

International Elective During Orthopaedic Residency

Thank you for your interest in this survey!

This is a study designed to gather opinions and concerns about an international elective during orthopaedic surgery residency.

This study has been approved by the UMDNJ IRB committee. By completing the following questions, you give your implicit consent for participation in this study and your answers will be used in our data analysis.

All questions are optional, and your identity will be kept confidential.

We look forward to learning as much as we can about your opinions on international electives for orthopaedic residents.



A Little About You

1. What is your title/position at your current orthopaedic residency program?

- ☐ Program Director (Physician)
- ☐ Program Coordinator (Administrator)
- ☐ Orthopaedic Resident

Resident Demographics

2. What is your current clinical post graduate year in training?

- ☐ PGY1
- ☐ PGY2
- ☐ PGY3
- ☐ PGY4
- ☐ PGY5
- ☐ PGY6

Other (please specify)

3. What is your current age (years)

☐ 23-29

☐ 30-34

☐ 35-40

☐ 40+

Other (please specify)

4. What is your current marital status?

☐ Single

☐ Married/ committed relationship

Other (please specify)

5. Do you have any children?

☐ Yes

☐ No

Other (please specify)

6. What is your current Cumulative Educational Debt (US \$)?

☐ None

☐ 1 - 50,000

☐ 50,001 - 100,000

☐ 100,001 - 150,000

☐ 150,000 - 200,000

☐ >200,000

Other (please specify)

Resident Interest in an International Elective

7. Would you be interested in an international elective if it were offered at your orthopaedic residency program?

☐ Yes

☐ No

☐ Maybe

Other (please specify)

Resident Perceptions about International Electives

8. What would be your goal when participating in an international elective? (Please rate; 1 = Most important, 3=neutral, 5 = least important)

	1	2	3	4	5
Increase cultural awareness	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Improve clinical skills	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Improve resident professionalism	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Make international connections	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Research	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Exchange of treatment modalities/ ideas	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Other (please specify)

9. What geographic location(s) would you be willing to participate in an international elective? (Please check all that apply)

☐ Africa

☐ East Asia (China, Japan, Korea, etc.)

☐ South Asia (India, Pakistan, Indonesia, Philippines, etc.)

☐ Central America

☐ South America

☐ Europe

Other (please specify)

10. Would you be willing to use some of your vacation time for the international elective?

☐ Yes

☐ No

☐ Maybe

Other (please specify)

11. Would you be willing to finance the international elective? (such as travel)

☐ Yes

☐ No

☐ Maybe

Other (please specify)

12. At what clinical level of training during orthopaedic surgery residency would you like to participate in an international elective? (Please check all that apply)

☐ PGY1

☐ PGY2

☐ PGY3

☐ PGY4

☐ PGY5

☐ PGY6

Other (please specify)

13. What do you believe is the optimal number of weeks in one year to spend on an international elective during orthopaedic residency? (Please select from drop down menu)

Number of weeks/year

Number of Weeks

Other (please specify)

14. If an attending physician from your program went with you as a faculty on an international elective, would that make you more or less likely to participate?

- ☐ More likely to participate
- ☐ Less likely to participate
- ☐ Not sure if it would influence my participation

Other (please specify)

15. If you were applying to orthopaedic residency all over again, would you rank a program higher if it offered an international elective?

- ☐ Yes
- ☐ No
- ☐ Maybe

Other (please specify)

16. If your experiences during an international elective during orthopaedic residency do not count toward ACGME certification in orthopaedic surgery, would you still participate in an international elective?

- ☐ Yes
- ☐ No
- ☐ Maybe

Other (please specify)

Your Past Experience in Volunteer Activities

17. How many domestic volunteer community service activities did you participate in during medical school?

- ☐ 0
- ☐ 1
- ☐ 2
- ☐ 3
- ☐ 4
- ☐ 5+

Other (please specify)

18. How many overseas international experiences did you participate in during medical school?

- ☐ 0
- ☐ 1
- ☐ 2
- ☐ 3
- ☐ 4+

Other (please specify)

19. Please rate the following statements (1= strongly disagree, 3=neutral, 5 = strongly agree)

	1	2	3	4	5
Practicing in a resource challenged country could be a rewarding experience	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Practicing in a resource challenged country provides opportunity for professional development	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Medical school training should include exposure to health care in resource challenged countries	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Orthopaedic Residency training should include voluntary electives in resource challenged countries	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

20. What is the name of your orthopaedic residency program?

21. Where is your orthopaedic residency program located?

City/Town:

State:

22. Currently, how many residents enter your program per year?

of residents/yr

Number of residents per
year

Other (please specify)

23. Does your program offer an international elective?

☐ Yes

☐ No

Other (please specify)

Program Coordinator/ Administrator Survey: International Elective Informati...

24. What are the goals of your international elective? (Please check all that apply)

☐ Increase cultural awareness among residents

☐ Improve technical/clinical skills of residents

☐ Improve resident professionalism

☐ Make international connections

☐ Research

☐ Exchange of treatment modalities/ ideas

Other (please specify)

25. What geographic location(s) do you currently have available for faculty and residents to go on an international elective? (Please check all that apply)

- ☐ Africa
- ☐ East Asia (China, Japan, Korea)
- ☐ South Asia (India, Pakistan, Indonesia, Philippines)
- ☐ Central America
- ☐ South America
- ☐ Europe

Other (please specify)

26. What type(s) of overseas partners are involved in your international elective? (Please check all that apply)

- ☐ academic institution
- ☐ public hospital
- ☐ private hospital
- ☐ Non-Government Organization (NGO)

Other (please specify)

27. On average, how many of your program's faculty go overseas per year for the elective?

Number of Faculty

Please select from
dropdown box

Other (additional comments)

28. On average, how many weeks per year does a single orthopaedic faculty member spend abroad at an international elective site?

