

Role of Bidirectional Partnerships in Global Neurology Education and Research Training

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Disclosures

- None.

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History (Africa-centric)

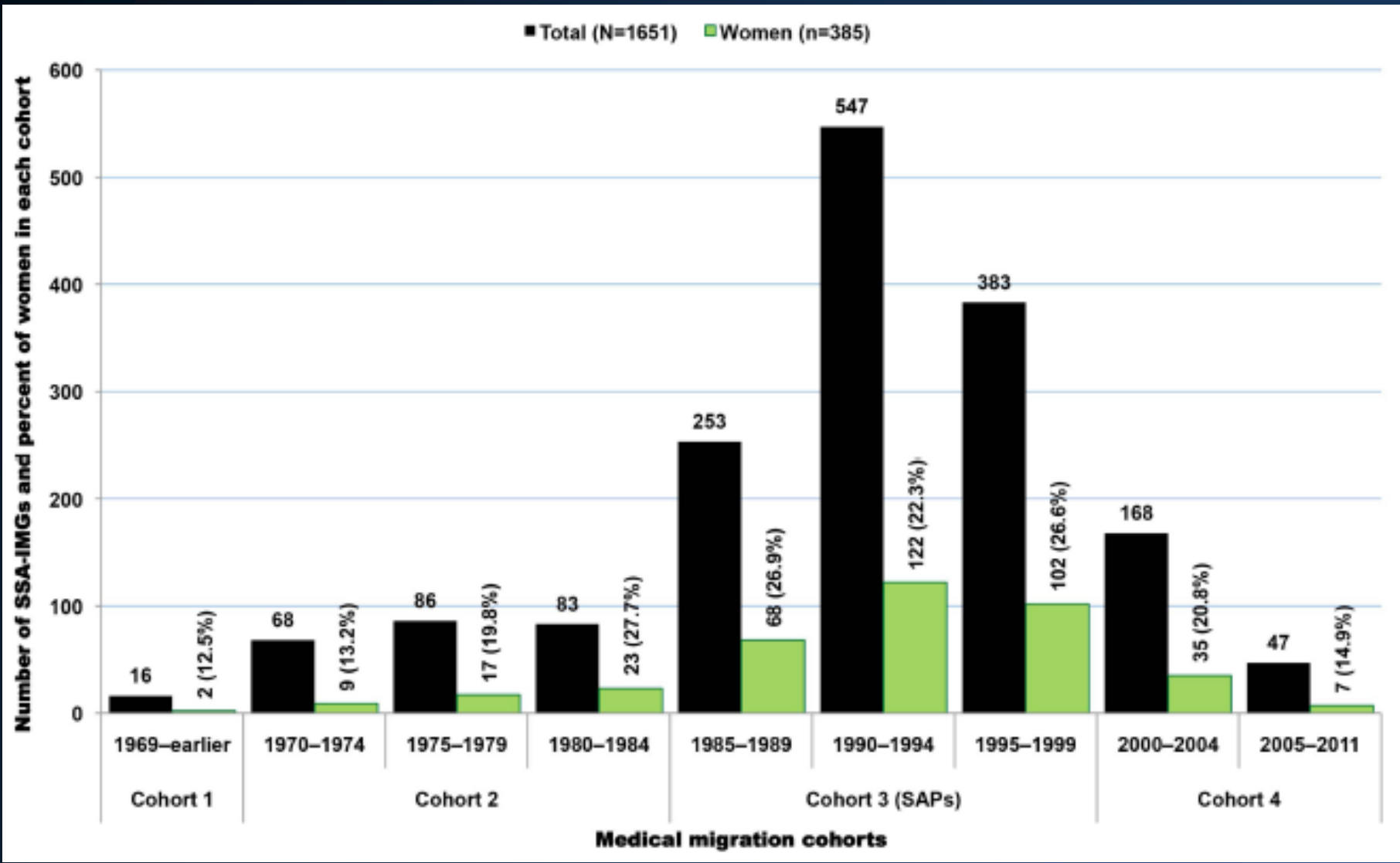
- Prior 1960: Colonial Period
 - Trained assistants; a few medical schools
- 1960-1975: Independence
 - Rapid growth in number of universities
 - Most medical training outside of the country
 - By 1970s, IMG were 1/3 of all post-graduates in US
- 1975-1990: Structural Adjustment
 - Increasing interest among US trainees to go abroad
 - Brain drain at maximum

