

1 MONTH GLOBAL HEALTH ELECTIVE IN MALAWI



Malawi is training Family Doctors to bring broad perspective to a health care system and to be leaders of that system. Many countries in Africa are working toward this goal and the world is waiting to see what Family Medicine can do in African health systems.

Academic collaboration for global family medicine

UNIVERSITY OF MALAWI, COLLEGE OF MEDICINE,
WWAMI-AFFILIATED FAMILY MEDICINE RESIDENCY PROGRAMS
SEED GLOBAL HEALTH
PROVIDENCE St. JOSEPH HEALTH GLOBAL PARTNERSHIPS

Who should apply?

- Family Medicine residents in their 2nd or 3rd year who are in good standing at a WWAMI affiliated FM program
- Residents interested in a career involving global health implementation, global family medicine development, teaching or systems improvement.

When:

2018	Block 4	9/25-10/12
	Block 5	10/23-11/9
	Block 6	11/20-12/7
2019	Block 8	1/15-2/1
	Block 9	2/12-3/1
	Block 10	3/12-3/29
	Block 11	4/9-4/26
	Block 12	5/7-5/24

Cost

Approximately \$300 (food, visa, spending money), cost of flight (usually around \$1700). Housing will be covered.

Faculty oversight:

Full time, on the ground faculty through SEED global health (Dr Anna McDonald and Dr Jacob Nettleton)

Evaluation

Residents will be expected to evaluate their experience

Residents will be evaluated by those with whom they work

To apply

Please read through the following information and submit an application to Anna.McDonald@swedish.org & Mark.Padillo@swedish.org

More information

I am happy to answer any questions about this opportunity.

We will have a mandatory orientation meeting on Sunday September 9th for those going to Malawi.

GLOBAL FAMILY MEDICINE ACADEMIC COLLABORATION

MISSION:

To improve the training environment for Malawian students and residents, support the health system's efforts to deliver comprehensive, integrated care, *and* to provide US residents an opportunity to develop new knowledge and skills and to advocate for individual and community health in resource-poor settings.

RATIONALE:

This site is chosen because of expressed need from the ministry of health and the college of medicine in Malawi. The family medicine training program is based within the national health care system, which has one of the lowest budgets in the world. Our role is to provide valuable human resource and support to this program during its fragile early years. As stated in the recent article by Bob Mash, African nations are in various stages of development. In "maintenance" phase, Malawi is requesting outside assistance to help it succeed.

GOALS

I. Fill service delivery gaps in an under-resourced setting:

Residents will provide clinical care in departments where there are critical provider shortages

II. Improve the training environment for Malawian trainees by providing assistance with:

- a) Patient management / clinical teaching
- b) Professional development
- c) Didactic teaching sessions with Malawian medical and clinical officer students
- d) Collegial peer interactions between US residents and Malawian Residents

III. Support systems development based on principles of family medicine and community health:

- a) Catalyze change in the delivery of district health services in Malawi through integration of comprehensive integrated care.
- b) Partner with the patient, family, and community to improve health through disease prevention and health promotion in an under-resourced setting
- c) Advocate for individual and community health
- d) Quality improvement projects in collaboration with local staff

BUDGET

Item	Amount	notes
Flight costs	1500-2200 RT	Paid by resident
Housing	\$250	Covered
Food	Approx. \$100	Paid by resident
Transportation from airport to Mangochi District hospital	\$185 per trip	Paid by resident (**depends on rotation)
Visa to enter the country	\$75	Paid by resident
Medical insurance		To be covered by resident's sending institution
Malpractice insurance		To be covered by resident's sending institution.
Other costs		Souvenirs, vacations, eating out.

RESIDENT EXPECTATIONS

Residents must be willing to work independently and should be resilient in the face of challenge. Mangochi District Hospital is an under-resourced hospital that serves a catchment area of over 1.2 million people. Malawi is one of the poorest countries in the world. Residents are expected to be respectful of a different medical system and be willing to work as a member of a team as they are needed. They will be asked to work in both inpatient and outpatient settings. The resident will be asked to become familiar with relevant medical documents and to come prepared to the rotation. The rotation is 4 weeks long, with a minimum of 3 weeks to be spent at site.

Residents who are not familiar with living in a developing country should enquire about anticipated personal hardships before applying.

Unfortunately we cannot allow partners or children to accompany residents on this rotation.

APPLICATION FOR GLOBAL HEALTH ROTATION IN FAMILY MEDICINE.

PLEASE ANSWER THE FOLLOWING QUESTIONS ON A SEPARATE PAGE. Please limit responses to approximately 400 words.
RETURN VIA EMAIL TO Anna McDonald Anna.Mcdonald@swedish.org and Mark Padillo Mark.Padillo@swedish.org

1. Name:
2. Contact Email:
3. Residency Program:
4. Program director's name and email:
5. Please list the dates of the elective blocks you have available between December and June 2018
6. Why are you interested in this rotation?
7. Describe a previous experience you've had in developing country or resource poor setting
8. What challenges do you anticipate if you were to be selected?
9. Do you have any health or dietary restrictions that could limit your ability to work in a resource poor setting?