

International Health Track

Trip Report
Lecturing in Thailand and Japan
February 21 – March 16, 2001

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SUMMARY:

The purpose of this trip was to provide several lectures. First of all, I provided four lectures for a training course on “**Management on Complex Humanitarian Emergencies**” held in **Khon Kaen, Thailand**. This course was offered in collaboration with the faculty of Khon Kaen University, endorsed by Royal Thai Academy of Pediatrics, with the funding support by Johnson & Johnson. We had more than forty, very experienced and active group of participants from all over Southeast Asia. Some of the lectures prepared by the faculty members in Khon Kaen have given us great deal of hints to help us improve the same course offered in Cleveland every summer. I gave four lectures during the course and also led case discussions at each problem-based session everyday.

Secondly, I delivered lectures on **Family Medicine education at the Mahidol University/Ramadibodi Hospital in Bangkok**. Mahidol University is one of the oldest institutions for medical research and education in Thailand. They are in the process of preparing their first residency program of medical-school based family medicine in the nations, starting this July. There were more than fifty general practitioners and family physicians who attended at my lecture from all over the country. I discussed the current issues of Family Medicine from clinical, educational and research perspectives and gave a presentation titled, “Family Medicine, International Health and Challenges.” Many participants showed strong interest in evidence-based medicine as an educational tool for their residents. I argued that EBM is only the part of our education tool and emphasized the importance of cross-cultural skills. I elaborate on family medicine principles applying these principles in complex emergencies in Kosovo.

My last lecture was delivered at the monthly study group meeting on **Disaster Medicine at Nippon Medical School, Tokyo, Japan**. The participants were mostly members of Japan Medical Team for Disaster Relief (JMTDR), the governmental relief team established in 1980 and I worked for between 1987-1991. The trauma surgeons have been playing primary roles in this team and have helped victims of disasters tremendously . In the past few years, however, they have felt urgent needs to improve their efficiency and effectiveness in their relief work by evidence-based and epidemiological approach rather than merely diplomatically driven relief efforts. Among the various topics studied in the study group, this was the first detailed exposure for them to disaster epidemiology and its research methodology. My old trauma surgery colleagues were very interested in future collaborative research on disaster medicine and epidemiology.

According to the feedback from the attendees, my lectures were well received. I had many opportunities to discuss systems for primary care training with physicians from Asian countries. In Asia, so-called Family Medicine/GP training has been developed quite different perspective compared to U.S. and Europe. Their emphasis in primary care training has been rather on raising public health doctors as the primary level of their health pyramid. Their training curriculum utilizes community medicine approach as opposed to our to our emphasis on clinical medicine in the US. Community medicine emphasizes on epidemiology and statistics rather than individual patient management

skills. And urban family medicine is not well developed in many countries including Thailand. Many primary care physicians I met in Bangkok raised a concern that they could not provide balanced-primary care training to residents without community based hospitals in rural areas. They think that would be the shortcomings of training residents at tertiary care medical center in big cities like Ramatibodi Hospital . Urban based program would be an important agenda in many developing countries since urbanization of big cities in developing countries are much faster than that of developed countries. Subsequently, access of care and coordination of available resources for indigenous population in cities has become important issue in these countries.

LOG:

February 21-23

Attended Training Trainer sessions at Faculty of Medicine, Khon Kaen University. Both the US and Khon Kaen faculty members reviewed teaching points and discussed how to facilitate problem-based learning sessions that were new to most participants.

February 26 – March 2

Provided the training course on “Management of Complex Humanitarian Emergencies”. There were more than thirty participants from Canada, China, India, Indonesia, Laos, Vietnam as well as Thailand. The topics I lectured were:

“Rapid epidemiological assessment in complex emergencies” (2/26)

“Triage in complex humanitarian emergencies” (2/27)

“The silent emergency: Antipersonnel landmines and unexploded ordnance and risk to children” (2/27)

“Managing minor wounds and burns in complex humanitarian emergencies” (3/1)

March 3

Meeting with Michael Karplus, MD, Professor of Pediatrics, Ben-Gurion University of the Negev, Israel. Dr. Karplus is directing the international health program, travelling to explore rotation sites for 3rd and 4th year medical students. In his medical school, students can go overseas for three months a year, where they can learn both realities of clinical practice and community medicine. We discussed issues in residents/students rotations and essential components in international health education.

March 6

Toured Ramathibodi Hospital. Their outpatient clinic is extremely busy, seeing 400 patients a day, almost 4000 per day as a hospital.

Delivered a lecture, titled “Family Medicine, International Health, and Challenges” at the Dept. of Family Medicine, Ramathibodi Hospital/ Mahidol University. There were more than fifty people from entire Thailand, as north as Chaing Mai and as south as Hat Yai for my seminar. Following my two-and-half-hour-lecture, we had almost 40 minutes of active discussions on the topic. The participants asked questions about evidence-based medicine and primary care research. Discussed also was how family medicine principles were useful in many complex humanitarian emergencies.

March 7

Visited a primary care clinic of Mahidol University in Ayuthaya province, 3-hour north of Bangkok. I met Tawekiat Boonyapaisarncharoen, MD, Provincial Chief Medical Officer. He has conducted Primary Care Utilization research in this model clinic for ten years to improve primary care coverage and patients’ compliance to the clinic in the province. At the district health office, we discussed their research methods to collect data on utilization of health center.

March 8

Meeting with Suksont Pittimane, MD, MPH, Epidemiologist, TB Division, Ministry of Health. Dr. Suksont gave me the updates on current TB/AIDS research in Thailand.

March 12

Meeting with Yuriko Egami, MD, MPH, PhD, TB Expert for JICA, Yemen. Dr. Egami offered the updates on her TB control program in Yemen.

Visited Nobukatsu Ishikawa, MD, PhD, the Vice President of the National Tuberculosis Research Institute. We discussed how to apply social science technique to international health research.

March 13

Meeting with Naoki Suzuki, PhD, Institute of International Development, Foundation for Advanced Studies in International Development (FASID), Ministry of Foreign Affairs, Tokyo, Japan. We discussed NGO activities in delivering effective relief efforts to disasters.

Meeting with Toru Honda, MD, MSPH, Chair of SHARE. Dr. Honda has been involved in relief and rehabilitation activities in East since last year. We discussed how to effectively continue primary care project in East Timor.

Delivered a lecture, entitled “Disaster Epidemiology and rapid assessment” at Dept. of Traumatology and Critical Care, Nippon Medical School, Tokyo, Japan. I introduced ‘evidence-based’ relief activities in disasters and addressed the importance of epidemiological data collection in emergencies. I also discussed rapid health assessment procedures in emergency situations. More than 40 participants were members of the “Disaster Medicine Interest Group”, consisted of traumatologists, of Tokyo International Medical Center, Ministry of Interior, and there were a few private consultants for JICA. Our discussions extended into the necessity and political involvement of medical team in emergencies.