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Stanton, B and Castillo, J. 2012. J of Ped, 160
Monekosso, G. 2014. Academic Medicine, 89 (8)

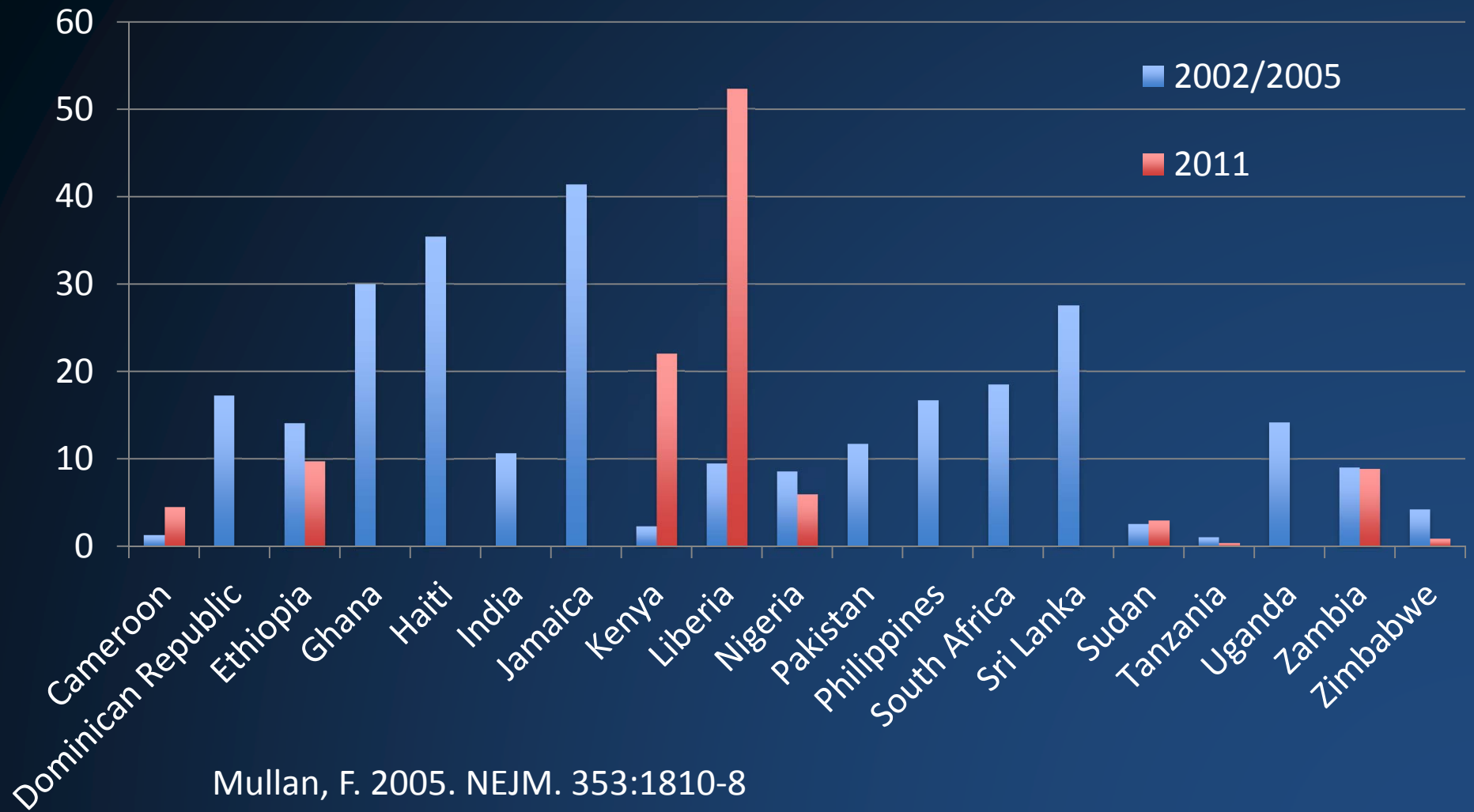


Brain Drain



Tankwanchi, A, Ozden, C, Vermund, SH. 2013. PLOS Med 10(9)

Emigration Fraction



Mullan, F. 2005. NEJM. 353:1810-8

Tankwanchi, A, Ozden, C, Vermund, SH. 2013. PLOS Med 10(9)

1990-present

- Dramatic growth in developing global health experiences for US, Canadian and Europeans
- Dramatic changes in research and care due to HIV pandemic
- Increasing focus on sustainable, bilateral collaborations

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Challenges Resource Rich->Limited

- Training in resource-rich setting is not relevant to resource-limited setting
 - Medical Tourism
- Parachute Research
- Host Site Burden
 - Language/Culture
 - Teaching/Supervision
 - Regulatory
 - Housing, etc



Challenges Resource Limited->Rich

- Training in resource-rich setting is not relevant to resource-limited setting
- Brain Drain/Re-entry?
- Time away from family
- Expensive
- Regulatory



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Seven questions

- Why work in partnership?
- How to ensure cohesion?
- What form of collaboration?
- Which foci and priorities?
- Who to involve?
- Where to create relevance?
- When to consolidate outcomes?

Key Principles

- Set the agenda together
- Interact with stakeholders
- Clarify responsibilities
