INTERNATIONAL UPDATE

AMERICAN ACADEMY OF FAMILY PHYSICIANS
STRONG MEDICINE FOR AMERICA

AAFP Center for International Health Initiatives

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Welcome

Welcome to the first issue of *International Update.* A new way to communicate among colleagues and friends, this newsletter was created for family physicians with interests and international experiences in the global community. Please share this newsletter with students and other health professionals who share our passion for "making a difference" in the world, both here and across the globe.

We are grateful to all those who responded to our call for articles, commentaries and pictures. Thank you for your time and effort.

All feedback is welcome. Please send us your comments, suggestions, and (yes) those articles and pictures that you are now anxious to share through this new resource.

Sincerely,

Alain Montegut, MD
Guest Editor, Advisory Board Member,
AAFP Center for International Health Initiatives

Make Your Connection in Denver

AAFP's 5th Annual Family Medicine Global Workshop Connecting Universal Family Medicine Concepts with Local Needs
Omni Interlocken Resort in Denver (Broomfield), Colorado
September 4 – 6, 2008

Connect with people and places. Learn what only experience can teach you.

- Learn the latest in global family medicine development.
- Develop lasting approaches to sustainability issues.
- Network with leading international developers.
- Share your experiences and learn from others.

www.aafp.org/intl/workshop08

Lessons Learned from My First International Experience

By Edward Shahady, MD

Ed Shahady, MD, providing care to children in a Vietnamese village (1965-1966).

My first experience in international health was in South Vietnam as a Navy Medical officer (1965-66). I was a green draftee fresh out of my internship attached to a Marine Corps Combat Battalion. My responsibilities included making trips to the surrounding villages and providing care to the Vietnamese.

The children quickly captured our hearts as we discovered they had no place to go when they were critically ill. We convinced our commanding officer to permit the construction of a children's hospital at the outer portion of our camp. It was a large tent with a wooden floor and 20 small beds built by a Sea Bee battalion.

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Student Interest in International Health Activities

By Perry A. Pugno, MD, MPH, CPE and Amy L. McGaha, MD, Division of Medical Education, AAFP

In recent years, medical students have demonstrated an increased interest in international health activities. Some surveys show that up to 30% of students state that they intend to participate in international health activities, and that number seems to be growing. Anecdotally, many family medicine educators report increased interest in global health activities — both within the U.S. and abroad—among family medicine residents and medical students. These educators believe that participation in an international health elective allows young physicians to develop new knowledge, skills, and attitudes that will assist them in future practice. The broad scope of family medicine training uniquely prepares physicians to practice in many austere settings, including underserved communities and international care settings.

The AAFP offers resources and information to facilitate student and resident interest in international health activities. Resources include:

- Global Health Fact Sheet – Identifies key questions that students should ask when looking for an international health elective (http://fmignet.aafp.org/x53.xml).
- 2008 National Conference for Family Medicine Residents and Medical Students – This year's theme is Global Health with programming specifically targeted to residents and students (www.aafp.org/conference).
- International Interest Listserv – Allows residents and students to engage in conversations with AAFP members interested in international health activities.
- Residency Directory – Identifies which residency programs offer IH electives. The 2009 edition will have enhanced information about specific global health activities (www.aafp.org/residencies).
- CIHI Conference – Offers special programming for residents and students who are interested in global health (www.aafp.org/intl/workshop08).

Mentoring the Next Generation of Global Health Leaders: A Case Study in Romania

By Andrew Ibrahim, M2, Case Western Reserve University School of Medicine

In the fall of 2007, the Global Health Council awarded its Inaugural Leahy Global Scholar Award to a high school student aspiring to pursue a global health project. The recipient, Harriet Napier, sought to address primary care for orphans in Romania. The trip included six high school students, a medical student, a Professor of Literature, and a Professor of Social Anthropology. Her approach was to have a cross-generational, multidisciplinary team working in a tiered mentorship system. The professors and medical student would teach their skill set to the high school students in the applied setting of service for the orphans. Not only did this happen as planned but, the medical student learned how literature and social anthropology revealed other non-biomedical determinants of health while the professors gained a better understanding of a biomedical framework.

