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Appendix A¹.

Themes and representative quotes of host surgeons' and trainees' perceived positive impact of visiting residents

Theme	Representative quote(s)
Relationship development	<ul style="list-style-type: none"> - "Their relationships with our residents were very valuable" - "Mentorship" - "Vast insights into different cultures"
Improvement of host residency programs	<ul style="list-style-type: none"> - "By comparing our residencies we are able to upgrade ours to world class standards" - "They shared their learning experiences from North America, which made us confirm how terrible our current fear-based teaching system can be"
Exchange of knowledge, skills, clinical experiences, and resources	<ul style="list-style-type: none"> - "Exchange different criteria for managing orthopaedic and trauma cases" - "I got to know about how certain pathologies are treated in North America that we cannot treat here because of lack of resources or expertise" - "Exchange of learning materials with local residents"
Development of research partnerships	<ul style="list-style-type: none"> - "Helping with proposal development" - "Discussion on research issues" - "Research collaboration"
Improvement in patient care	<ul style="list-style-type: none"> - "Improved care and outcomes for the patients"
Integration of visiting residents into local team	<ul style="list-style-type: none"> - "The residents were happy with their involvement in all clinical works in the department"

Themes and representative quotes of host surgeons' and trainees' perceived most negative impact of visiting residents

Theme	Representative quote(s)
Selfishness of visiting residents and lack of reciprocity	<ul style="list-style-type: none"> - "We often get international residents who seem to be overwhelmed by what they see: the pathology, the welcome, etc.; but don't so much as answer back an email when they get back... the positives of such exchanges, in our experience, is one-way and extremely short-lived (lasts as long as the resident needs the host institution to provide for their interests)."

Racial discrimination	- “Racial discrimination”
Overwhelmed by unfamiliar pathology, limited resources	- “Sometimes they feel like they are completely lost with the scope of pathology and the differences” - “Not meeting their expectation due to lower quality of implants and equipment”
Competition for surgical experience and faculty teaching with host residents	- “Competition for cases with national residents” - “In one instance, a visiting resident took over a case from a local registrar who was too benign to oppose” - “My institution’s faculty tend to show their skills and teach visiting residents while they show no interest in home residents”
Cultural and language barriers	- “The initial awkwardness of how to interact with one another before the ice breaks” - “Sometimes hard to communicate with some local residents” - “Language with some residents who aren’t fluent”
Patient follow-up	- “Sometimes operated patients have complications that visiting residents aren’t aware of, and we have to resolve them when they happen”
Time requirement to host visiting residents	- “We usually work with a tight schedule and in order to accommodate the visiting residents we need to add extra time (e.g., translation) during clinics resulting in clinics taking longer than usual, which negatively affects other activities”
Short duration of resident visits	- “If there is a negative maybe my advice will be to come more often and work with us” - “Not enough time together and not enough time to learn from each other”
Systems barriers	- “Institution is not very interested politically in hosting residents”

¹Reproduced from: Roberts HJ, Albright PD, Shearer DW, Won N, MacKechnie MC, Richard Coughlin R, Miclau T 3rd, Morshed S, Sabharwal S; COACT Resident Rotation Study Group. Motivations and impact of international rotations in low- and middle-income countries for orthopaedic surgery residents: Are we on the same page? *Am J Surg.* 2021 Feb;221(2):245-53, Copyright 2021, with permission from Elsevier.

Appendix B¹

Host Partner Main Survey

Consent and Participation

This IRB approved survey requires 10-15 minutes to complete. Your participation is vital and will help us evaluate how international orthopaedic training experiences may be improved.

Your responses are completely confidential with no personal identifiers unless you choose to participate in an optional online interview to discuss your international resident rotation.

Please answer this survey as accurately as possible. Your responses will not affect your current relationship with your North American partners. All constructive feedback is welcome.

Before proceeding, please review the Informed Consent document provided as a link below.

If you have any questions or suggestions, please let us know. Thank you in advance for your participation.

Sincerely,

Theodore Miclau III, MD Sanjeev

Sabharwal, MD MPH Saam

Morshed, MD PhD MPH David

Shearer, MD MPH Patrick

Informed consent

[Attachment: "InformedConsentFinal.pdf"]

Specific aims

[Attachment: "SpecificAims_AcademicPartnership_Final.pdf"]

I have read or had read to me and understand the informed consent document. I agree to all the terms and consent to be a part of this study

Yes No
((A link to the informed consent form was included in the original email you received linking to this survey).)

