NICARAGUA, April 2016 – Tony LoGiudice MD, Class of 2016

A call to service has always distinguished the medical profession as a vocation rather than a job. This is what drove me to enter the field and continues to provide the joy and satisfaction in helping others that has made residency bearable. Much of what I experienced in performing acts of service during medical school and before focused on providing resources, awareness, education, and sometimes a direct service (skillsets being limited as they are).

My experience in Nicaragua revealed the vastly different resources available to the citizens of poor countries. Much can be said about the conditions of the operating rooms, the "sterility" of surgical technique, and the limited technology at hand for diagnostics. These presented challenges in diagnosis and operative treatment, sometimes influencing what treatment could be offered. To say the least, it certainly makes me appreciate the utility of a Cobb.

While the operating experience was a true privilege (and certainly will keep me thankful for the near-infinite resources available back home), more was learned from the patients. The patients were the best sort of people you hope to treat as a physician. They were earnest in their efforts to heal and recover. They were there to improve their life. I was humbled by their gratitude and bravery. This is not just because they only had a Tylenol on the first postoperative evening, but because they submitted themselves to some very strange looking, foreign people for surgery that might totally change their lives. As little as they might understand, they had faith in our intentions to help them! In turn, I found myself, my heart, so quickly tied to their well-being in a profoundly personal manner. And while I have certainly experienced this repeatedly during residency, I really enjoyed the lack of perfunctory distractions (EPIC, ACGME, ACA, HMO, CMS, etc).

So upon returning home, I remember that our patients here deserve the same trust and faith in their physician. Too often perceived as high-maintenance, misinformed, or "crazy", patients here in the United States have other issues prohibiting their good health care. And they are too quickly dismissed. While I may not be in a place to solve the socioeconomic problems for an individual, I certainly can identify their "idiosyncrasies" as my own lack of understanding of their problem, and look beyond them to provide whatever appropriate care I can offer. And while none of this is new to me in concept or practice, it certainly is easily forgotten in the rush of entering practice, meeting new demands, and discovering the pressures beyond training. Trust must be earned through excellent care.

My love of Orthopaedics lies in its unique ability to restore function, independence, and quality of life to people suffering from injury, disease, and deformity. The opportunity and privilege to treat the underserved in Nicaragua demonstrated some of the extreme disparities in health care that so desperately need attention. With these experiences, I plan to return with greater focus on my own future practice, looking to address the similar disparities that can be found in our own cities and communities. I hope to provide care to patients of any and all socioeconomic backgrounds to help people recover from injuries, return to work, restore function lost and correct deformity.

NICARAGUA, April 2016 – Matt Smith MD, Class of 2016

“Having never practiced medicine outside of the Midwest, traveling to Central America and operating in a Nicaraguan hospital for a week was a bit of a culture shock. I had been mentally preparing for this trip for years. I had hoped that I would be able to attend the trip ever since hearing about its existence when I was an intern, and as such I always attentively listened to the stories of the residents coming back. I had a general idea of what we would be doing in this country, but aside from that I was nearly flying blind as to any of the specifics. It didn’t dawn on me the level of my ignorance until I had to fill out the customs paperwork in Nicaragua and I realized that I had no idea the name of the city in which I would be staying. Once this minor detail was figured out, we worked our way through customs and then traveled on to our hotel.

The real work started a couple days later when we had our one clinic day. Roughly 50-60 patients showed up and waited in line in an auditorium for their chance to be seen by our team of orthopaedic surgeons. We had two makeshift exam rooms in the back of the auditorium with privacy supplied by bedsheets strewn across wires. Translation was provided by three people including two surgeons from Nicaragua and one medical student from Nicaragua. Clinic itself was a mixture of adult and pediatric orthopaedic pathology with a heavy leaning toward the pediatric. A large majority of the visits were spent providing non-operative advice, telling people that their previous surgery went well or convincing people that they did not in fact have a problem. That being said, a few gems of complex orthopaedic patients found their way to our doorstep.

One patient in particular that stuck out was a 32 year old laborer who, 9 months earlier, had fallen off his motorcycle and broken his wrist. At the time, an attempt at treating him with a cast was made with initial short term success; however the fracture did not remain well aligned. Now, his dominant hand was severely malaligned due to a malunion of his distal radius, rendering his right hand nearly functionless. As I continue to reflect on this case I still struggle with the vast disparity that exists between orthopaedic care in my home and in Nicaragua. In any modern orthopaedic practice, his fracture would require surgery, at the very least a few K wires (which cost a paltry amount), or potentially a more expensive plate and formal surgery. However, in this country, this patient could not afford the K wire and as such he was treated with plaster. We had the opportunity to help this man by reorienting his wrist with a distal radius osteotomy held in place with a plate and screws and some bone graft all of which we brought with us.

On a daily basis at work I think about this man and his surgery. At home, we use K-wires for the purposes of provisionally aligning fractures prior to placing plates and screws; however thousands of miles away this same K wire may have saved this man nearly a year of disability. Furthermore, we used an old set of plate and screws donated for our trip because they are too outdated for our daily use. My continued reflection forces me to rethink decisions I make in the OR as I realize simple solutions may remain the best solutions and furthermore these same simple solutions may be the best solutions when providing care overseas.”