In an era of growing specialization where professionals get stuck in academic pigeonholes, this model allowed that barrier to be overcome by focusing on young students in an applied setting. Six months after the trip, the students were asked to give feedback on their experience. In addition to appreciating a multifaceted view of well-being, one student is taking a semester off to continue global service work and another is returning to similar clinics next year, this time taking along her parents. The Global Health Council has endorsed this model as way to engage young leaders into global issues while also encouraging more interdisciplinary work amongst professionals and academics. This effort will be coordinated through newly founded Youth Global Health Council that will support similar projects for global primary care.

Barlad Children's Hospital, Romania

International Health in a Small Nutshell

By Michael Oller, M4, University of Kansas School of Medicine

Experiencing international health as a medical student is easier than you may think. In addition to a number of organized trips through countless organizations, a medical student can also set up a trip. As a freshman and senior medical student, I traveled to the sub-Saharan nation of Zambia. Both trips were organized and executed by myself and another medical student with the help of our school's international health director and a single contact in the host country. With that single contact we were able to conduct four weeks of public health work, during which we made all the contacts we would need for our medical missions trip three years later.

Interactions with colleagues from Zambia

It is paramount that medical students capitalize on their interest in international health. Medical student interested in family medicine should know that the specialty is designed for continuing international health for the duration of your career. And, finally, future physicians will have amazing talents that could transverse borders and cultures.

Meaningful Ways to Contribute

Alexis Cambanis, Director, Tropical Medicine Program PIH-UCI Family Medicine Residency Whittier, California

One of the greatest privileges of working in sub-Saharan Africa is the opportunity to contribute in small but meaningful ways to the communities we visit. By maintaining long-term relationships with sites in both Cameroon and Zambia, the Tropical Medicine Program at the PIH-UCI Family Medicine Residency is able to assess local needs and support various projects on a regular basis. Raising awareness among colleagues in the West of the challenges people face in Africa is a critical component of the program, and the donations collected prior to each trip make a real impact at the grassroots level.

An orphan receiving school supplies and soap near Katete, Zambia.

Recent contributions during the past year include:

- Initiating a TB Poverty Fund as a source of financial support for destitute patients with tuberculosis, often with concomitant HIV infection, who have severe difficulty with paying their hospital bill, obtaining food, or purchasing essential drugs such as fluconazole for cryptococcal meningitis.
- Paying fees for children in primary and secondary school, which are not free in most parts of Africa. An annual fee of $30 is prohibitive for many subsistence farmers. In areas where most people live on less than $2 per day, such demands are insurmountable. Children are forced to abandon their studies and the opportunities that education can provide.
- Providing an oxygen concentrator for a 200-bed hospital that previously relied on a no-longer functional oxygen cylinders.
- Support for the Orphans and Vulnerable Children Program, a project aimed at a small portion of the more than 14,000 children who have lost their parents to HIV/AIDS in Katete District, Eastern Zambia. The project provides direct support to more than 1,500 of the orphans, including food, school supplies, soap, and clothing. A great priority for the project is to keep as many children in school as possible. Some may pursue vocational training or even further education in order to secure relatively stable employment in an area that is crushed by poverty.

Student Interest in International Health Activities

By Jimmy Pardo, MD, Co-chief Resident at PIH-UCI Family Medicine Residency, Whittier, California

"Thank you for all that you have done" is the phrase that resonates the most in my mind when I recall the month I spent working in the rural community of Shisong, Cameroon. It is difficult to capture in words the many experiences, clinical and personal, during my time in Shisong. But, I can say that it was the most powerful experience of my life. I realized that the impact I can have on others is immense and that the only barrier to making a difference is my desire to help.

The amount of poverty, illness, and death was at a level that I had never before experienced. Orphanages were filled with HIV-positive children whose parents had died of AIDS. Children died of dehydration because their parents could not afford to pay for intravenous fluids. Entire families were hospitalized because they were afflicted with tuberculosis. Women with term pregnancies developed vaginal bleeding and their infants would die because the parents could not afford to pay for the half-hour, ten-dollar taxi ride to the hospital and instead had to walk.

When I recall the phrase "Thank you for all that you have done," I stop and wonder: what did I do?

Laughter is the best medicine: Conducting bedside rounds in the female medical ward in Shisong, Cameroon.