Please confirm that you would like to participate in the survey

Yes No

Inclusion/exclusion

We have hosted North American residents at my institution within the last 10 years for orthopaedic teaching or training Yes No

Demographics

What is your gender? Female
 Male
 Prefer to self-describe
 Prefer not to say

Please describe your gender _____

What is your current age? 18-24
 25-34
 35-44
 45-54
 55-64
 65+ years old

What is the name of your institution? _____

What is the location of your institution? (City/Country) _____

Training background information

Please describe your level of training? Trainee (Resident, house staff, registrar, fellow)
 Faculty (Specialist, consultant, attending, professor)

Are you the site director/site coordinator for your institution to host visiting residents and faculty?

Yes
No

What is your specialization within the field of orthopaedics?

- General
- Adult reconstruction
- Foot and ankle
- Hand and upper extremity
- MSK tumor
- Pediatric
- Spine
- Sports
- Trauma
- Other
- Undecided

If other, please describe

What is your planned specialization within the field of orthopaedics?

- General
- Adult reconstruction
- Foot and ankle
- Hand and upper extremity
- MSK tumor
- Pediatric
- Spine
- Sports
- Trauma
- Other
- Undecided

If other, please describe

Have you completed observerships at your North American partner's institution since accepting their

- Yes
- No residents for training at your institution?

Why have you been unable to participate in an observership at the North American partner's institution since accepting them for training at your institution?

- Excessive cost of trip
 - Have not received an invitation
 - Trip has been planned, but I have not gone yet
 - No interest in traveling to partner institution
 - Other
- (Please check all that apply)

If other, please describe:

Perception of impact/outcomes of visiting North American orthopaedic residents/faculty on the host community

On a scale of strongly disagree to strongly agree, please rate the following statements as they apply to your perceptions of the impact/outcomes on your institution of hosting North American residents for an international orthopaedic training experience

	Strongly Disagree	Disagree	Neutral	Agree	Strongly Agree
I learned new orthopaedic knowledge from the visiting residents	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I learned new orthopaedic knowledge from the visiting faculty	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I taught new orthopaedic knowledge to the visiting residents	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I taught new orthopaedic knowledge to the visiting faculty	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I learned new surgical skills from the visiting residents	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I learned new surgical skills from the visiting faculty	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I taught new surgical skills to the visiting residents	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I taught new surgical skills to the visiting faculty	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

I worked with visiting residents on research projects	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I worked with the visiting faculty on research projects	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I formed mentoring relationships with the visiting residents	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I formed mentoring relationships with the visiting faculty	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
There are now more individuals who can teach surgical technique to others (train the trainer) at our institution due to visiting residents from North America	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
There are now more individuals who can teach surgical technique to others (train the trainer) at our institution due to visiting faculty from North America	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
The visiting residents provided more access to surgical care for the local population	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
The visiting faculty provided more access to surgical care for the local population	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Visiting residents made it easier for my care team to complete their daily duties/work	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Visiting faculty made it easier for my care team to complete their daily duties/work	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Patient outcomes improved because of visiting residents	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Patient outcomes improved because of visiting faculty	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Some patients preferred treatment by visiting residents rather than local staff	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Some patients preferred treatment by visiting faculty rather than local staff	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Visiting residents developed follow-up plans for patients with my care team	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Visiting faculty developed follow-up plans for patients with my care team

Hosting visiting trainees for an international orthopaedic rotation was a financial burden on my institution

Visiting residents have had an overall positive impact on my institution Strongly disagree
 Disagree
 Neutral Agree
 Strongly agree

Visiting faculty have had an overall positive impact on my institution Strongly disagree
 Disagree
 Neutral Agree
 Strongly agree

I would recommend to colleagues in my country to host experiences Yes North American residents for orthopaedic training
 No
 Unsure

I would recommend to colleagues in my country to host experiences Yes North American faculty for orthopaedic training
 No
 Unsure

What was the most important outcome of hosting visiting residents at your institution?

Where were the most negative aspects of hosting visiting residents at your institution?

What was the most important outcome of hosting visiting faculty at your institution?

Where were the most negative aspects of hosting visiting faculty at your institution?

What do you believe was the most important motivating factor for visiting residents to visit your hospital?

What do you believe was the most important motivating factor for visiting faculty to visit your hospital?

Follow-up

Would you be willing to participate in a web-based (zoom/skype) interview to discuss your experiences?

- Yes
 No

Please provide your name and email address

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Appendix C

COACT Academic Partnerships: Qualitative Interview Guide

First, read Telephone Consent Script for introduction and consent.

