Preparation for Residency Program

Why Train Refugee Physicians?

The Background
In 2010, a group of Somali physicians—in partnership with other health care workers—created the Somali Health Professionals Association (SHEPA). One of the organization’s goals is to place refugee physicians in the U.S. medical system. Not an easy task, considering the obstacles. Besides language barriers, refugee physicians often do not have the training or U.S. clinical experience necessary to become licensed to practice medicine in the state of Minnesota.

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2011-12 Class

Khem Adhikari, MBBS, has worked in primary, secondary, and tertiary care teaching hospitals and spent time in Bhutanese refugee camps in Nepal.

Adhikari has special training in torture victim survival and organizational development and management.

His medical interests include preventive and community medicine, cross cultural refugee and immigrant health, community health education, global health, care of the underserved, and public health policy. He is also interested in behavioral medicine, incorporating spirituality and healing.

Said Al-Tawil, MBChB, worked in Jordan as a general practitioner before moving to Minnesota four years ago.

He received his medical degree from Al-Mustansiriya University in Baghdad, Iraq.

Mahamud Jimale, MD, received his MD from Somali National University in Mogadishu.

He worked as a general surgeon at Mogadishu General Hospital and at a Somali refugee camp in Kenya.

Jimale’s medical interests include health awareness education, health disparities research, and sports medicine.

Adalberto Torres-Gorrin, MD, earned his MD from Facultad Ciencias Médicas Faustino Pérez de Sancti Spíritus in Cuba and completed an internal medicine residency and fellowship in intensive care.

Torres-Gorrin has worked in rural areas of Venezuela and as a hospitalist in Cuba.

His medical interests include geriatrics and care for the underserved.
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PRP students agree to practice for one year in a Minnesota Health Professionals Shortage Area (HPSA), upon completion of residency.

- Minnesota has 128 HPSAs in primary care.
- More than 30,000 refugees have made residence in Minnesota over the last 11 years, many residing in underserved communities.

The Goal
PRP is committed to preparing trainees for admission into a U.S. family medicine residency program, and ultimately U.S. clinical practice.

Grads: Where Are They Now?
PRP graduated its first class in 2011. All three graduates—Jibril Elabe, MD, Liban Farah, MD, and Liban Hired, MD—are currently completing their first year of residency.

Farah and Elabe are training at the University of Minnesota Medical Center, Fairview, Smiley’s Family Medicine Residency; Hired is training at the University of Minnesota North Memorial Family Medicine Residency.

Curriculum
PRP’s curriculum is unique and dynamic, but builds off the examples of similar programs implemented in California and Ontario, Canada.

Overview of U.S. Medical Education
This one-month orientation to the U.S. medical education system covers feedback, teaching methods, evaluation, and communication skills, as well as assessing scholarly resources and applying to residency programs.

Inpatient and Ambulatory Observerships
Trainees have six months of clinical experiences in family medicine, including exposure to ambulatory and inpatient family medicine, obstetrics, pediatrics, and rural medicine.

Ambulatory and Inpatient Training Sites
UMN Amplatz Children’s Hospital (pediatrics)
UMN Medical Center, Fairview, Smiley’s Family Medicine Residency (ambulatory care)
UMN Mankato Family Medicine Residency (inpatient and ambulatory rural family medicine)
UMN Methodist Hospital Family Medicine Residency (obstetrics)
UMN St. John’s Hospital Family Medicine Residency (inpatient family medicine)
UMN St. Joseph’s Hospital Family Medicine Residency (inpatient family medicine)

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PRP Talking Points

- PRP is a 7 month hands-on training program for refugee/immigrant physicians. There is a one month introduction to US medical education and family medicine, followed by 3 month of inpatient work at St. John’s Hospital and 3 months of ambulatory work at Smiley’s Family Medicine Residency Clinic.

- Inpatient clinic experiences are more rigorous than observerships and involve actual supervised patient care within individualized and small group supervision and focused feedback by clinical faculty.