I drained an abscess in a newborn that if left untreated would have led to newborn sepsis and perhaps death.

I diagnosed cryptococcal meningitis, started patients on appropriate antibiotic regimens, and saw them make miraculous recoveries.

I placed a suprapubic catheter in a patient with acute urinary retention secondary to prostate cancer who had not urinated in four days.

I diagnosed HIV in adolescents and educated them on how to prevent its spread.

Most importantly, what I did was learn that although I cannot change the world, I can make a world of a difference!

Why I Chose Family Medicine

By Shannon Brooke, MD, Capt. USAF, MC, Eglin AFB FMR

I walked onto the Kenyan labor and delivery ward for the first time when I heard a call for help. A woman lay motionless on her cot. Within seconds, someone confirmed she was not breathing and had no pulse. In my first minutes at Tenwek Hospital, I found myself performing CPR. The resuscitation was unsuccessful. The woman had delivered one day prior without complications. Her code shocked the doctors I met while performing CPR. Welcome to Kenya.

Children of a Masi Village in Kenya

I suddenly found myself questioning my role in medicine, and serving in Kenya was my last rotation in medical school. Thankfully, I also cared for many other people: premature infants and newborns with congenital abnormalities; children with femur fractures and typhoid; women with pregnancy and childbirth complications; and adults with meningitis, malaria, tuberculosis, machete wounds, poisonings, heart failure, and metastatic cancer. I realized the unique role someone specializing in comprehensive medical care has in global health.

Only through a family medicine residency would I gain the training to deliver an infant, resuscitate it, incorporate preventative health measures as she grew, cast her arm when she broke it, deliver her child, suture her subsequent vaginal laceration, treat her meningitis, and eventually provide her hospice care. I left Kenya knowing exactly why I am specializing in family medicine.

Lessons Learned *continued from page 1*

Additionally, I learned some basic words in Vietnamese and became known as the doctor who spoke Vietnamese.

Success came quickly and an additional 20 beds and a small room functioning as an outpatient clinic were needed for the countless number of children brought to us daily. Limited in what we could do because our supplies were oriented toward the care of adults, we wrote the hospitals in Akron, Ohio (where we were interns) and asked for their help. The two adult hospitals played a benefit basketball game and raised money for pediatric supplies to be sent from Akron Children's Hospital. These supplies helped us provide better care.

One of the most devastating diseases we confronted was the bubonic plague. Initially, we did not recognize it (why should we) until a young boy died within hours of admission with what seemed to be fulminate pneumonia. We had no x-rays or laboratory tests but made excellent use of our stethoscopes, hands, ears, eyes, and our one microscope. We went to the village to tell the parents and a young priest gave us the diagnosis when he said "pestis" in French. It now all seemed to make sense. We had seen several children with nodes in their groin or axilla (the Greek word for groin is bubo).

To be continued in the next issue of International Update.

Continued Growth of Family Medicine in East and Central Africa

By Bruce Dahlman, MD, Institute of Family Medicine (INFA-MED), Nairobi, Kenya

Interest in family medicine continues to grow in East and Central Africa as in many other regions of the world. Trends within national Ministries of Health towards decentralizing authority over District Health planning and efforts to realistically operationalize UN Millennium Development Goals have highlighted the need for a post-graduate trained specialist at the District level who can provide high-quality clinical care, coordinate the professional development of the health care team, emulate the qualities of a lifelong learner, and be a leader for substantive change in their communities. A tall order indeed – but one that increasing numbers of African counties are embracing by supporting family medicine specialty development.

Beginning with Makerere University's (Uganda) Community Health program in 1989[1], new programs are actively training family doctors at U. of Goma[2] (DRCongo 1999) Mbarara U.[3] (Uganda 1999), Aga Khan U.3 (Tanzania 2004), and Moi U.[4] (Kenya 2005). Programs are actively starting in Rwanda[5] (National U. Rwanda with U. of Colorado) and Aga Khan U.[6] (Kenya with their Pakistani counterpart) while interest is being nurtured in Malawi[7] (with Scottish Government and Michigan State U.), Ethiopia[8] (Myungsung Christian Medical Center), and Southern Sudan. PrimaFamMed[9], an EU funded networking group, is stimulating dialogue among these programs as well as others from West and Southern Africa with the aim of clear defining the role of African family medicine and supporting its development.