- Account to beneficiaries
- Promote mutual learning
- Enhance capacities
- Share data and networks
- Disseminate results
- Pool profits and merits
- Apply results
- Secure outcomes

Many initiatives to learn from (US centric)

- Medical Education Partnership Initiative
 - Academic Medicine August Supplement 2014
- Human Resources for Health (Rwanda)
- Fogarty Programs
 - Scholars & Fellows (MS/Res/PostDoc) (ended)
 - Fellows and Scholars (Res/PostDoc/Jr Fac)
 - Emerging Global Leader (K-award for LMIC)
 - Brain Disorders (R21/R01)
 - IRSDA (K01)
- Numerous University based Programs

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Yale and Mulago/Makarere CHS

- MUYU collaboration established in 2006
 - Yale to Mulago/Makerere
 - Students and residents (accompanied by Yale faculty)
 - 6 weeks
 - Funds for administration of program at Mul/Mak
 - Mulago/Makerere to Yale
 - Junior Faculty Specialty Observerships
 - 3-12 months; funding for stipend, flight, housing

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Evaluation of MUYU

- Yale->Mulago/Makarere
 - Teaching by visiting residents and faculty
 - Modeling of patient/doctor interaction
 - “They learn more than they bring” – Medical Students
 - Individuals who do not adjust
- Mulago/Makarere->Yale
 - Over time improved “standards”
 - Insurmountable financial/systemic barriers

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Bodnar, et. al. PLoS ONE 10(3):e0119798.



