***CORR* Insights®: What Is the Current Status of Global Health Activities and Opportunities in US Orthopaedic Residency Programs?**

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Where Are We Now?

For many residents, a clinical rotation abroad offers a variety of appealing prospects. The resident provides services that are needed and appreciated. Travel can also be exciting, informative, and a source of stories worthy of retelling.

There is also a powerful educational justification for performing a clinical rotation abroad. Even brief practice without the latest gadgets and gizmos can hone the residents' skills, out of necessity.

There are also good reasons why a resident may be willing to forego this opportunity. Travel is expensive, physically taxing, and potentially burdens fellow residents and family members left behind. Taken together, it is

probably best that international opportunities are offered, but not required. That is where we are right now. As reported by Clement et al. in the current study, 61% of responding residency programs offered a global health opportunity.

Where Do We Need to Go?

Even if international rotations were perfect, work would still need to be done to maintain this happy status quo. Funds still need to be raised, faculty interests still need to be sustained, and residents still need the motivation for travel.

Additionally, it is possible that the level of participation reported by Clement et al. is not the right level, or maybe it is right for the present time, but not for the future. To that end, a process of continual reassessment — focusing on needs and resources — must be established.

Beyond that, we need a system to ensure that residents who do want to travel are able to make the best possible choices.

How Do We Get There?

Central to all three aims described above (i.e., maintaining current efforts; determining the correct level of participation; and allowing residents to make the best possible choices) is the free exchange of information. The paper by Clement et al. therefore is a necessary and useful step. Perhaps the work can be taken a step further by “naming names”. For example, organizations such as The Association of Bone and Joint Surgeons® and others can post

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information on their website about which residency programs offer which opportunities.

Although residency spots are rare and valuable, there may be some subtle competition between programs at all levels, and therefore public sharing of information may goad some otherwise passive programs to offer opportunities that otherwise would not be available. Similarly, the goal of raising funds for these efforts would also be helped by increased awareness.

Clinical rotations abroad are just too costly to require them of all residents. On the other hand, they should be encouraged. As Samuel Johnson noted, “All travel has its advantages. If the passenger visits better countries, he may learn to improve his own, and if fortune carries him to worse, he may learn to enjoy it.” By supporting this aim, the paper by Clement and colleagues is a worthwhile contribution.