

Volunteer Abroad: Beginners

Elizabeth Bailey, MD, MPH, FAAD, interviewed by Alexis Carrington, MD

ALEXIS CARRINGTON, MD: Welcome, everybody, to *Dialogues in Dermatology*. My name is Dr. Alexis Carrington and I am PGY-3 dermatology resident at George Washington University in D.C. We have the amazing Dr. Elizabeth Bailey with us, going to be talking about global health in dermatology and volunteering for beginners. We have, like I said, the absolute privilege to work with Dr. Bailey. She is a Clinical Associate Professor at Dermatology at Stanford and she serves as the Program Director for the Stanford Dermatology residency program.—

--She's also the Director of Global Health Dermatology at Stanford. Her experience with global health includes clinical care at various locations in the States and abroad, including Nepal, Botswana, and locally in the Bay Area. Dr. Bailey, thank you so much for joining us.

ELIZABETH BAILEY, MD, MPH, FAAD: Thanks so much, Alexis, for having me.

ALEXIS CARRINGTON, MD: We're just going to delve right into it, because global health is such a big topic and something that some people may not be aware of. Just wanted to hear from you, what exactly is global health in dermatology? Because again, some people may not know that is even a facet in dermatology.

ELIZABETH BAILEY, MD, MPH, FAAD: I think it is a great question, because I would say for myself, even my understanding of that evolves all the time. Where I'm at now with how I think about it is global health dermatology is thinking about serving all of our patients and really thinking of ourselves as a global community. For me as a dermatologist, how can I serve my community in a global way?

ALEXIS CARRINGTON, MD: Love that. Again, like we mentioned, it is a big facet and a big essentially topic in dermatology. It feels like there is a daunting aspect to it, in how someone can

get involved. So that is definitely something that we want to address. How can board certified dermatologists, residents, people who are practicing dermatology get involved in global health? What are some ways that they can get involved in that starting today, something practical?

ELIZABETH BAILEY, MD, MPH, FAAD: That's one thing that I really want to be an advocate for, is helping people see how it's possible, how it's easy, and can also just bring so much meaning to your work. The place where I tell people to get started is think about what are the relationships or structures that already exist that you can become a part of. And that can look a lot of different ways. That might be within your institution, are there structures that already exist in global health that you can be a part of?—

--Are there structures within your professional community, including structures that exist in the AAD or outside of AAD? And then other things in your community, there might be an underserved population clinic, a free clinic that you could be a part of. There might be people a part of your multispecialty group who are already volunteering that you can help with. So thinking about those structures, so that you're not inventing it all by yourself.

ALEXIS CARRINGTON, MD: I really wanted to hear your experience in how you got involved in these various initiatives in these established programs. What would you say are some pearls and pitfalls that you experienced that our listeners should be mindful of, if they're considering joining an established practice or even creating one of their own?

ELIZABETH BAILEY, MD, MPH, FAAD: I got started as a resident, through the American Academy of Dermatology, through their resident international grant, which was an amazing way to get started. Before that, I didn't actually realize how much global health dermatology meant to me and how much I wanted it to be a part of my career. I went to Botswana as a resident in that program. I saw when I was there that this work was so exciting and fulfilling to me and it really met exactly where the joy for me is in being a dermatologist and made me want to do it more.—

--So when I started on faculty at Stanford, I wanted to keep going. I looked at the relationships that might already exist. At Stanford, we have the Center for Innovation in Global Health, which is an umbrella organization within Stanford in global health. I said I wanted to get started, I wanted to bring dermatology into that space. Through them, I got connected with partners and I got connected with a partner at Dhulikhel Hospital in Nepal, Dr. (s/l Darmenjer Khan), their chief.—

--He was really interested in partnership and that was really how we built out that collaboration that I have now in Nepal. So it really started with finding out what already existed and kind of tapping into those structures and finding people who were interested in some of the same things as me.

ALEXIS CARRINGTON, MD: I'm really curious to hear how essentially the day-to-day was for one of essentially those programs. Like when you were in Botswana, could you tell us how it was during your experience there? How one day was and like essentially your week there?

ELIZABETH BAILEY, MD, MPH, FAAD: When I was in Botswana, it was day-to-day clinical care at Princess Marina Hospital, which is the main national hospital in Gaborone, Botswana. As a resident in that program, the way it was structured is when you first got there, you would be overlapping with a prior resident for a week. You went into the dermatology clinic there, which at that time did not always have sustained dermatology coverage. So residents in that program helped with that.—

--We were really a part of the clinic flow, which is a model in some ways actually very similar to Nepal, where all patients show up basically at the beginning of the day. Clinic starts and you just see patients until you reach the end of the patients who are there and then that's the end of clinic. Usually it was sort of a long day, we started at 9:00 and ended at like 3:00 or something like that. Then we got lunch and then we would do some inpatient rounds and also look at some

slides. So really fun as a dermatologist, like kind of all the things that we really enjoy in our practice. So that's what it looked like day-to-day in Botswana.

