



Preparing for a Career in Family Medicine and Global Health

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Doctors Without Borders - USA
Médecins Sans Frontières - France
Dogdoré, Chad (refugee health) and Maradi, Niger (pediatric malnutrition) - December '07-June '08
Médecins Sans Frontières - Spain
Batangafo, Central African Republic (health for populations affected by conflict) - December '10-May '11



Goal

- To motivate and empower physicians-in-training to incorporate work in global health as part of their careers

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Objectives

- Participants will understand how family physicians are ideally trained to be leaders in the field of global health
- Participants will understand the benefits of performing this type of work for humanitarian and professional reasons
- Participants will understand skills necessary to perform this work successfully so as to make choices in their training which will assist them in achieving their goals. Procedural and obstetrical knowledge will be emphasized.

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Structure of Talk

- Essay
- Introduction
- Cases
- Presentation
 - Humanitarian Crises in Chad and Niger
 - Doctors Without Borders Background/Principles
 - Rewards/Challenges in Global Health
 - Family Medicine in Global Health
 - Recommended Skills
 - My Journey
- Questions

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Cases

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Rewards of Working in Global Health

- Caring for people in desperate need of health care (i.e., rewarding)
- Adventure
- Development of leadership skills
- Appreciation of your home country/home health care system
- Political statement
- More focus on public health
- Improvement of clinical skills/low tech interventions
- Improvement of linguistic skills
- Fun
- Working where news is happening
- Connection with Like-Minded People

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Challenges in Global Health

- Leaving the "non-traditional track"
- Discomfort
- Health
- Personal Safety
- Workload
- Salary/Financial/Student Loans
- Family
- Ethics: Who benefits? Funding/impartiality? Evidence? Longevity?
- Cross-cultural issues in workplace
- Language

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The Role of Family Medicine

- Can go anywhere/large skill set
- One doctor can serve whole community
- OB Skills: high fertility rates/high maternal mortality/poof supports
- Minor procedures/trauma/laceration repair
- Psychosocially/culturally sensitive
- Knowledgeable on many topics
- Prevention

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Important Skills

- Lived/worked in developing world
- Flexibility
- 6-12 month commitment
- Teaching Skills
- MICU
- OB (deliveries, prenatal care, repairs, complications, triage: think ALSO!)
- Minor Procedural (laceration repair, FB removal, circumcision, blocks, injections)
- ID: HIV/TB/Tropical Medicine
- Language Skills (French/Arabic)

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Issues in Pediatric Malnutrition

- Eight children die every minute because their diet lacks essential nutrients.
- They will continue to do so unless food aid changes.
- Of the seven million deaths of children under five years of age each year, malnutrition contributes to at least one-third.
- 25% of infants in developing world are malnourished
- When children suffer from acute malnutrition, their immune systems are so impaired that the risk of death is greatly increased.
- Risk of death of malnourished children 20X higher in malnourished children
- According to the World Health Organization (WHO), malnutrition is the single greatest threat to the world's public health, with 178 million malnourished children across the globe
- The critical age for malnutrition is from six months to 24 months.
- Malnutrition is associated with 45% of deaths in children < 5
- We estimate that only three percent of the 20 million children suffering from severe acute malnutrition receive the lifesaving treatment they need.

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Issues in Pediatric Malnutrition - RUTF

- MSF's Campaign for Ready-to-Use-Food (RUF)
- Changes in treatment based on MSF research since 2005: cure rates 95% moderate malnutrition, 91% severe malnutrition
- Improved weight gain 5.2 g/kg/d vs. 3 g/kg/d
- Impact on development, birth rates, etc.

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Q&A

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