Life by the Lake
Manasa Irwin, MD and Paul Irwin

Thousands of miles from the US, a few tantalizing kilometers from the nearest electricity lines and where you might least expect it, sits Matoso—a town that never sleeps. A small fishing village on the edge of Lake Victoria in western Kenya, Matoso first seemed an unlikely choice for that title. In October, when my husband and I arrived in Matoso to work with Lalmba—a national nonprofit organization funding projects in Kenya and Ethiopia—our days were busy with the clinic but the nights brought only waves lapping at the shore. Though, the view from our window late one night revealed a long string of lights across the lake’s horizon, as the local fishing boats stalked quietly. The lamps and torches lure fish closer to the surface, where they are swept into large nets. Most mornings in downtown Matoso and other lake villages, the fishermen bring to shore their yield of Nile perch, tilapia and omena.

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When we first learned about this opportunity to volunteer for a year in Kenya, we began to envision our life by the lake, sharing our skills with an underserved population. As medical director of the Lalmba Clinic, I have enjoyed an engaging and somewhat unique balance of direct patient care and administrative work—developing medical protocols, mentoring staff and building the medical programs. Through various patient encounters, I have learned more about the lake’s integral role in the Matoso community, providing water for various daily activities. Although nearly unavoidable, such activities expose the local Luol people to schistosomiasis, a waterborne parasite common in Lake Victoria.

In Matoso, “schisto” patients often present with symptoms ranging from fever and diarrhea to painless hematuria.

Although not as commonly seen, serious manifestations of the disease may include portal hypertension, cor pulmonale and obstructive uropathy. Despite limited lab resources, we diagnose schistosomiasis via stool or urine microscopy and treat with Praziquantel.

As part of the Lalmba vision of being a “place of hope,” clinicians and outreach staff also focus on patient education, both in the clinic and at mobile health sites. These efforts have helped combat the burden of schistosomiasis, as more residents are boiling or bleaching their drinking water, for example. Despite this positive trend, the risks remain, and despite the serene beauty of Lake Victoria on a sunny day in Matoso, on dry ground, I remain.

The CDC-Hubert Global Health Fellowship Experience

Esther Johnston, MD

Ever since being notified of my acceptance during my third year in medical school, I devoted myself to studying system-wide responses to pandemic influenza in order to tackle my new role as a CDC-Hubert Global Health Fellow. But within a week of my start in Nairobi I learned that my fellowship would be vastly different from what I had originally planned.

A measles outbreak was reported in Eastleigh, a predominantly Somali and Oromo refugee neighborhood in Kenya’s capital which has been historically isolated from the surrounding city by cultural and linguistic barriers. The Kenyan government invited the U.S. Centers for Disease Control and Prevention (CDC) to participate in the outbreak response, and my supervisors made me an incredible offer: would I like to design a focus group discussion series to better understand this community’s unique beliefs, practices, and needs relating to measles and measles immunization programs?

The CDC–Hubert Global Health Fellowship provides 10-12 medical students each year with valuable international public health experience. Fellows are given a generous stipend to cover their field work, as well as an orientation in Atlanta before the start of their projects. Time at the CDC headquarters is spent completing a crash course in public health ethics, biostatics, epidemiology, safety, and public communication. Afterwards fellows are dispatched around the world to tackle varying projects with CDC offices in Peru, Kenya, Thailand, and elsewhere under the mentorship of experienced national and international CDC field staff.

The 8 weeks I spent in Kenya during my fourth year of medical school provided an unparalleled opportunity to contribute to an evidence and community-based public health intervention. Using the Community-Oriented Primary Care Model and Arthur Kleinman’s “explanatory models” approach towards illness as my guide, I helped design a qualitative study to better understand the barriers to government outbreak response in Eastleigh. Produced through collaborative relationships established between the CDC, Kenyan government, the non-profit Mapendo International, and community members, the study was used to help craft more effective immunization programs and public health outreach for this population. The experience broadened my views of public health, Kenyan, Somali, and Oromo culture, and the complex limitations to health access within urban refugee communities. It also proved what I had already suspected: that the broad, community-oriented perspective of family medicine is critical to developing effective public health projects – throughout the world.
A Voyage of Exploration:  
WONCA Europe's network for future and new Family Physicians - The Vasco da Gama Movement

Dr Charilaos Lygidakis (Italy) & Dr Luisa Pettigrew (UK)

The name of the Portuguese explorer has been employed by the Vasco da Gama Movement (VdGM), WONCA Europe's organisation for trainees and Family Physicians (FP) within five years of Family Medicine (FM) training. As they set out on their own exploratory voyage in the discipline of FM, VdGM functions as an international communication platform for information sharing, discussion and collaborative projects.

