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 PSJH affiliated FM program
- Residents interested in a career involving global health, global family medicine development, teaching, or health systems strengthening.

When:
2020 Block 12 4/27-5/22

Cost
Approximately $300 (food, visa, spending money).
For PSJH affiliated residents, all other costs covered by PSJH Global Partnerships.

Faculty oversight:
Full time, on the ground faculty through SEED global health.

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 & giselle.mitchell@swedish.org

GLOBAL FAMILY MEDICINE ACADEMIC COLLABORATION

MISSION:
To improve the training environment for Malawian medical 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 human resource support to this program during its 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. They will assist with Malawian-led quality improvement (QI) projects as indicated.

II. Improve the training environment for Malawian trainees by providing assistance with:
   a) Clinical oversight for medical students
   b) Professional development (case write-ups and clinical presentations in morning meetings)
   c) Collegial peer interactions between US residents and Malawian Residents on the wards

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 by modeling comprehensive integrated care.
   b) Partner with the patients, families, and communities to improve health through disease prevention and health promotion in an under-resourced setting
   c) Advocate for individual and community health

BUDGET

<table>
<thead>
<tr>
<th>Item</th>
<th>Amount</th>
<th>notes</th>
</tr>
</thead>
<tbody>
<tr>
<td>Flight costs</td>
<td>1500-2200 RT</td>
<td>Covered by PSJH Global Partnerships</td>
</tr>
<tr>
<td>Housing</td>
<td>$250</td>
<td>Covered by PSJH Global Partnerships</td>
</tr>
<tr>
<td>Food</td>
<td>Approx. $100</td>
<td>Paid by resident</td>
</tr>
<tr>
<td>Transportation from airport to Mangochi District hospital</td>
<td>$185 per trip</td>
<td>Covered by PSJH Global Partnerships</td>
</tr>
<tr>
<td>Visa to enter the country</td>
<td>$100</td>
<td>Paid by resident</td>
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<tr>
<td>Medical insurance</td>
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<td>Covered by PSJH</td>
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<tr>
<td>Malpractice insurance</td>
<td></td>
<td>To be covered by resident’s sending institution.</td>
</tr>
<tr>
<td>Other costs</td>
<td></td>
<td>Souvenirs, vacations, eating out.</td>
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</tbody>
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RESIDENT EXPECTATIONS

Residents must be willing to work independently and should be resilient in the face of uncertainty. Mangochi district hospital is an under-resourced hospital that serves over 1 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. It is mandatory that residents are able to spend a full 3 weeks working on-site in Mangochi (please account for travel time; days spent in travel do not count as part of the 3 weeks).

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?