



AAFP GLOBAL HEALTH SUMMIT
Primary Health Care and Family Medicine: Health Equity for All

Family Medicine in Botswana:
 Successes, Challenges, and a Pathway to Collaboration

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Objectives, 2

- To present a robust opportunity for a clinical rotation in a regional hospital that has served dozens of North American residents very well, while respecting the primacy of Botswanan learners
- To present an outline for a new rotation that would take Family Medicine residents, both American and Botswanan, into the community to build capacity in a broader context

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Disclaimer

- Neither Dr. Otto nor Dr. Herrick have any conflicts of interest to disclose.

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Methodology

The information for this talk was gathered from:

- Literature review
- Site visits of academic and clinical teaching facilities in Gaborone, Maun, and Molepolole
- Interviews with key stakeholders
- Firsthand participation in existing clinical rotation

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Objectives

- To provide an overview of the state of Family Medicine training and practice in Botswana, including successes and challenges, with a view to better understanding the status quo and also understanding ways that collaboration with North American family medicine could be beneficial to both parties.

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Botswana

- Independent from Great Britain in 1966
- 2.3 million people living in an area about the size of Texas
- Much of the area is Kalahari desert and Okavanga Delta
- English widely spoken, Setswana the national language
- Strong economic development, stable government
- Uneven development, reliance on diamonds, significant health care disparities, HIV/TB

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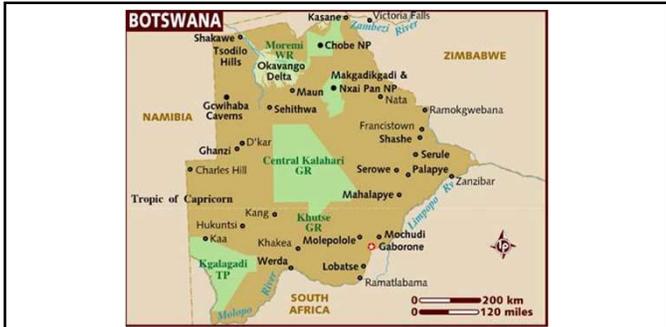
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2009 Medical School begins operating

 A photograph of a modern, multi-story medical school building with a prominent entrance. A paved road leads towards the building under a blue sky with some clouds.

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Medical School

- Med school began in 2009 with 36 in the class.
- 6 years of training; [entrance after secondary school]
- FM 2 eight week rotations, one in 3rd year, one in 5th year

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Interns reporting for duty at Scottish Livingstone in Molepolole



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Post-graduate training

- All are required to do a one year internship
 - [soon to be changed to two year internship]
- This is a rotating experience through services in central or regional hospitals
- After this, most become medical officers; some do residency
- Salaried clinical work, but personally-funded academics

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Rounds at Scottish



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Family Medicine training

- Began in 2011
- Along with IM, Peds, Anesthesia [which collapsed;] Anat-path; Public Health
- FM Began with 8 residents;
- Follows the RSA model; with a masters of FM
- 4 years;
 - 2 years rotating through services in Larger institutions; Marina, SLH, Maun, Mahlapye
- Then, two more years in the hospital, either Maun, or Mahlapye

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Post-graduate training is attractive

- Opportunity for pay at specialist level
- Gateway to administrative roles

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Family Medicine training

- Two years rotating through services in Larger institutions; Princess Marina Hospital , Scottish Livingstone Hospital , [Maun, Mahalapye?]
- Two years working as seniors in district hospitals, either Maun, or Mahalapye
- Thesis work happens during the district work, and can be discouraging

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Maun District Hospital



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Princess Marina Hospital



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Maun District Hospital



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Weekly didactics in Gaborone



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Senior residents in Maun



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Outpatient clinic near Maun



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Areas for Collaboration

- FMIG - there is interest in how to promote the profession during the medical school years
- CME - ongoing CME for graduates of the program, along with possible training in place of those who have been in practice for a long time.
- Surveys - there has not been a lot of evaluative work for those who have finished the program
- Conceptualization - we had a very fruitful discussion about empanelment.

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Strengths

- Well-funded
- Strong supply of applicants
- Favorably disposed MOH

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Rotation in Molepolole

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Challenges

- Limited impact on clinical Family Medicine
 - Most graduates end up in Medical Administration, not often clinical
- Difficulties with thesis process lead to prolongation of training

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Botswana-Harvard Partnership

- Started in 1996 as research initiative. Residents began rotating at Scottish Livingstone Hospital in 2010. OHSU Internal Medicine joined in 2014. OBGYN & Anesthesia joined in 2016-2017.
- Rotational mission is aimed toward capacity-building.
- Employs 3 full-time faculty in Internal Medicine, Anesthesia, and OB/GYN, as well as a program coordinator on the ground
- Sends 1-3 residents per month, primarily from BIDMC and OHSU, for 4-week rotations each year



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Scottish Livingstone Hospital

- 350-bed district hospital in Molepolole
- Male/Female Medical Wards, ICU, Operating theatres, Labor & Delivery, Neonatal Ward, Eye Ward, Tuberculosis/Isolation Ward, Accident & Emergency, Circumcision Ward, and Outpatient/Infectious Disease Clinics



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Inpatient Experience



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Internal Medicine Resident Rotation

- Senior IM residents from any accredited residency program in the United States
- Four-week rotation, comprised of two weeks on "Male Medical Ward" and two weeks on "Female Medical Ward"
- Teaching/supervisory role for the interns rotating through SLH, working with lead medical officer
- BIDMC Global Health Fellow present for backup on all weekdays
- On-the-ground cost of \$650 (housing, coordination, and supervision)

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Inpatient Experience

- Fairly unstructured, without daily rounds
- Procedures are usually taught/supervised intern-to-intern
- Weekly rounds with the IM Attending



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Outpatient Experience

- Day-long visits to clinics in Molepolole and surrounding villages
- Work with nurses and/or medical officers to see patients and provide clinical teaching



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Outpatient Experience

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Extracurricular Experience

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Extracurricular Experience

- 2-3 “free” weekends while in Botswana

Common excursions include:

- Madikwe Game Reserve, South Africa
- Okavango Delta, Botswana
- Chobe National Park, Botswana
- Victoria Falls, Zimbabwe/Zambia
- Capetown, South Africa
- Gaborone, Botswana

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Family Medicine Rotation

- Builds on a ground goal for expansion of the outpatient presence of the Botswana-Harvard Partnership
- Fills a gap in allowing for seeing children, pregnant women, and gynecologic issues
- 3-4 week outpatient rotation focused on providing education to medical officers in Molepolole clinics and surrounding villages
- All residents must be licensed through the Botswana Health Professions Council (first Wednesday afternoon)

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Extracurricular Experience

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Components of Curriculum

- **Ethical** - Introductory curriculum on ethics of short-term global health experiences, capacity, and sustainability
- **Cross-educational** - University of Botswana and dedicated group of medical officers
- **Prepared** - In addition to necessary documents, residents will be provided with a “plane” package for review
- **Responsive** - Prepared to provide education on key issues identified by medical officers and prior residents
- **Reflective** - Key patient experiences and ethical quandaries

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Future Vision

- Resident & M.O. Surveys
- Additional Opportunities: Accident & Emergency, Weekend Call with GH Fellow
- "Pilot" by OHSU resident
- Expansion to Pacific Northwest residencies?
- AAFP-affiliated rotation?



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Thank You!

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