Since its inception in Lisbon in 2005, links have been established with most FM associations to create a European Council of representatives. Each year VdGM hosts an international meeting, known as a 'pre-conference', which takes place a day prior to the WONCA Europe conference. This offers an opportunity for the European Council and working groups to develop projects. It is also a unique opportunity for new participants to meet peers and share experiences about different healthcare systems, training structures and cultures.

The movement has five working theme groups (Education & Training, Exchange, Research, Beyond Europe/Recruitment and Image) that constitute the pillars of its initiatives. These often work in collaboration with their equivalent WONCA Europe special interest working party. Examples of the theme groups’ activities include the improvement of the quality of FM training programmes, the establishment of a network for research projects and the promotion of Rural Medicine. In addition the Junior Researcher Award was recently launched following the movement’s continuous effort to promote a new generation of FPs that combine clinical work and research. VdGM also offers the unique opportunity for trainees and juniors to spend two weeks with a FP from another country through the Hippokrates Exchange Programme.

Currently collaborative partnerships with emerging junior WONCA networks, such as Spice Route (S. Asia), Rajakumar (Asia-Pacific) and Waynakay (Ibero-America), are being established with the aim of developing a global junior network in FM and worldwide exchange programme.

In conclusion, VdGM’s mission is a global one which entails the creation of a forum to aid collaboration in order to improve FM. Through its activities it aims to inspire and empower future generations of Family Physicians to lead the development of primary health care at community, regional, national and international level.

For more information on VdGM activities, please visit [www.vdgm.eu](http://www.vdgm.eu) and follow us on Twitter (@vdgmeu) and on Facebook.

(Dr Luisa Pettigrew is Immediate Past VdGM Exchange Liaison Person; Dr. Lygidakis is current VdGM Exchange Liaison Person)

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First Five Years in Family Practice in Canada

Jonathan Kerr, MD, Canada

The College of Family Physicians of Canada (CFPC) is supporting new family physicians through the creation of the First Five Years in Family Practice committee. Consisting of members from each region in Canada, this group’s aim is to specifically focus on areas that are important for new family physicians. The First Five Years in Family Practice committee may also serve as a resource to the Membership Advisory Committee, and other areas within the CFPC, whenever the opinions of new family physicians are sought.

A needs assessment was conducted in the fall of 2010, and new family physicians’ greatest area of interest was practice management. While there is some practice management teaching in Canadian residency programs, new family physicians feel that their greatest time of practice management need is when they are actually in practice.

During the early part of 2011, the First Five Years in Family Practice committee collected a large number of already-available practice management resources. Rather than re-inventing the wheel by creating additional resources, the plan is to create a webpage with links to all of these existing resources. (expected completion date = November 2011)
Students added value to the annual AAFP Global Health Workshop

Alex Ivanov, AAFP International Activities Manager

The authors of the Wonca/WHO Guidebook on Improving Health Systems: The Contribution of Family Medicine concluded that family medicine has the flexibility and capacity to make a special contribution to health care in any national context. The AAFP annual Family Medicine Global Health Workshop held in San Diego, October 13-15, adopted this premise as its thematic byline and served as a forum for AAFP members and international participants to elaborate and reflect upon the role family medicine plays in improving health systems and affecting health care delivery approaches.

In his greetings to the workshop participants, Dr. Dan Ostergaard, Wonca North America Regional President and AAFP Vice President, paid tribute to Professor Barbara Starfield whose name is profoundly interconnected with the very essence of health systems development and improvement. Dr. Ostergaard highlighted the tributes made on behalf of the American Academy of Family Physicians, American Medical Association, Wonca and Johns Hopkins School of Public Health.

Dr. Karen Kinder, Director of European Operations from Johns Hopkins School of Public Health, who was the opening plenary session speaker, emphasized the importance of primary care to improve the health status of populations as well as decrease health care costs. Her presentation on how information can improve equity and efficiency in the delivery of primary health care highlighted various tools, in particular Primary Care Assessment Tools (PCAT), designed by Dr. Starfield and her colleagues to help capture a patient’s experiences within the health system to ensure that decisions are based on the needs of the individual patient and population served.

One of the plenary sessions explored the complex dynamics of health professional migration. A panel consisting of family medicine residency program directors from the U.S. and abroad, and immigrant physicians in the U.S. shared their personal narratives and discussed the benefits and drawbacks of health professional migration. The Melbourne Manifesto, developed by the delegates of the Rural Wonca meeting in Melbourne, May 2002, was reemphasized as an important code of practice document to adhere to when doing international recruitment of health professionals.