ALEXIS CARRINGTON, MD: For the people who would want to initiate their own initiative, either locally or abroad, what would you say are some pearls and pitfalls to that? Because again, it just seems like a daunting task, especially when you're practicing day-to-day, every day.

ELIZABETH BAILEY, MD, MPH, FAAD: One thing I think that's really important is that you will never know what that collaboration is going to look like when you get started. So that was how things were in Gaborone, because that's what they needed there. My collaboration with the people I work with in Nepal is totally different. Structured in a totally different way and even that structure, I wouldn't have been able to tell you at the beginning what it was going to look like.—

--It's really evolved over time, as I've learned what my partners need. They've learned what I can offer and what I need and we kind of developed that partnership together. I think probably every collaboration is going to look a little bit different.

ALEXIS CARRINGTON, MD: So how do you go about selecting a place or finding a place that would need essentially these initiatives? What is something to consider, like where do I even start?

ELIZABETH BAILEY, MD, MPH, FAAD: I think once you understand relationships that exist that you are already connected to, I think you have to just start exploring. I sent an email to a couple of different potential partners that were recommended to me from the Center for Innovation in Global Health at Stanford and Dr. Karan was the person who answered, which was awesome. We did a Skype together at an AAD back in, I think it was 2017, before Zoom.

He was really interested and he said, “Yes, I would love to have you come.” I shared my background that I’m a dermatologist and also dermatopathology-trained.—

--He said dermatopathology was something they were really interested in getting more engagement on, learning new skills with, which was a nice fit with some things I could offer. We started Zoom case conferences, which we started every two weeks back then, and that’s what we’ve continued to do. Which was a really nice model because we didn’t know it, but the pandemic was coming, and this was something we could keep doing through the pandemic. And something that’s very accessible, because even when I was in the U.S. during the pandemic, when I was maternity leave, we could keep doing those things.

ALEXIS CARRINGTON, MD: I just wanted to address with global health in general, what do you feel like are the misconceptions with it? Do you feel like people think it’s just too big of a task to take? That it would require a lot of essentially finances to establish it? What do you think are some misconceptions people have?

ELIZABETH BAILEY, MD, MPH, FAAD: I do think there is an activation energy of not knowing where to start. So that’s one thing that I hope through conversations like this, things like the Volunteers Abroad Beginners session, we can help reduce that activation energy. I also think especially coming from a high income country, there are a lot of things that we think of as the way we do things that really aren’t going to be relevant to low and middle income countries. And a lot of things that are done in low and middle income countries that are really useful and relevant to us that we may not realize.—

--So understanding the importance of that bilaterality I think is really important to the work. And also understanding that any of us engaging in global health, I am learning way more than I’m teaching. I am gaining way more than I am giving really. Having that humility I think is really,

really critical. I always tell people, like my partners in Nepal are so amazing and they would never tell me if what I was telling them was like useless.—

--So I really need to pay attention to the situation and really understand like what am I not understanding here that I need to understand to actually be a helpful part of this conversation. And when am I really not needed at all, but I can just be a fly on the wall and learn. And just really be a partner in supporting them in their work.

ALEXIS CARRINGTON, MD: I just also want to hear your expert insight on this, where do you see the field of global health in the future? What do you think are the initiatives that are needed? Or just how do you even see global health in the future, what do you think is to come?

ELIZABETH BAILEY, MD, MPH, FAAD: I will say that one organization which makes me really excited about the future of global health dermatology is GLODERM, or the International Alliance For Global Health Dermatology. I see a lot of the future there. So some of the things that are being done in GLODERM like creating networks to support early developing residency programs, mentorship programs for early changemakers in dermatology. I definitely see those things as the future.—

--It's really exciting for me to see people from all over the world who are figuring out how to elevate the skincare needs of their patients. Thinking about how to elevate the leaders in dermatology in their communities. I think that's where all of us thinking in this global health lens, how can we support each other, how can we support those early emerging leaders to me is a really exciting future for us.

ALEXIS CARRINGTON, MD: To close, I have to ask one final question because I really want to essentially summarize what we talked about. What would you say are the three big takeaways, like practical things that dermatologists can do if they want to get involved in volunteering

abroad? What would you say are the three things that they should remember and consider when they embark on this?

ELIZABETH BAILEY, MD, MPH, FAAD: I would say start from what are the relationships and structures that already exist, so I don't reinvent the wheel. Asking yourself what are the things that I'm already doing that I can get better at through doing global health work, to really align the work you're doing with the things that you're already doing in the areas you're already putting your energy. And asking yourself what are the things that give me joy in my work. Because if you find ways to do global health that enhances your joy, you're going to keep doing it and you're going to make time for it, and it's going to feel like it makes your life and your professional career better.—

--So I think those are some really great ways to think about it that will reduce the activation energy and also energize you in a way that really enhances your career.

ALEXIS CARRINGTON, MD: Thank you so much, Dr. Bailey, for your insight and talking about global health. This is definitely a topic that you have educated us on, something that we need to talk about. I really appreciate your insight, thank you so much.

ELIZABETH BAILEY, MD, MPH, FAAD: My pleasure, thanks for having me.