

# Mentoring and Modeling Professionalism: Service and Global Health

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**W**ith recent Residency Review Committee approval of Plastic Surgery resident participation in international surgical trips, our specialty will be required to develop professionalism milestones to define this international work, protecting both residents and patients. What does it mean to mentor and model professionalism in international work? The answer must include the intentionality that defines our professionalism mandate at home. However, modeling professionalism is more nuanced in international work, with pitfalls that are sometimes unpredictable.

To exhibit professionalism, we need clear delineation of our *scope of practice*. Should we be doing procedures internationally that we do not do at home? We often claim that we provide better care than these patients usually get. However, this cannot be an excuse to provide inexperienced, deficient care outside our scope of practice. If adequately trained personnel and resources are not present to operate and properly care peri- and postoperatively for patients, we must call this exactly what it is: “patient abandonment.” Most of us teach students and residents at academic institutions or nurses and technicians in community settings. How can we travel internationally and not share our craft with local medical students, residents, and hospital surgeons with the same intentionality? The counter that no one in country wants to do cleft work is easily a mask for our unwillingness to find local surgeons with an interest in clefts. When participating in international research, we are aware of the need to obtain home institution review board approval. Why not develop relationships

to obtain permission for research from host academic institutions? This “approval” may not have the same rigor of our home institutions; however, the simple act of disclosure is a starting point for local empowerment. We are acutely aware of practice guidelines for advertising from our national specialty organizations. However, there are no metrics to limit *self-promotion* with our international work. The danger is that we overstate our roles and sense of importance with “advertising” that would not be acceptable at our home institutions. International surgical work is attractive to colleagues, patients, families, and industry partners and must be guided by *financial professionalism*. Many partners are willing to provide resources to the “great surgeon” they know rather than an impersonal organization. Are we using the money exactly as designated by our donors? In overseas work, we are increasingly aware of the centrality of *cultural awareness*: what we do and say at home has different meanings away from home. The simplest, yet most difficult, act of cultural awareness is learning the local language. Speaking our hosts’ language opens doors of partnership that otherwise remain closed.

Professionalism at home is guided by scope of practice agreements, commitment to patients’ welfare, obligations to teach, strict adherence to institution review board guidelines, careful advertisements of surgical practices, financial integrity, and cultural sensitivity. We should hold similar standards in our international work and model this for residents who will increasingly be our partners. It may be time to develop measurable professionalism milestones for international work and establish Plastic Surgery as a leader in this field.

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