Building on their stimulus of the Moi U. (Kenya) program, the Institute of Family Medicine[10] (Nairobi) seeks to engage the large representation of faith-based institutions (that are often serving in the neediest, rural parts of these countries) to partner with these emerging family medicine teaching programs so that historical geographical disparities are addressed.

When these programs start, there are usually almost no specialty qualified national family physicians. Therefore, the emerging academic teaching programs will continue to require partnership from expatriate clinical family medicine teachers who are willing to invest their skills serving in Africa. Invest your career in a life of significance!

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[1] **http://med.mak.ac.ug/**

[2] **http://healafrica.org/cms/programs/training-doctors/**

[3] **http://www.primafamed.ugent.be/aga-khan.html**

[4] **http://www.chs.mu.ac.ke/postgrad/familyhealth.htm**

[5] **http://thunder1.cudenver.edu/ctrglobalhealth/documents/Newsletter/Feb2008CGHNewsletterIssue1.pdf**

[6] **http://www.aku.edu/pgme/PGME_Kenya.shtml**

[7] **http://malawiclinics.org/**

[8] **http://mcmet.org/eng/**

[9] **http://www.primafamed.ugent.be/index.html**

[10] **http://www.chak.or.ke/infamed.asp**

Summary of Family Medicine Development in Kyrgyzstan

By Barton Smith, MD, Bishkek, Kyrgyzstan

Like many former Soviet Republics, Kyrgyzstan has implemented health care reforms aimed at making their health care system less costly and more effective by decreasing unnecessary expenditures at the secondary and tertiary care levels and using part of the savings to strengthen primary care. Kyrgyzstan is relatively unique, however, in that it has accomplished comprehensive health reforms on a national basis, not just in limited pilot areas.

Additionally, there has been an unusual and exceptional degree of cooperation between the ministry of health, international donors, and a group of long-term foreign medical consultants working toward the common goal of improving health service delivery.

The introduction of family medicine is one component of the overall health care reform process, which provides a good example of the national scope of these reforms.

Promoting effective perinatal care training in the Issyk-Kyl area, Kyrgyzstan.

Over the past nine years, family medicine has developed from an unknown medical specialty into the foundation of the primary health care system throughout Kyrgyzstan. This dramatic growth resulted from a combination of both short- and long-term training programs resulting in the retraining of almost all the country's 2,700 primary care doctors, more than 95% percent of the country's 4,500 primary care nurses, graduation of 224 new residency-trained family physicians, and the establishment of new continuing medical education and quality improvement systems for primary care.

It will take many more years to fully establish family medicine in Kyrgyzstan and to reap its full benefit, but already family medicine is contributing toward improved continuity and comprehensiveness of primary care and better quality of care at less cost.

(Includes excerpts from the USAID-funded ZdravPlus Technical Report, Family Medicine in Kyrgyzstan: The First Nine Years 1996 - 2005)

PHYSICIANS WITH HEART

IMPROVING HEALTH

PROVIDING MEDICAL EDUCATION

DEVELOPING FAMILY PRACTICE WORLDWIDE

The Physicians With Heart partnership is going to Kyrgyzstan for its annual humanitarian project in October 17-26, 2008.

For more information: http://www.hearttoheart.org/pwh/index.html

19th Wonca World Conference of Family Doctors May 19 – 23, 2010, Cancun, Mexico

In October 2004, the Mexican College of Family Medicine was designated by the Wonca World Council as organizer of the 19th Wonca World Conference of Family Doctors, to be held in the city of Cancun, state of Quintana Roo, Mexico, from 19th to 23rd May 2010.

For the first time in the history of the World Organization of Family Doctors (Wonca), a Latin American country will be the venue for a world event of this kind, the 19th Wonca World Conference of Family Doctors.

This Conference will spread the latest scientific and technological breakthroughs in the Family Medicine discipline. It will draw the attention of the family doctors from different parts for the world and will lead to the reflection on the technical and social role that Family Medicine must have to achieve the goals that were proposed in the 2000 Millennium Summit: the Millennium Development Goals (MDGs).