STRATEGIES FOR INTERNATIONAL RADIOLOGY OUTREACH: THE BASICS

Hansel J Otero, MD
Children’s National Medical Center
Washington, DC, USA
Outreach: What is it?

The act or practice of visiting and providing services to people who might not otherwise have access to those services. Bringing information or services to people (esp. as an act of charity or goodwill)

Primary Goal

Provide access to medical imaging, education and training of medical staff to underserved communities
Radiology Outreach

• Building Blocks
  – Space
  – Equipment
  – Staff: radiologist/imager, techs, nurses
  – Patients

• Resources:
  – Money
  – Time
  – Expertise
Strategies For International Imaging

1. Staff recruited elsewhere (international/regional) and deployed to the target community
2. Staff (Rads/Techs/Nurses) recruited locally and available at regular intervals
3. Expert support from home base (Teleradiology)
4. Training at site of services (Symposium)
5. Training at sponsoring institution(s) (visiting resident/fellow)
<table>
<thead>
<tr>
<th>Description</th>
<th>Advantages</th>
<th>Disadvantages</th>
</tr>
</thead>
</table>
| Staff recruited elsewhere deployed to the target community | • Long term impact  
• Guaranteed coverage  
• Does not require additional training (Fastest) | • Most expensive  
• Limited to local technological resources  
• Limited expertise (Generalist) |
## Local Recruits

<table>
<thead>
<tr>
<th>Description</th>
<th>Advantages</th>
<th>Disadvantages</th>
</tr>
</thead>
</table>
| Local experts recruited for neglect project at regular intervals | • Long term commitment  
• Immediate local buy in | • Additional strain in local human resources  
• Local expertise is not always available (might require extra training)  
• No constant coverage  
• Difficult to guarantee quality  
• Easy to disconnect from funding source |
## The Symposium

<table>
<thead>
<tr>
<th>Description</th>
<th>Advantages</th>
<th>Disadvantages</th>
</tr>
</thead>
</table>
| Training at the site of services | • Short duration  
• Cheapest strategy  
• Larger target population  
• Controlled content/message | • Lacks real time cases learning  
• Relies heavily in local organizational skills/buy in  
• Uncertain long term impact (unless regular intervals) |
<table>
<thead>
<tr>
<th>Description</th>
<th>Advantages</th>
<th>Disadvantages</th>
</tr>
</thead>
</table>
| Education of selected staff at sponsoring institution | • Promotes competitiveness (self-motivation)  
• System learning  
• Controlled environment/content  
• Encourage educational/research opportunities for future collaborations  
• Real time/cases learning | • Expensive (home institution and hosting funds)  
• Burdensome for the trainee  
• Very limited target audience  
• Uncertain long term impact  
• Brain drain |
## Teleradiology

<table>
<thead>
<tr>
<th>Characteristics</th>
<th>Advantages</th>
<th>Disadvantages</th>
</tr>
</thead>
<tbody>
<tr>
<td>Support from home institution</td>
<td>• Constant presence</td>
<td>• Relies on variable tech platform and resources</td>
</tr>
<tr>
<td></td>
<td>• Long term commitment</td>
<td>• Might require initial costly investment (Digital images, DICOM licenses, PACS)</td>
</tr>
<tr>
<td></td>
<td>• “Convenient” for both parties</td>
<td>• Workflow issues</td>
</tr>
<tr>
<td></td>
<td></td>
<td>• Lacks personal connection</td>
</tr>
</tbody>
</table>

---

Founding Societies

Indira Ghandi Institute of Child Health, Bangalore, India

Project identified by Drs. Catherine Owens & Samantha Sonnappa, GOSH, UK. IGICH lead: Dr. Ramagatta. L. Ramesh. WFPI project lead: Dr. Cicero Silva
The Key(s) to Success

• Local buy in
• Site visits
• Strong interpersonal relationships
• Flexibility and periodic reassessment of needs
• Hybrid approaches (i.e. sister hospital/institution) have higher chances of success
Questions?

hotero@childrensnational.org