

Pediatric Orthopedic Global Outreach (POGO) Committee: POSNA's Expanded Vehicle for Delivery of Global Outreach in 2019 and Beyond

Eric Fornari, MD¹; Richard M. Schwend, MD²; Michael J. Heffernan, MD³

¹Albert Einstein College of Medicine, The Children's Hospital at Montefiore, Bronx, NY; ²Department of Orthopaedics and Musculoskeletal Medicine, Children's Mercy Hospital, Kansas City, MO; ³Children's Hospital New Orleans, LSU School of Medicine, New Orleans, LA

Abstract: Pediatric orthopedists have been at the forefront of global health for the last half-century and have helped our profession and society focus on how to do so in meaningful and impactful ways. In 2001, the Children's Orthopedics in Underserved Regions (COUR) committee was formed to help POSNA members carry out this work in resource-limited environments. The COUR committee recently changed its name to the Pediatric Orthopedic Global Outreach (POGO) committee in order to better reflect the evolved role the committee has for our membership and the society. In this manuscript, we present the history and vision for the future. The mission of POGO will be carried out through a combination of education, coordination, and research. While the name of the committee has changed to POGO, the principals that made COUR so successful remain at its core. This is an opportunity to build on the work of the visionary leaders who laid the foundation for us to shape the future.

Introduction

The field of global health has undergone remarkable growth and development over the past half-century.¹⁻⁴ As the world has become more interconnected, we have witnessed firsthand the rapid evolution of this field.¹⁻⁷ This has been driven by a multitude of factors, none larger than the continued severe lack of access to care, especially surgical care in low and middle-income countries (LMIC).^{5,6} Although one-third of the world's population lives in low-income countries (LIC), they only receive 3.5% of the global surgical care delivered.⁸ Fortunately, surgery at the district hospital level in LMICs has been proven to be cost-effective, at \$35-\$90 per DALY (Disability-averted Life Year).⁹ Pediatric orthopaedists have been at the forefront of much of this

work and have understood what it means to perform global outreach in meaningful and impactful ways.^{1,10}

What started with relatively unstructured "medical mission" trips has evolved into an independent discipline of medicine with a growing body of literature helping shape future practice.^{4, 6-7, 10-18} At its core, any global outreach program should promote building local capacity while employing the delivery of culturally sensitive care.^{5,7,10,12,14} Regardless of the mechanism or vehicle, the primary focus of a global program should emphasize local infrastructural support, surgical education, and the empowerment of local healthcare providers.^{5,12,15,16} As surgeons, it is incumbent on us to go about this work in a thoughtful, systematic manner

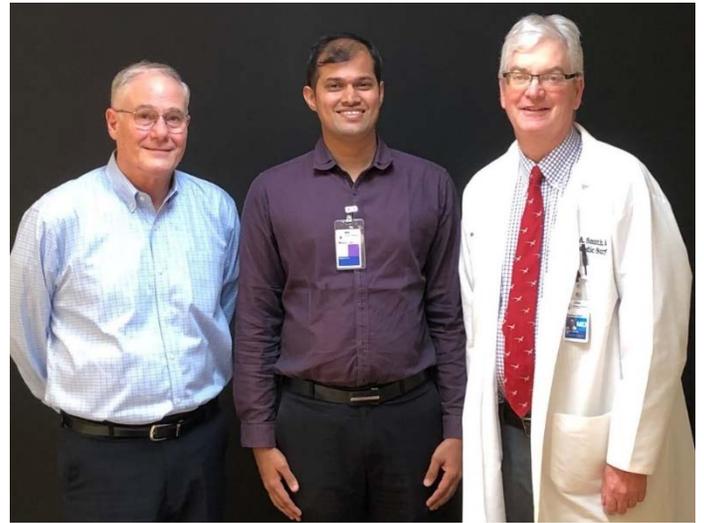
that ensures our goals and expectations are aligned with those we hope to engage and assist.^{5,11-13,15-21}

History

In 2001, Drs. Hugh Watts, Kaye Wilkins, and Dave Spiegel (among others) organized the Children's Orthopedics in Underserved Regions (COUR) committee. The name was derived from *couer*, the French word for heart. The mission was to educate the POSNA membership about opportunities to enhance the delivery of pediatric orthopedic care to children worldwide through both education and service. As Dr. Watts articulated in one editorial, "The pediatric orthopedic community needs to recognize that the needs are too great to provide purely service, our efforts must have a multiplying effect. The main thrust must be to teach."¹ He also emphasized that we had to do so in a culturally appropriate manner that takes into account the needs and resources of the local community.¹ These concepts seem intuitive, but this vision for our society, and the message it conveyed were very much ahead of their time. Furthermore, they reverberate even more so today as we navigate the delivery of global health in the modern world.

Dr. Kaye Wilkins further expanded on this vision when he described 3 different mechanisms for support.¹⁰ The first is direct surgical help by sending in teams to perform surgery in LMIC. The second is to bring selected surgeons from these countries to institutions that can provide appropriate subspecialty training so that they can participate in formal fellowships or observerships. The third is to conduct local continuing education courses in the LMIC.¹⁰ What has made the COUR committee so unique and relevant is that it incorporates each of the mechanisms described in an integrated fashion that enables them to build on one another.