Number of Weeks

Please select from drop
down box

Other (comments)

29. On average, how many residents participate in the international elective per year?

Number of Residents

Please select from drop
down box

Other (please specify)

30. What year(s) of training level is the international elective offered? (Please check all that apply)

☐ PGY1

☐ PGY2

☐ PGY3

☐ PGY4

☐ PGY5

☐ PGY6

Other (please specify)

31. In your opinion, how many weeks is optimal for a resident to spend on an international elective?

Number of Weeks

Please select from drop
down box

Other

32. Please describe how you scheduled resident coverage at your home institution for those residents that went overseas?

33. How are residents covered, in terms of malpractice/liability insurance, for volunteer work done internationally? (Please check all that apply)

☐ Through home institution

☐ Through host institution

☐ Through 3rd party insurance company

☐ The work volunteer work we do overseas does not require insurance

Other (please specify)

34. Do residents receive financial assistance for international electives from their home orthopaedic residency program?

☐ Yes

☐ No

Other (please specify)

Program Director/ Physician Survey on International Electives

35. What is the name of your orthopaedic residency program?

36. Where is your orthopaedic residency program located?

City/Town:

State:

37. Currently, how many residents enter your program per year?

of residents/yr

Number of residents per
year

Other (please specify)

38. Does your program offer an international elective?

☐ Yes

☐ No

Other (please specify)

Program Director/ Physician Survey: International Elective Information

39. What are the goals of your international elective? (Please check all that apply)

- ☐ Increase cultural awareness among residents
- ☐ Improve technical/clinical skills of residents
- ☐ Improve resident professionalism
- ☐ Make international connections
- ☐ Research
- ☐ Exchange of treatment modalities/ ideas

Other (please specify)

40. What geographic location(s) do you currently have available for faculty and residents to go on an international elective? (Please check all that apply)

- ☐ Africa
- ☐ East Asia (China, Japan, Korea)
- ☐ South Asia (India, Pakistan, Indonesia, Philippines)
- ☐ Central America
- ☐ South America
- ☐ Europe

Other (please specify)

41. What type(s) of overseas partners are involved in your international elective? (Please check all that apply)

- ☐ academic institution
- ☐ public hospital
- ☐ private hospital
- ☐ Non-Government Organization (NGO)

Other (please specify)

42. On average, how many of your program's faculty go overseas per year for the elective?

Number of Faculty

Please select from
dropdown box

Other (additional comments)

43. On average, how many weeks per year does a single orthopaedic faculty member spend abroad at an international elective site?

Number of Weeks

Please select from drop
down box

Other (comments)

44. On average, how many residents participate in the international elective per year?

Number of Residents

Please select from drop
down box

Other (please specify)

45. What year(s) of training level is the international elective offered? (Please check all that apply)

☐

PGY1

☐

PGY2

☐

PGY3

☐

PGY4

☐

PGY5

☐

PGY6

Other (please specify)

46. In your opinion, how many weeks is optimal for a resident to spend on an international elective?

Number of Weeks

Please select from drop
down box

Other

47. Please describe how you scheduled resident coverage at your home institution for those residents that went overseas?

48. How are residents covered, in terms of malpractice/liability insurance, for volunteer work done internationally? (Please check all that apply)

- ☐ Through home institution
- ☐ Through host institution
- ☐ Through 3rd party insurance company
- ☐ The work volunteer work we do overseas does not require insurance

Other (please specify)

49. Do residents receive financial assistance for international electives from their home orthopaedic residency program?

- ☐ Yes
- ☐ No

Other (please specify)

50. Who pays for the funding assistance that your program offers its residents for international electives?

- ☐ None
- ☐ Government
- ☐ Grants (commercial sources)
- ☐ Scholarships

Other (please specify)

Barriers to Creating an International Elective

51. What do you think are (were) some barriers to establishing an international elective?

(Please check all that apply)

- ☐ Personal safety (such as being attacked/robbed)
- ☐ Medical safety (such as foreign/tropical diseases, TB, HIV)
- ☐ Family/social responsibilities
- ☐ Financial
- ☐ Lack of equipment
- ☐ Hospital conditions
- ☐ Fear of inexperience among residents
- ☐ No credit toward board certification
- ☐ Not enough faculty support

Other (please specify)

A little more about you

We would like to follow up with you in case we have any questions. You may enter your contact information in the space provided below. All contact information will be kept confidential unless you would like to be acknowledged if any of our results are published in a peer reviewed journal.

52. Follow up contact information.

Name	<input type="text"/>
Email Address	<input type="text"/>
Phone number	<input type="text"/>

53. Comments/ Questions

If you have any questions please email us at:

Bensen Fan (Study coordinator): fanbb@umdnj.edu

Dr. Sanjeev Sabharwal (Principle Investigator): sabharsa@umdnj.edu

or call us at (973) 972-0246

Conclusion

Thank you for participating in our survey! Your answers are much appreciated and will help us in our decision making process. You may now select the "Done" button to finish the survey.

If you have any questions please email us at:

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