government. Their friends, who invited them on the trip and are from their host country, reassure the residents. However, the incident reminds the residents of a scene from “Hotel Rwanda” and they become fearful. In addition, several host faculty express concern about the upcoming events of the election, although other faculty show no concern. Six weeks short of elective completion, your residents call to say that they are coming home.

- How does your institution determine if it is safe for a resident to travel to a given country and at a given time?
- How do you best prepare residents for something like the situation described?
- How does your institution facilitate emergency evacuations when necessary?

Considerations:

- [State Department Overseas Security Advisory Council \(OSAC\)](#)
- Prepare for emergencies:
 - Resident should register travel plans with the [State Department Smart Traveler Enrollment Program](#)
 - Emergency evacuation insurance
 - 24/7 access line at home institution

CASE 14: ELECTIVE “FALLS THROUGH” AFTER ARRIVAL

Two of your best senior residents travel to East Africa following a “crash course” in diagnoses that they might encounter for the first time. You are not personally familiar with the elective site, but you are not worried because a trusted colleague tells you that it is a good site for residents in pediatrics. Your residents arrive, are oriented for 1 day, and suddenly find themselves in charge of pediatrics in the small hospital where they are working. Their exhausted preceptors have taken vacation. Your residents call you for advice.

- How do you advise them?
- What strategies can help to prevent something like this from happening?

Considerations:

- Whenever possible, have residents participate in GH electives at partnership institutions where supervision is available
- Clear commitments regarding supervision plans with signed memorandum of understanding
- Importance of contingency plans

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