Before we start the interview I would like to ask you to fill out a brief questionnaire with some basic information about yourself. This information will not have your name on it either.

BEGIN AUDIO RECORDING

Introduction

1. What is your role in visiting orthopaedic surgery resident rotations?
2. Does your institution have local trainees?

Perceived Impact of Visiting Residents

Visiting North American orthopaedic residents may impact you in various ways. I'll ask about the impact on patient care, education, workflow, and relationships. Then I'd like to hear other ways you may be impacted that I didn't ask about.

3. How, if at all, do visiting orthopaedic residents affect **patient care** at your hospital?
 - a. Some host surgeons feel that visiting residents improve patient care by bringing different clinical skills or knowledge. Have you found this to be true in your experience? Can you give me an example? Which of the two – clinical skills or knowledge – do you feel has more impact on patient care?
 - b. Some host surgeons feel that visiting residents negatively impact patient care because of post-operative complications related to visiting resident involvement. Have you found this to be true in your experience? Can you give me an example?
 - c. Some host surgeons feel that visiting residents operate beyond their training level during international rotations. Have you found this to be true in your experience? Can you give me an example? Did this impact patient care and outcome?
 - d. Do you feel that the impact of visiting residents on patient care is overall positive, negative, or neutral? Why? Can you provide examples?
 - e. Do visiting faculty come, ever, with visiting residents? Does the impact of visiting residents on patient care change when visiting faculty are also there? How?

Let's switch topics slightly - I'm now going to ask you about visiting residents' impact on teaching and learning.

4. How, if at all, do visiting orthopaedic residents affect **orthopaedic education** at your hospital?
 - a. In what ways do you teach visiting residents (e.g. lectures, case discussions, operating room, clinics, inpatient rounds etc.)?
 - i. Is this different from how you teach local residents? If yes, how?
 - b. In what ways do you learn from visiting residents?
 - i. When learning from visiting residents, do you think it is most effective through electronic resources, lectures, operative techniques, or other means? Why?
 - c. Some visiting residents feel they have the most positive impact when they are participating in the operating room, while others feel they have the most positive impact when giving lectures or sharing educational materials. What do you feel is the more effective contribution of visiting residents? Why? Can you give an example?
 - d. Do you feel that visiting residents negatively impact your orthopaedic education? How?
 - i. Some trainees feel that visiting residents create competition for cases. Have you found this to be true in your experience? Can you give me an example?
 1. How do local faculty respond to these situations where there's competition between local and visiting trainees for cases?

5. How, if at all, do visiting orthopaedic residents affect your **workflow**?
 - a. In what ways do visiting residents make your daily duties easier?
 - b. In what ways do visiting residents make your daily duties harder?

I'm now going to ask you about **interactions and interpersonal experiences** with visiting residents.

Before the next questions, I want to remind you that there are no right or wrong answers, and everything you tell me is confidential. Your honesty, even if it's difficult and uncomfortable, is important to help make program improvements.

6. What have your interactions with visiting residents been like?
 - a. Please give me an example of several of your experiences so I can understand what it's like from your point of view.
 - b. Tell me about how the gender of the visiting resident affects the impact they have on you or others.
 - c. Tell me about how race of the visiting resident might affect the impact they have on you or others.
 - i. Some host surgeons have said they have experienced racism from visiting residents. What has your experience been? Can you give an example?
 1. Were there specific qualities of the visiting resident or their rotation that you feel contributed to this experience of racism? Please describe.
 - d. Tell me about how the religion of the visiting resident might affect the impact they have on you or others.
 - e. Some feel that visiting residents come with the attitude that they know better than host surgeons do about what's best for host institutions. Have you found this to be true in your experience? Describe.
7. Overall, do you think that hosting visiting residents is positive, negative, or neutral? Why?

Characteristics of Successful and Unsuccessful Rotations

I would like to switch gears a little and talk about what aspects of visiting orthopaedic resident rotations make the experience positive for you and your institution, and what aspects make the experience negative.

1. What does an ideal visiting resident rotation look like, in your opinion?
 - a. How does the length of the rotation affect the impact of the rotation?
 - b. How does the training level of the visiting resident affect their local impact during the rotation (for example, if they are a junior resident or a senior resident)?