In 2007, with POSNA's support, Dr. Wilkins created the COUR visiting scholars program. This allowed individuals from these LMIC an opportunity to come to the POSNA Annual Meeting and to IPOS; while also



Gerald Harris, PhD (POSNA COUR Scholar), left, and Peter Smith, MD (POSNA), right, recently hosted Chintan Doshi, MD, middle, from Mumbai who received gait analysis training at Marquette University, Milwaukee and Shriners Hospital, Chicago.

having the opportunity to participate in a local observership at a sponsor's host institution. These scholars return home to share the knowledge they gained as well as help facilitate local educational opportunities given the strong bonds formed during their time as a COUR scholar. This program has been enormously successful in meeting this goal, supporting over 80 scholars to date.²²

Since 2001, the committee has sponsored and helped coordinate at least 23 continuing education courses. It is also responsible for a symposium and invited poster at the Annual Meeting. Each of these programs work together to serve to engage further and educate the POSNA membership involved in this important work.

Rationale for Name Change

The POSNA membership is engaged in global outreach on a multitude of fronts. Over the last 20 years, our specialty and society have grown enormously. So too has our understanding of global outreach and one's ability to participate in it.

We have also witnessed a new generation of physicians enter the specialty. This new class is being exposed to experiences in global health from very early in their career.²³⁻²⁵ Almost 2/3 of matriculating medical students now participate in some form of STEGH (Short-term Experience in Global Health) during medical school.^{23,24} Many have had opportunities to participate during their residency and fellowship.²⁵ Thus, as they begin their careers, many are eager to continue with this work. Surgeons want to participate, but often need the proper guidance, direction, and connections to do so. Furthermore, as Dr. Watts informed us, it is essential that this work be carried out in an ethical and culturally sensitive manner.

The COUR committee was approached to consider changing its name in order to reflect the modern verbiage used in the field and as an opportunity to



Mark Berry, MD, right, founded Children's Orthopedics Education for Developing Nations (COEDN) which is a unique full-time fellowship training model for orthopaedic surgeons in developing nations. Multiple volunteer surgeon-educators from North America travel to the host country to provide fellowship level training for 3-4 orthopaedic surgeons who are interested in becoming their country's leaders and educators in pediatric orthopedic surgery.

successful. In September 2019, the POSNA Board of Directors approved the name, Pediatric Orthopedic Global Outreach (POGO).

Pediatric Orthopedic Global Outreach (POGO) Committee

This committee will remain dedicated to the delivery of care in resource-limited environments. COUR's directives will be foundational to the work of this committee and continue to function within this evolved framework and structure. Following in POSNA's long-standing priorities; the mission of POGO, is to improve the care of children with musculoskeletal disorders through a combination of education, coordination, and research.

Education

COUR was visionary in this regard and POGO will continue to support education through a variety of means. These include:



Maryse Bouchard, MD, teaches orthopaedic trainees and staff during a recent trip to Vietnam. Dr. Bouchard works in Vietnam with the non-profit Seattle-based group, Mobility Outreach International.

reorganize and refine the mission and vision of POSNA Global Outreach. As we began to consider, we recognized the expanded role the committee could have going forward, allowing us to continue to build upon the foundational principles that have made COUR so

Global Outreach Courses – POGO will facilitate these courses in countries and regions that do not have an alliance society. The later courses will be directly supported and endorsed by the POSNA Educational Courses Committee. The same high standards of identifying practice gaps and learning objectives, recruiting experienced faculty, and post meeting evaluations apply to all POSNA endorsed courses.

Annual Meeting Symposium – POGO will continue to organize this program to provide the membership an opportunity to explore and discuss various issues relating to global health and outreach work.

POGO Scholars – This program will continue in the same manner, with the commitment and support of POSNA.

Website – Our committee will be heavily dedicated to building a complete and comprehensive online resource for POSNA-related global outreach work. This will include an interactive global map, a forum/discussion board, and a repository of educational materials that serve as a resource for our members to use.

Coordination

Trainees and young physicians are getting involved with this work early on in their professional development, which influences continued participation throughout one's career.²⁵ POGO will be responsible for developing, maintaining, and updating a repository of opportunities to help facilitate connections and engagement. POGO will be a resource for those looking to get involved, those already involved, and those in need of volunteers. It is ideal to pair younger members with those more experienced so that all are able to function at the appropriate level.

By providing a mechanism for our members to share the work they do, they will be able to elicit support, and coordinate with others doing similar work in the same location. Through this coordination and engagement, we can work to build successful, meaningful, and sustainable programs, which incorporate the three



Kathleen Rickert, MD, carries a patient from the OR to the PACU area for postoperative recovery, San Miguel de Allende, May 2019. Dr. Rickert works with Kids First, an organization that has spent the last 14 years providing pediatric orthopaedic care to the families around the region of San Miguel de Allende (SMA), Mexico.

mechanisms for engagement described by Dr. Wilkins.^{1,10,15} Furthermore, we will promote ongoing assessment to ensure that quality and ethical standards are met through data driven analysis.^{15,26}

Research

All of healthcare delivery science depends on learning on what works and what is impactful via research. POGO endeavors to facilitate Global Outreach research initiatives to ensure our objectives are being met. This represents the most significant expansion of our committee charges and we seek to promote this on a larger scale. POSNA has long been a leader in multicenter studies of rare disorders and their treatments. POGO hopes to collaborate with other organizations dedicated to similar work will allow us to learn and to implement meaningful global programs at scale.

Conclusion

Given the early education on global health that our members are receiving, they understand more than ever what it means to participate as well as how it should properly be carried out. The more our Society works to foster this commitment the greater the opportunity to truly effect change. While the name of the committee has changed to POGO, the principals that made COUR so successful remains at its core. This is an opportunity to build on the work of the visionary leaders who laid the foundation for us to shape the future.

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