- PRP instruction covers full-spectrum of primary care including rotations on Inpatient/Outpatient medicine and pediatrics, ER, Obstetrics, and rural medicine.

- The PRP program involves instruction on English language enhancement as well as comprehensive work in developing patient-provider communication skills.

- The PRP program also includes Simulation Lab training, and residency level workshops on critical topics such as public health, practice management and psychiatry.

- PRP trainees follow their own patients on the inpatient and outpatient services at a typical clerkship level with emphasis on providing culturally appropriate, evidence-based, cost-effective care.

- Primarily thought the University of Minnesota Department of Family Medicine and Community Health, most instruction is on the individual or small group, teaching service level.
PFMRP Goals and Objectives*

I. Introduction to US Medical Education and the Specialty of Family Medicine (Month 1)

At the end of the PFMRP ambulatory family medicine months, trainees will be able to:

- Describe the common roles of family members in the provision of care in the United States (US)
- State several strategies for marketing oneself for obtaining a family medicine residency position in the US
- List the ACGME General Competencies
- State at least three of the ACGME duty hours standards
- Describe the organizational structure of GME at the University of Minnesota and within the Department of Family Medicine and Community Health
- State several of the healthcare roles of health team members in family medicine
- Describe why and how assessment, evaluation, and feedback are norms in US medical education
- Recount some of the characteristics of Family Medicine as a specialty that make it unique
- List several strategies for becoming and functioning as a successfully family medicine resident
- Describe how the US medical system embraces multiculturalism

II. Ambulatory Family Medicine* (Months 2-4)

At the end of the PFMRP ambulatory family medicine months, trainees will be able to:

- Discuss the principles of family medicine care.
- Gather information, formulate differential diagnoses, and propose plans for the initial evaluation and management of patients with common presentations.
- Manage follow-up visits with patients having one or more common chronic diseases.
- Develop evidence-based health promotion/disease prevention plans for patients of any age or gender.
- Demonstrate competency in advanced elicitation of history, communication, physical examination, and critical thinking skills.
- Discuss the critical role of family physicians within any health care system.
III. Inpatient Family Medicine** (Months 5-7)

At the end of the PFMRP inpatient family medicine months, trainees should demonstrate knowledge of:

- Local and national ethical and legal guidelines governing patient confidentiality with specific attention to:
  - Written documentation
  - Verbal communication with the patient’s family members
- Verbal and non-verbal clues of patient suicidality
- The importance of cultural issues governing health care decision making by patients
- Appropriate resources available in the inpatient and outpatient setting for the management of grief

At the end of the PFMRP inpatient family medicine months, trainees should be able to demonstrate the ability to (skills):

- Communicate effectively with patients and patient’s family members
  - Utilize lay terms appropriate to the patient’s level of education and explain scientific jargon
  - Recognize and manage denial and grief
  - Communicate abnormal results and “bad news” to patients in a sensitive manner
  - Discuss end of life issues with patients and family members with attention to the patient’s wishes and needs
  - Provide concise daily updates for patients and families regarding hospital course and rationale for ongoing or new treatment plans
- Clearly summarize the patient’s reason for admission and rationale for clinical plan.
- Assess suicidality in a depressed or psychotic patient
- Be able to initiate a conversation with a patient about advance directives.
- Demonstrate the ability to clearly and concisely present oral and written summaries of patients to members of the health care team with attention to the inclusion of relevant information and synthesis of clinical information

At the end of the PFMRP inpatient family medicine months, trainees should demonstrate (attitudes and professional values):

- The ability to effectively communicate with physician and non-physician members of the health care team and consultants
- An understanding of cultural sensitivities and patient wishes with regards to health care and incorporate this knowledge into discussions with the patient

*Adapted from the STFM’s Clerkship in Family Medicine
**Adapted from the ABIM’s Subinternship in Internal Medicine