2. What personality traits of visiting residents create the most positive experience, in your opinion?
3. What personality traits of visiting residents create the most negative experience, in your opinion?
4. Where do you think the impact of visiting residents would be more positive: at a hospital with local trainees or at a hospital without local trainees? Why?
5. Do you feel that visiting residents are most beneficial to host faculty or host trainees? Why?
6. Do you have any concerns about visiting resident rotations?
7. Would you recommend to other hospitals in LMICs to host visiting residents from North America? What specific suggestions do you have for sites that are developing these rotations?
8. Is there anyone else you think we should interview to ensure that we fully understand visiting resident rotations from the host perspective?
9. Is there anything else you would like to talk about that we haven't already discussed? Do you have any questions for me?

STOP AUDIO RECORDING

Appendix D. Perceived impact of visiting residents on clinical care in low- and middle-income countries

Theme	Subtheme	Supporting Quotes
Positive impact		
	Acquiring new clinical skills	“And we did a lot of calls together, all the trauma cases, and [the visiting resident] was mostly in theater. So at that particular time with him, the patient care really improved, because we were working on all the cases together. So for example, if there is a soft tissue loss, he used to teach me techniques on how to deal with that, on how to do flaps up to a different suturing techniques... So, in trauma cases, a lot of times we have had better outcomes for the patient.”
	Patient satisfaction with foreign doctors	“We have “musungu doctors” – white doctors – because they’ve been here for a long period of time... It doesn’t bring any discrimination at all, it’s just that they’re just happier to see- and I introduce them as well, this is a doctor from the US, visiting us for a few weeks or a few months- and they’re really happy when they see people coming to help out here.”
Negative impact		
	Conflicting views on complications related to visiting resident involvement	<p>“I remember this one resident who came about two years ago. He tried to do an ACL reconstruction arthroscopically. It didn’t go that well. When the consultant came in he was not happy with what we did. The patient did fine, but the consultant wasn’t happy.”</p> <p>“I just think that’s the nature of doing surgery, there are complications, and doing surgery in an austere environment there are complications, but I wouldn’t say that’s the resident’s burden, it’s just part of working in a different clinical environment. It’s just part of life.”</p>
	When visiting residents rotate at hospitals with support and continuity, lack of follow-up after they leave is not a concern	“At other sites there may be a situation you find where...the resident is the only person who can do surgery and there's nobody else. If that’s the case then yes. When you operate on the patient and you leave, there is a problem with patient follow up. But that does not happen in our hospital, because we have enough numbers of residents in different levels and we have a number of attendings at different levels, so that does not happen.”

Appendix E. Perceived impact of visiting residents on orthopedic education in low- and middle-income countries

Theme	Subtheme	Supporting Quotes
Positive impact		
Teaching visiting residents	Visiting residents learn about conditions that are rare in their home country	“For example, routine osteomyelitis. Most American trainees don’t see enough osteomyelitis to know how to treat it given the resource limitations.”

	Visiting residents learn how to manage with limited resources	“You know, if you have everything, sometimes you tend to be like, Okay, let me do this. But if you have limited resources, at least you brainstorm a lot. ‘How can I do this? Okay, maybe we should incorporate this or that.’ So it makes them think more.”
Learning skills and attitudes from visiting residents	Visiting residents teach surgical skills	“[Visiting and local residents] learn from each other when they’re tackling difficult problems together in the emergency room, in the operating room, and on ward rounds. It’s a little bit harder for anyone to swallow just being told something by someone else from a different culture, that this is the right way to do it, when you know a different way that has worked for you in the past, so it’s a lot better just to do it together and learn from that.”
	Visiting residents motivate local residents and surgeons toward a higher standard, with respect to patient care and education	“Sometimes we learn [from visiting residents] about being polite and respecting the patients. They make an effort to try to understand the people, to try to understand [their] problem.” “Every time a visiting resident comes to me...I try to push things up a notch in my teaching techniques.”
	Visiting residents set an example of how to learn, through review of the literature and evidence-based medicine	“The [visiting] senior residents...have a better knowledge of what papers are out there...so their conversations with our residents is ‘yeah, I would do this approach, this paper said that, this was the data...’ So basically our residents learn a lot of what the literature is, and it’s completely different than our classic way of learning.”
Educational exchange	Visiting residents have more knowledge to contribute, while local residents have more surgical skill to teach	“I think [visiting residents] have less exposure compared to what our residents have. So when they are here, yes they have the knowledge of how to do it, but the real hands-on stuff is lacking...Our residents have so much exposure to doing surgery on their own but they lack that knowledge. So it’s kind of sharing – they are bringing the knowledge and we give them a skill.”
Negative impact		
	In some places, visiting and local residents compete for surgical volume or education, while in other sites, this does not occur	“I’ve heard sometimes from our local residents that visiting residents know more than them, and these guys, especially if they’ve been locally trained, and they’ve not been exposed to the Western world, they don’t have sort of the heart to say, ‘No, this is my case. I have to do it.’ And yeah, they get sidelined. I’ve heard that sometimes even from our local staff.”
	Visiting residents who are not interested in teaching miss an opportunity to benefit local residents	“I had some experience with some visiting residents – they wouldn’t actually teach the local residents how to do certain types of approaches and surgeries...so I never actually participated in the surgery...and that’s lacking in my education.”
	Some host residents felt excluded from the team when visiting teams visited	“Sometimes I kind of felt that I was left out in the team, and so I did not actually benefit from education.”

