

AAEM/RSA President's Message

A Senior Resident's Perspective on International Emergency Medicine

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International emergency medicine (IEM) is one of the most popular subspecialties in our field. As a senior resident, I have seen many a trainee light up when I discuss IEM. But even though IEM is a great buzzword, it can mean different things to different people. Does it refer to a clinical rotation to see how EM is practiced in other parts of the world? How about developing emergency systems or providing humanitarian relief? Where does research or teaching fit in? In my first president's column, I want to share my passion for IEM with you by providing some guidance and advice that I wish I had received when I was first drawn into IEM.

Unlike some of my IEM colleagues who were born to do international work, I had my heart set on a career in domestic health policy. It wasn't until medical school that I was exposed to international health. A fellowship at the World Health Organization made it clear that the issues I was working on in the United States were magnified many times over in other countries. Geneva was an eye-opener, but I felt a need to work "on the ground," so I went to Rwanda to do fieldwork on gender-based violence and subsequently to the Democratic Republic of the Congo and Burundi as a journalist reporting on war and health.¹ Through this exposure I saw the urgent need for research to understand systems and evaluate interventions, and I decided to go to the U.K. for two years to study economics and policy. I came into residency with more tools and a stronger passion for IEM research. Now, entering my fourth year, I have conducted systems design and evaluations in several countries,^{2,3,4} a health care workforce evaluation in South Africa,^{5,6,7} and a global health professional study.⁸

Everyone's path in IEM is different, and I share my background with you so that you can see my circuitous path in this journey. Students and residents often ask about getting involved with IEM and what things they should consider in building an IEM career. Here are some thoughts:

1) The only way to know whether or not you will like something is to try it. If you are new to international work, find an opportunity, and jump on it. Don't be picky about location or type of experience. Many schools and residencies will have an international rotation. Most likely it is a one-month clinical experience, but occasionally it is a research project (e.g., studying malnutrition) or an educational opportunity (e.g., teaching point-of-care ultrasound). There may be a relief mission that needs your help. Some of my residency classmates went to assist with the disasters in Haiti and Japan. These were not things that they planned, but they jumped on opportunities that came up. Explore multiple options. Your own program is the most natural place to start, but also look elsewhere in your university. The American Medical Student Association (www.amsa.org) has medical student elective listings. AAEM/RSA is also establishing an international rotation database (www.aademrsa.org). Keep your eyes and ears open,

and ask other residents and attending physicians to be on the lookout for you.

2) There has been a lot written in recent years about "medical tourism."^{9,10} While this phrase conjures up unpleasant connotations, and sustainability in international programs is very important to think about, don't discount experiences because of your own (unnecessary) guilt. International rotations are important for your exposure, and whether you end up doing international work or not in your career, your experience will be instructive for you and good for your future patients. Find your own way to meaningfully learn and contribute.

3) Once you've had experience with IEM, decide whether it is something that you feel passion for versus something that you would like to do only occasionally. There is no right or wrong answer—don't feel guilty if your experience showed you that you don't want to live in war-torn countries forever. Be honest about what you like doing and how you think international work will fit into your career. What attracts you most about the work? Does clinical work excite you while research bores you? Are you happiest doing impact evaluations from the comfort of your own home? Would you want to do these things occasionally, or do you love them so much that you need to build it into your career?

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4) Consider the other interests that you have to balance. International fieldwork is hard to find time for in residency, but it might be even more challenging with a young family. Know how your significant other feels about your work. This is a continuing conversation for my husband and me, a South African native whom I met in the United Kingdom. Initially, we thought that we would spend two months of every year abroad, but this is difficult to manage in both of our careers right now. It took me a while to realize that not everything I want has to be done at this very moment. Perhaps this is the time to focus on your family and your clinical work. IEM opportunities will be there when your life settles down. Perhaps later on, you and your family might consider a year or two abroad, or you may be able to take a job with greater travel flexibility. Think about how you want to balance your IEM interest at this point in time, and be flexible to change.

5) Don't discount related work in the U.S. I have come full circle in this regard by starting in domestic health policy, falling in love with IEM, then coming back to U.S. policy. There are huge problems with access to care and health inequities in the U.S., and what you learn through your international experiences will inform your work here—whether it's in policy, advocacy, community activism, or your clinical work. Many international interests can be built into your domestic work and vice versa. If you have an interest in EMS, you can develop your expertise in the U.S. first and then do projects abroad. If you have experience with teaching mid-level providers internationally, you can design similar programs in the U.S. The options are limitless!

6) Build and nourish your network. Identify mentors as early as possible. Seek out those you admire and follow their career paths. Read their work. Ask for advice from those who have IEM careers and those who don't—their perspectives will be just as important for you. Women, it may help to identify female mentors because women face a unique set of challenges. The Academy of Women in Academic Emergency Medicine is a great resource, and this year it is offering free membership to residents.¹¹ Along the same lines, build your peer group. IEM is a small world, and your peers will encourage and inspire you throughout your professional lifetime.^{8,12}

As my mentors have taught me, a successful IEM career necessitates thinking outside the box—and keeping an open mind and open eyes and ears. Speaking of being open, now is the perfect time to get involved! I am very excited to announce that for the first time, AAEM/RSA has an International Committee. It is already becoming the most popular committee for our members, with a record number of applications in our recent call for committees. I am very much looking forward to working with the new committee chair, Dr. Mark Pittman, to lead AAEM/RSA into a new era of IEM involvement. Join us in our mission to advocate for our specialty and our patients and to advance EM worldwide.

As always, I welcome your feedback to my articles and about AAEM/RSA. I can be reached at wen.leana@gmail.com. ■

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