**Supplementary Table C. Themes and Representative Quotes from Visiting Surgeons on the Greatest Perceived Barrier and Suggested Changes for the Observership**

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| **Theme** | **Greatest Perceived Barrier Quote(s)** | **Suggested Changes Quote(s)** |
| Challenges with living accommodation and transportation | “Moving around many centers at short intervals in an unfamiliar environment.”  “Accommodation”  “Jet lag”  “Cold weather” | “Web based orientation”  “Formal orientation within host institution and the surrounding neighborhood.” |
| Financial burden | “Cost of flight ticket and transportation within SF”  “Cost of travel and stay” | “Housing and sponsorship for VISA” |
| Discrimination, Language/Cultural barriers | “Medical terminology and racism”  “Language barriers” | Improve the reach to prioritise countries with gaps in Orthopaedic care like South Sudan” |
| Short observership duration | “Integration into the team took 2 weeks”  “Time for observership was short” | “More time, economic support, and lodging”  “More formalised timetable for visitation based on individuals observership needs to gain most from short term observership” |
| Lack of observership structure | “Figuring out what I should be doing, where I should be at any given time, and access to facilities”  “Not having a daily plan”  “One institution was very amazing in their organization and in drawing up a timetable for my week there. The other institution was very much different in that there was no timetable but just advised what activities were there and I could do what I wanted, and I was left to it.” | “A more standard schedule of activities for observing”  “Clear objectives and goals” |
| Limited time spent with NA faculty and lack of attention from host surgeons | “Most surgeons don’t care about the observers”  “Great place with great professionals, but it may be that nobody in staff was really 'expecting' my arrival, and I would love to participate in surgical skills lab activities, but it doesn’t happen.”  “Being unable to fit me in their schedule” | “Well defined goals”  “It would be very useful for an observer with special interest to be given a list of cases planned for the observership and to ask the observer what he/she wants to gain out of the observership to help achieve it.” |
| Lack of belonging to clinical team | “Feeling like an unwanted outsider”  “Not being accepted as a colleague surgeon in clinical situations. E.g., being treated as a medical student that never had entered a theatre before, while my experience was greater than most surgeons or residents I was in theatre with. Also, it took a lot of time to become part of the group.” | “More communication with host about goals of observership”  “It would have been better if there was a local American mentor.”  “More integration in the team, more OR experience, not just observe, some labs or educational resources could be awesome” |
| Lack of familiarity with NA health care system | “Adjusting to the new healthcare system, especially the electronic medical record” | “Orientation for the difficult new health system” |
| Appropriate access to operating room | “Not hands on, not allowed to operate”  “Unable to practice; observership is very nice but not being able to be at the operating table is not comfortable for surgeons”  “Orthopedic surgery is surgical technique, and watching it from a distance you often don’t learn much”  “I am an orthopedic, trauma, and hand surgeon. Also passed all USMLEs (Step 1, 2, 3) , even fold ECFMG Certificate. I was not allowed to scrub in. In my eyes this is not decent! If there are always legal issues...that simply sucks. If the legal concern is such intense...I recommend discontinuing the idea of international fellowships...because you can not understand most of the cases. This is tough to say, but it is the truth.”  “As a busy trauma centre with a focus on teaching, observing cases in theatre was sometimes difficult. This was purely due to the nature of visibility of the pelvic and acetabular trauma cases to unscrubbed observers. The in-light camera systems on offer significantly improved this in the latter half of my observership. However, as this was only a small part of my observership and I was incredibly well supported through teaching and case discussion sessions this was not a significant disadvantage.” | “If there were a way for international observers to scrub in as an observer (i.e. not actually contributing to the case, but within the sterile field to better observe nuances of steps of the procedure close-up) this would prove invaluable. I would hope this would be feasible, as essentially the observer would still be a neutral bystander in the clinical care, just a lot closer to the action!”  “Scrubbing in Surgeons is a must. Otherwise, I can watch videos or read books at home. Cheaper/more comfortable/better for climate change (not intercontinental travel)”  “More participation in simulation labs” |