Appendix F. Perceived impact of visiting residents on interpersonal relationships in low- and middle-income countries

Theme	Subtheme	Supporting Quotes
Positive impact		
	Fostering interpersonal relationships is what facilitates impact from visiting residents	“The relationship brings knowledge. It brings the sharing of papers, the evidence based medicine question, the sharing. The relationship brings sending cases to them and say ‘What would you do on this case? And what would your attending do in this case?’ and stuff like that. So I think that the relationship is, it's personal for sure.”
Negative impact		
	Some visiting residents make insensitive generalizations about local culture	“Usually it involves making sweeping generalizations. Like...all Kenyans are really good distance runners and fit. Which might be perceived as a compliment, but it’s actually a really small subset in one particular tribe of Kenyans that tend to be elite distance runners, and the rest are not. So it demonstrates a lack of sensitivity to some of the cultural dynamics that are going on...I’ve had some conversations with [our] residents about that. Typically they don't take it too hard - we have a large number of visitors here, both residents and attending surgeons, so they’re kind of used to it in a sense, which is maybe unfortunate. In general the positive experiences outweigh the bad and they’re willing to put up with it.”
	Some feel that visiting residents come with a sense of superiority toward local residents and surgeons	“We were rounding on a patient and we were talking about a technique for below knee amputation - and it almost turned into a heated argument between our visiting chief resident and one of our local fourth year trainees, about the proper technique and whether or not a tourniquet was required. I had to gently intervene and say, “look, both ways work fine and it's okay.” That’s just a trivial example, but it’s an important thing I think for a visiting resident to grasp, that there are going to be different ways of doing things that they’re very much not used to, but that work, and work fine, and perhaps even better in this setting than what they’ve been trained. So the more they can keep an open mind to that, and hold back on correcting someone until they can try to see it from a different perspective, the better that’s going to be for their experience and for their peers’ experience.”
	Visiting residents not comfortable in a new environment can react poorly, leading to conflict	“Actually there was one I can remember that had a big, really big fight with one of our residents, because [the visiting resident] wasn't in her comfort zone at all. She panicked, and she didn't know what to do. And so our resident had to take charge and say, scrub out and she didn't want to scrub out. Yeah, she wasn't happy about it. So we've had a couple of issues.”
	Language barriers can lead to conflict	“I think the main problem was the language barrier. That's what created so much frustration. I mean, this attending who has been coming for the past 25-30 years - he speaks [the local language], so it's that much easier. You have to come down and

		work with us and work with everybody, not just [those of us] who are relatively fluent in English.”
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Appendix G. Perceived impact of visiting residents on resource availability in low- and middle-income countries

Theme	Subtheme	Supporting Quotes
Positive impact		
	Visiting residents bring access to resources	“But when it comes to complex orthopedics, we do benefit a lot from the stuff that they share with us, be it electronic or physical books that they bring for us to put in our library. So we learn in those various ways from them.”
	Visiting residents can improve the reputation of the local department/hospital	“[Visiting resident rotations] also raise the image of the department of trauma and orthopedics at [our hospital] as a whole, when it comes to accreditation for fellowship and surgical residents who are training.”
Negative impact		
	Providing support and accommodations requires time and resource investment from local hosts	“When they first get here, it does slow me down a bit, mostly because [of] having to look over their shoulder to make sure that they’re learning the system, and interacting well with other residents, and also that they’re doing okay emotionally. It can be a bit of a shock [to visit] a hospital in a low-income country...and it takes a little extra time for me just to keep an eye on them and make sure they’re doing okay...Once they get the hang of things, that is reversed a bit, in that I typically have a knowledgeable and skilled trainee who’s able to pitch in and help us get more work done that we would otherwise.”
	Where there is a language difference, translation slows down clinical work	“Sometimes they slow us down, because we have to be there for them to translate. And during that time, we have to still take care of our own duties.”