Increasing the number of workshop attendees from resource-constrained countries was one of the recommendations of 2010 workshop participants. In discussions and through their evaluations, they strongly suggested that interaction with international colleagues, especially from the countries and regions where AAFP members provide technical assistance in establishing and improving primary care, family medicine, human resources for health and medical education, would ensure even more variety of opinions. In addition, such international exchange would also enhance participant’s vision and understanding of what really works in global health. The workshop planning committee put additional effort to bring more international participants to this year’s workshop by communicating with U.S.-based programs that are involved in U.S. Government grant implementation in different parts of the world.

One such program was the Medical Education Partnership Initiative (MEPI) which is funded by the USAID through the National Institute of Health Fogarty International Center and is implemented by African institutions in 12 Sub-Saharan countries. In Ethiopia, Addis Ababa University (AAU) leads a consortium of the country’s medical schools in partnership with four U.S.-based medical schools to improve the quality of medical education and retention. Through the MEPI, a group of AAU educators was invited to come to the U.S. to participate in a fellowship program coordinated by the University of Wisconsin.

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The time of their fellowship coincided with the workshop in San Diego, which allowed two of the AAU representatives to take part in the AAFP conference. Dr. Dereje Gulilat, Dean of the AAU Faculty of Medicine, made a general session presentation on Preparing for Family Medicine in Ethiopia. His colleague, Dr. Amha Mekasha Wondimagegnehu, co-presented the breakout session “Introducing Post Graduate Training for Family Medicine in Ethiopia: The story so far” lead by Jane Philpott, MD, University of Toronto, and Cindy Haq, MD, University of Wisconsin.

Dr. Cindy Haq, Professor of Family Medicine and Population Health Sciences, University of Wisconsin, with her colleagues from Ethiopia – Drs. Dereje Gulilat (middle), and Amha Mekasha Wondimagegnehu (right).

This year’s workshop surpassed all previous years’ attendance numbers with students and residents significantly contributing to this increase. Their participation has noticeably grown in the last two years which is viewed as an extremely positive trend for future workshops and important evidence of their growing interest in global health. Many of them presented their international health experiences as posters and appreciated an opportunity of information exchange, which “included feedback we will use to guide our clinic’s future direction” – said Kirk Wyatt, a second-year medical student from Mayo Medical School.

Rochelle Molitor, also a second-year student from Mayo Medical School, pointed out that this conference really opened her eyes to all of the projects initiated by family medicine physicians. “While we learn quite a bit about the value of family medicine in the future of United States healthcare, I was previously unaware of the extent of involvement of family medicine globally. I appreciated witnessing the flexibility and global applicability of the specialty, as well as seeing the incredible amount of value that can be conferred in these situations by family medicine practitioners”.

Will Bynum, MD (left), a family medicine resident, and Cory Janney, a medical student from University of South Carolina, present a poster about their experience with a medical student-run non-profit organization “Medical Students for Burn Care International”.

In their evaluations participants unanimously agreed that networking and the variety and richness of presentations were the two most valuable features of the workshop. The content of the workshop program as well as the workshop format allowed for meaningful networking and exchange of ideas. Breaks between presentations, common interest lunches and two networking receptions provided ample opportunities for participants to get to know each other and tell what they are doing and where. “The workshop did make me aware of the complexities involved in global health but at the same time helped me narrow down my focus” – said one of the participants.

Final conference statistics include 6 general sessions, 27 breakout sessions, 7 of which were repeated twice, 48 peer presentation sessions (twice as many as in 2010) and 35 posters (12 more than in 2010). All presentations displayed a remarkable diversity of topics, projects, programs and initiatives implemented throughout the world.

The workshop was made possible thanks to the financial support from the AAFP Foundation.

The 2012 Family Medicine Global Health Workshop will be held in Minneapolis, Minnesota, USA, September 6-8, 2012. For information about the workshop registration, hotel accommodation and abstract submission please go to www.aafp.org/intl/workshop or contact Rebecca Janssen, Senior Program Coordinator, at rjanssen@aafp.org.
Physicians With Heart in Kyrgyzstan: 20th mission successfully completed

At the request of the U.S. Department of State, Physicians With Heart (PWH), a long-standing partnership between the AAFP Foundation and Heart to Heart International, visited Kyrgyzstan October 2-9, 2011 to provide medicine, medical education and humanitarian aid. This was the fourth trip to Kyrgyzstan for the PWH partnership, following the visits in 1996, 2003 and 2008.