Junior Faculty Exchange

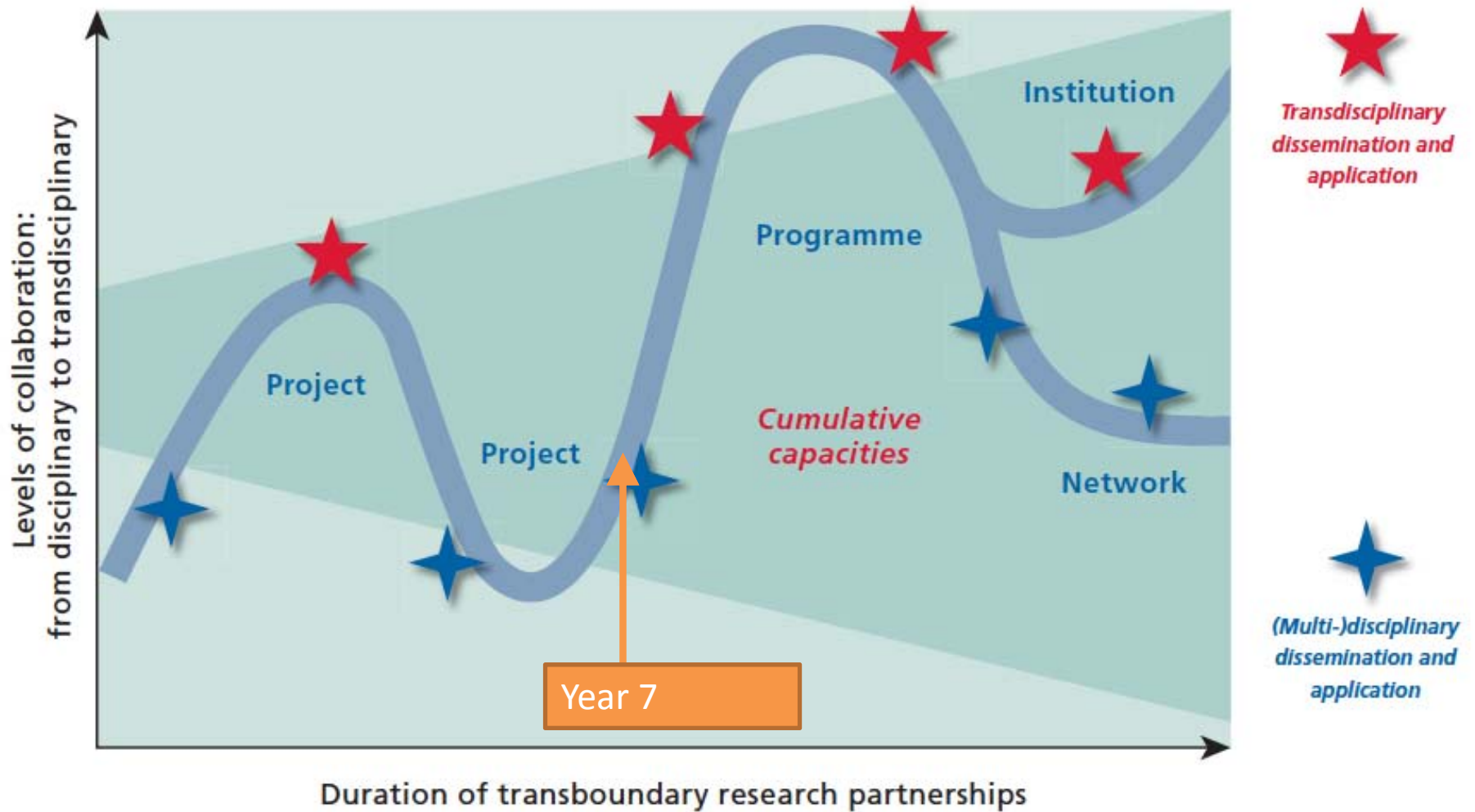
- Benefits
 - Key skills: EBM, procedural, radiology
 - Patient/Doctor Interaction
 - Teaching and Communication Skills (esp. of medical students and nurses)
- Challenges
 - Financial
 - Licensing and Observerships
 - Resource limitation after participation
 - Cultural barriers to change
 - Brain Drain?

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Bodnar, et. al. PLoS ONE 10(3):e0119798.



It takes time...



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