

Letter: Design and Implementation of a Global Health and Underserved Care Track

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In their original article, Urban et al¹ describe their experience integrating global otolaryngology–head and neck surgery (OHNS) into an Accreditation Council for Graduate Medical Education (ACGME) residency program. This article is of great value because it is the first to describe such an endeavor in US OHNS. The authors set clear goals: lead and coordinate hands-on experience in domestic and foreign resource-limited settings, design and implement publishable quality improvement projects, and develop a global OHNS curriculum. It is equally noteworthy that the authors built their program on a solid health equity foundation. An understanding of health equity is essential when dealing with vulnerable populations—it helps participants appreciate the complex interactions between their personal objectives/experiences and those of their target population. In addition, the article’s value is improved by a candid description of the challenges that the authors faced: mentorship, financing, and scheduling.

Global OHNS, a field at the intersection of clinical OHNS and global health, has seen tremendous growth in the past couple of years.² There have been similar efforts to integrate global health into surgery ACGME programs.³ We believe that global OHNS as a whole and the authors in particular can learn a lot from these experiences.

The authors’ goals align with those of the Global OHNS Initiative. This initiative is a research collaborative network of more than 180 otolaryngologists in more than 40 countries to understand the challenges to accessing safe, timely, and affordable OHNS care worldwide. This group has published seminal research on the burden of head and neck cancers⁴ and identified priority interventions and diseases within global OHNS.⁵ Such a collaboration may help scale the global OHNS track to other ACGME programs and expand the foreign experience to other low- and middle-income countries.

Some global surgery resources may help the authors meet their goals. The American College of Surgeons and the Association for Academic Surgery support global surgery and

related fields through special sessions at annual meetings and the AAS/AASF Global Surgery Research Fellowship Award. The authors and other global OHNS researchers could benefit from similar support from the academic OHNS community.

Once more, we congratulate the authors on their brilliant initiative and publication.¹ We look forward to reading their project updates and the final project outcome.

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