The Physicians With Heart (PWH) partnership began in 1993 with a medical airlift to St. Petersburg, Russia. Since then, the PWH partnership has mobilized people and resources to improve health, provide medical education, and foster the development of family medicine worldwide.

For much of its 19-year history, the partnership has consisted of the American Academy of Family Physicians (AAFP), the AAFP Foundation and Heart to Heart International. With shifts in strategy at the AAFP over the past few years Physicians With Heart has been a priority program of the AAFP Foundation.

The hallmarks of PWH projects have grown to include humanitarian aid, education and training in Family Medicine, and charitable outreach at schools and orphanages—all from a backdrop of volunteerism.

Over the 19-year span of the partnership, more than 350 volunteers have participated in the project and impacted countless lives in the republics of the former Soviet Union (as well as Vietnam). More than $175 million (U.S. wholesale) worth of medical aid has been delivered to recipient hospitals and clinics through the work of the partnership, which is also partly responsible for the broad primary-care movement spreading throughout the former Soviet Union.

The PWH 20th Mission Reunion and Celebration was a special event at the 2011 AAFP Assembly in Orlando that featured highlights of all past trips and celebrated the wonderful success of Physicians With Heart.
What a Trip
Karl Metzger, MD, a 2011 AAFP Foundation/Physicians With Heart scholarship recipient

The 2011 Physician’s With Heart delegation travelled to Kyrgyzstan in early October for its annual trip. This collaboration between the AAFP Foundation and Heart to Heart International includes many volunteers who have a three-prong mission: delivery of medicine & supplies, local physician education / collaboration, and children’s projects at local orphanages. It was an honor to be selected as one of the Family Medicine Residents to be part of this amazing group. Reflecting on the many powerful experiences, one question & answer session keeps circling through my thoughts and challenging my paradigm about health care delivery in the U.S.

Dr. Jane Weida and I had just finished an educational presentation on diabetes management, tailored to the available medicines in the region and the International Diabetes Federation guidelines. The finishing case was a patient “not at goal” primarily due to their own choices, and we asked “what would you do with a patient like this?” Many hands shot up in this room full of experienced primary care doctors who worked in what we would consider rural settings. The answers were consistent (paraphrased) “I would go to their house on my afternoon visits and talk with the patient and their family to find out how to get the household involved in improving the compliance of the patient .” Wow!

Granted, I knew I would find well trained physicians delivering great care with the tools available to them (which sometimes were clinics with exam rooms dating from the 60’s with outhouses because the plumbing no longer worked), but in my egocentric American head, I assumed our system of healthcare would be advanced. I was wrong.

While we may have more current technology, these primary care doctors would get better quality scorecards than us. They didn’t need PCMH, Meaningful Use, Case Managers, Patient Registries, or ACO’s. NO! Instead, part of the doctor’s daily routine was to actually go see patients in their homes and involve the community around the patient in their care. Talk about “Citizen Centered Care.” And before you make the leap about doctor-to-patient ratio and access to care, they have the same struggles as us; too many patients for one doctor and many regions with only 1 primary care doctor.

What if we advanced by stepping back in time? What if the last two hours of our day was seeing the patients who needed us most in their homes? Delivering care where people live, work, and play: addressing Determinants of Health that impact the triple aim of cost, quality, and patient perception much more than our EMRs and PCMH’s. Now that would be a trip.

“Ой!”
Maurice Lee, MD, a 2011 AAFP Foundation/Physicians With Heart scholarship recipient

“Ой!” If only I knew how to say “Ouch!” in Russian on those first couple days in country. Painful handshakes followed the hot winded speeches at large hospitals and meetings with medical directors and high ranking officials. It did not help that I had broken my right pinky (hand shaking hand) after a spill I had on a run early the first morning.

On day three our Krygyz driver took a few of us on a 30 minute drive outside of Bishkek to a small town named Kuntuu. That’s where we met Dr. Shukuralieu Sheishembek, the 61 year old director of the Kuntuu Family Group Practice who also farms to subsidize his $227 monthly income. An income that until recently was only $91 a month. His Family Clinic is considered the new standard for the country: one pediatrician, one OB/GYN and one internist all (in theory) practicing family medicine. The clinic used to be a hospital but the community could not afford to keep it open after the Soviet Union left in 1991. Now it houses three doctors each with one room and five subacute inpatient beds. The building itself appears to be disintegrating.

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