Global Health Is Family Medicine in Practice
Annual Review: July 2015 - June 2016

◆ Bedside Training Goes Beyond Bedside (Tabora, Tanzania)
You are on your own. Period. The government built the facility. Assigned were the clinical officers who receive neither supervision nor any kind of support from the government. No ambulance. No landline phone in the facility. Only with an erratic cellphone connection. On top of it, there is no water. A water specialist who has been drilling wells all over Africa told me that Tabora is one of the toughest areas to drill wells. As nobody is willing to go there, the mid-level health care providers in the community have been assigned to the clinic. This is the task shifting: an approach that has been employed in many African countries to deal with the shortage of primary care providers.

How can we help them provide primary care? Showing up one day to start bedside education doesn’t work. My belief is you have to earn their trust as an educator. One way to build a positive relationship is to work on a project together. I helped them analyze data on the health care workers’ job retention rates in the past three years in Tabora. Even though it’s tedious, help them analyze and let them comment on the data will help me figure out if they are truly interested and honest in discussions. I believe this is the starting point for bedside teaching. This study is currently under review in an international medical journal for publication.
As a next step, I have been asked to develop and implement a very practical bedside training program for the health care professionals who come from other parts of the country to work for a weeklong shift. People come to the clinic for medicine, care for injuries, delivering babies, etc. This is all about primary care and family medicine.

◆ The Focus Is More on Health Than Diseases (Panajachel, Guatemala)
Our community health program in Guatemala is in its 4th year. The total of 18 residents, 4 medical students and 1 nursing student have joined us so far. It is a frontline primary care as we get out of medical facilities and work for the Mayan women in the community. We provide health education, psychosocial care and practice neck and back exercises together to help them understand exercises work. All of which were designed for a specific goal – to empower Mayan women who have been forced to stay voiceless.

The focus of our activity in the past year and half was to provide health checkups for all Mayan women working as craft making artisans for Mercado Global. We finally completed the checkups for all 200 current artisans. The residents and students experienced to set up exam stations in dark rooms, muddy outdoors, balconies in the scorching sun, etc., where the women chose and cleaned in advance as the best place they had for us. Our goal of the health checkups was to listen to each of them privately. The categories of their concerns and problems were almost the same as 5 years ago but it truly helped us understand them more profoundly. We will utilize the learning to refine our programs.

In this program, our residents and medical students learn how to be the best practitioner possible in global health. They also incorporate their learning and new skills back to the US to better serve for the patients in Northeast Ohio.

◆ Everything Starts from One Person (Chiang Rai, Thailand)
Gradually, but surely, the seeds are growing in northern Thailand with tenacious effort by one of our global health track graduates, Dr. Daranee Intralawan. I continued to help her develop a family medical clinic and a teaching program at the Chiang Rai Provincial Hospital in northern Thailand. The program was weak because senior physicians were neither interested in teaching nor clear about what to teach. In combination with the fact that family medicine does not bring high income to the practitioners, no one had chosen to stay at the Hospital after the residency.
For the first time in the history of their residency program, however, two graduating residents decided to stay with the program as new faculty members. After three years of collaboration, the program has produced small buds and is slowly taking its shape. Daranee’s efforts to strengthen residency program are appealing to the residents in wider scale. Next year, not only the family medicine educators of Chiang Rai, but also educators of the residency programs in 3 other provinces get together and will participate in my faculty development workshop, which includes topics of communication, leadership and supervision.

◆ The Country of ‘Barefoot Doctors’ Lost All to Specialists (Hangzhou, China)
In China, family medicine is quite different from Thailand. Flooded with sub-specialized doctors who deal with only their certain specialties, patients need physicians who can treat them as a whole more than ever. The concept of family medicine in China is similar to general internal medicine in the US. In the organ oriented specialty system, however, the teaching hospitals in China do not have general internal medicine as a department.

The US Family medicine is an ideal specialty to establish itself in the Chinese health care system. My role has been to provide intensive bedside teaching rounds and to accept junior faculty members in our inpatient service for clinical observation. As no clinical teaching has offered, I must say their motivation to learn every single thing from me is strikingly higher than the residents in Cleveland. The seeds are growing here too. My annual workshop started at a the Second Affiliated Hospital, Zhejiang University, School of Medicine in Hangzhou will be held as a family medicine symposium to all primary care providers in Hangzhou, the capital of China’s Zheijiang province. It is scheduled for March 2017.

◆ Next Generation of Global Health Practitioners
Our Annual Global Health Workshop in September attracted 20 participants from across the nation. Under the main theme of ‘Reality of Global Health’, the participants discussed actual problems in real cases, and learned how they were actually solved at the end. Dr. Dan Tisch, a prominent malaria researcher at CWRU, gave us insightful research findings for the Asher Lecture for Global Health. One of the participants joined our trip to Guatemala in April 2016 for her first global health experience.
Collaboration with the Biomedical Engineering Department: Potential of Innovative technologies

Since I came back from Tabora in September 2016, I started working with biomedical engineering students to develop a medical device to increase the accuracy of diagnosing childhood pneumonia. With the help from the Asher fund, I was able to support two CWRU biomedical engineering students’ trip to Uganda to test and obtain information to revise the device. A prototype was made in April, and the completion of the final device is expected to be sometime in early fall. The research division of the Dept. of Family Medicine is also collaborating with us in developing study protocols and designing the trial run of the device in the field.

Other remarks


Please join us in future trips and our efforts in global health practice. Your comments and ideas for our activities are highly appreciated. If you know any places in need of help in primary care training, please let me know. I would like to go wherever it is, since there are no borders but only frontiers for global primary care practice.

Thank you for your interest and support.

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