

Entering from the Outside: Short-term Medical Education Trips

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Introduction

- Our family left rural Oregon practice after 10 years to volunteer with SIM, international mission agency.
- Partner with Addis Ababa University to assist with Family Medicine Residency from 2015 to 2019
- •We have both participated in short and long-term volunteer missions

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Disclosures

•None

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AAU Family Medicine Faculty



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Outline

- Introduction
- Case #1 Palliative care/Communication
- Case #2 Teaching flexibility
- Case #3 Difficult resident case/supporting national staff
- Summary

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Case #1 Palliative care / Communication

•Hermela G. is a 45 yo female who presents with urinary obstruction secondary to advanced cervical cancer. Her creatinine is 12.2 and her potassium is 6.9. Her nephrostomy tube has failed, no dialysis is available and the ER team has you to consult for palliative care. The resident you are working with tells you Hermela doesn't know her diagnosis and the next step is to inform the family.



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Discussion Questions

- •What can you do prior to beginning the consultation with the family?
- •What questions can you ask to the resident to help understand cultural values towards death and dying?
- · If you are coming as the "expert" in palliative care, how can you introduce some concepts of palliative care in this context?

Discussion questions

How do you change or alter your pre-set talk on menopause for the residents?

- A. Proceed with talk as scheduled.
- B. Alter talk to include how important screening and education of menopause symptoms are to population health.
- C. Discuss with faculty alternative topics to present which may be more useful.
- D. Begin lecture with a survey of residents' understanding of menopause and alter your topic based on these findings.

Discussion learning points

- Find out cultural norms surrounding informing patient, family of dx
- · Always safe to greet patient and ask patient what they understand of their illness
- Delay discussion surrounding ethics and end of life care to resident teaching but not at bedside by asking questions such as:
- -In your setting who is usually the person or persons to get bad news?
 -What is the benefit of not telling the patient their diagnosis?
 How can we support this woman emotionally at this time in her illness?
- Teach universal concepts of palliative care: -always something we can do to provide comfort.

Discussion questions

How do you change or alter your pre-set talk on menopause for the residents?

- A. Proceed with talk as schedule.
- B. Alter talk and include a discussion on menopause with the residents.
- C. Discuss with faculty alternative topics to present which may be more useful.
- D. Begin lecture with a survey of residents' understanding of menopause and alter your topic based on these findings.

Case #2 Teaching Flexibility

- •You are scheduled to present a lecture on post-menopausal symptoms and mammography for the family medicine residents this week at their academic half day in X country.
- While you are in clinic a woman comes in complaining of infertility. It becomes clear that she is post-menopausal. Your resident tells you that it is common for rural women to have no understanding of menopause.

Discussion questions

 You are coming to this residency program every year but find the schedule changes always at the last moment. What can you do to prepare for this?

Discussion Learning points

- •Flexibility is key in teaching, traveling overseas. Try to find out before visiting what is most helpful but have some back-up options in your pocket.
- Team-based trainings such as role play, closed-loop communication or other life support basics
- · Teach problem-based learning
- · Case-based discussions which focus on critical thinking
- ·Skills-based trainings are fun

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Case #3 Difficult resident case/ supporting national staff

You are invited to attend a faculty meeting today. One of the new national faculty offers to pick you up at your hotel to bring you to the meeting. When you arrive at the faculty meeting they are discussing a challenging resident with mental illness. The psychiatrist is unwilling to write a note saying the resident is safe to see patients. They ask you for some advice since they have never dealt with this before.

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You find out mammograms are not done routinely. What can you do to fill this slot?

- A. Scrap the talk and do a survey of all residents about need for mammograms.
- B. Give talk and try to persuade residents they should start referring more patients to mammograms.
- C. Discuss how to implement a Quality Improvement project on mammogram screening.
- D. Use the case seen in clinic to discuss infertility work-up in resource-limited setting.

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Discussion questions

- ·What would you do in this scenario?
- •How can you help strengthen and encourage the national faculty in their new leadership roles?
- •How can you support the national faculty on an ongoing basis when you are only visiting this site as a short-term volunteer?

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Discussion learning points

- •Listen and facilitate to help them problem solve rather than providing "expert opinion"
- See if they can mobilize other departments to help them
- "Some new faculty feel intimidated teaching subjects they aren't experts in, could I give you some resources to help with that?"
- Build relationships with faculty by going repeatedly or asking your organization to send similar teams of people.
- Faculty development potpourri

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Best practices

- •Literature review 2018 by Lasker et al. of Best guidelines for short-term medical missions:
- "1. Appropriate recruitment, preparation and supervision of volunteers. 2. A host partner that defines the program, including the needs to be addressed and the role of the host community in directing and teaching the volunteers 3. Sustainability and continuity of programs 4. Respect for governance and legal and ethical standards 5. Regular evaluation of program impact on host community 6. Mutuality of learning and respect for local health professionals"

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Summary

- Communication requires understanding cultural context of disease
- Teaching team-based trainings, problem based learning, critical thinking skills, or skills labs. Ask national faculty what is needed.
- •Work as facilitator to grow national faculty to problem-solve.
- Build relationship by visiting same site repeatedly.

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