Group C

Presentation 5 mins, Q&A 2 mins

Hussein Elias

CHF clinic in Somaliland: integrating primary health care and resident education for noncommunicable disease

MUBARAK ABDILAHI MAGAN, MBBS, MMedFM, SAFIYA FARAH OSMAN MBBS, MMedFM, MOHAMED OSMAN FARAH, MBBS, MMedFM, SARAH C. KENT, MD
AMOUD UNIVERSITY HOPE FAMILY MEDICINE SOMALILAND

Abstract

Introduction: In addressing the WHO PHC framework to provide integrated health services focusing on primary care, Hope Family Medicine Somaliland (HFMS) implemented a non-communicable diseases (NCD) clinic focusing on patients with congestive heart failure (CHF). Patients with CHF in our community have numerous barriers to continuous outpatient medical care, and complications and readmissions to hospital result from lack of outpatient care. Furthermore, residents lack exposure to continuity of care or connections with patients with chronic diseases after discharge from hospital. The NCD clinic was founded to address these issues. **Methods:** In partnership with Borama Regional Hospital (BRH) and the non-profit SAHAN, a USA-based diaspora group, HFMS established the NCD clinic for CHF patients who are discharged from the hospital. Patients were provided follow up visits with a physician, medications and echocardiography at no cost. Residents, under faculty supervision, saw patients monthly to address clinical symptoms, drug compliance, and disease progression monitoring. Clinical algorithms were utilized to assure evidence-based management. **Results**: In 2023, twenty-four (24) patients were registered in the NCD clinic. Attendance at follow-up visits and drug compliance was improved. All 11 residents gained experience in echocardiography and outpatient CHF management through the NCD clinic. **Discussion:** The NCD clinic was created to provide an integrated chronic disease management practice for HFMS residents and to improve primary healthcare in our community. Multiple challenges to chronic disease management were identified, including those affecting patients' compliance and resident education. HFMS and its partners have the opportunity to address these challenges with continued quality improvement projects.

Introduction

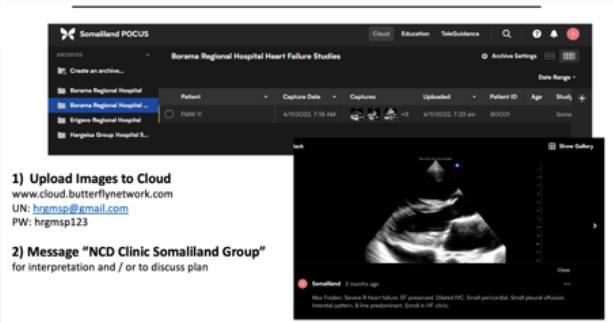
Heart failure accounts for 5-10% of hospitalizations among adults in Sub-Saharan Africa. CHF affects equally both men and women. The mean age at presentation is 52 years, 20 years younger compared to western regions, leading to a significant economic impact.[1-2]

NCD clinic has been started at BRH in 2022 September and began to work with a Somali diaspora NGO to decentralize and integrate chronic care services for severe NCDs by collaborating with family physicians who follow up patients with heart failure and comorbid conditions. Integrated clinical strategies that NCD clinic addressed in BRH were largely directed at prevention of behavioral risk factors and treatment of common complications of heart failure. The main objective of NCD clinic at BRH is to monitor patient compliance with follow up visits, to improve patients' understanding of their condition and to improve drug adherence in order to improve morbidity and mortality in patients with CHF.

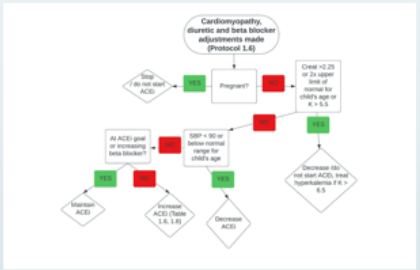
This study was designed for quality improvement of the NCD clinic, our research objective was to find out how to improve compliance with CHF follow up— both attendance at clinic appointments and drug adherence.

Methodology

Family medicine residents enrolled patients who were admitted to the hospital with CHF. Each patient had a file with the patient information and an echo, uploaded to Butterfly POCUS website.



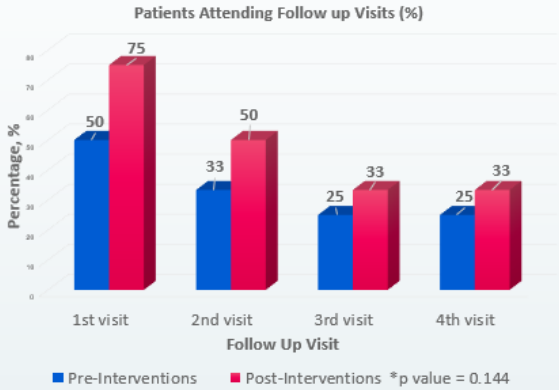
Upon follow up to the outpatient department, each patient had a recorded monthly medical report, including vital signs, medication list review and repeat echo screening of IVC and EF, when indicated. The management followed evidence-based algorithms. An example is shown here.

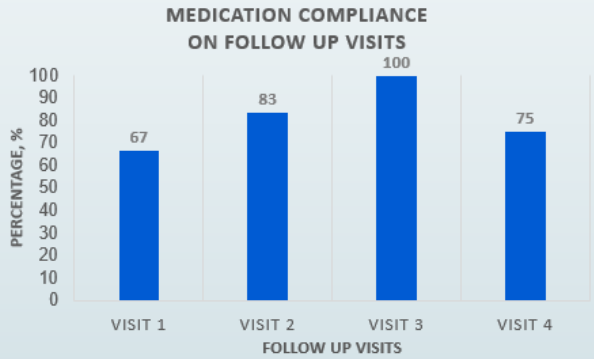


To enhance patient engagement and adherence with medication,we established PDSA improvement cycle by planned telephone follow up . A family medicine resident called the patient to schedule appointments and encourage medical compliance.

Results

We developed a PDSA improvement cycle by organizing weekly tasks that enhance patient fallow up from 50% to 75% during the first visit and patient enrollment doubles from 12 to 24 patients with the aim to improve patient fallow up and enrollment of engaging more patients with CHF.





Conclusion

Due to the rising number of patients diagnosed with CHF and re-admissions of patient with exacerbated CHF, this project sought to integrate the resident education and outpatient follow-up for patients with CHF. Effective patient education and the establishment of the PDSA improvement cycle equipped the patients with the necessary skills and knowledge needed to actively participate in self-management activities. The resident family medicine physicians obtained improvement of their education in terms of continuity of care for patients with NCD and improved their skills on point of care ultrasound (POCUS) for echocardiography.

Areas for future research include studying whether patients' active participation in their care leads to higher quality of life and decreased hospital readmissions

References

1. Damasceno A, Mayosi BM, Sani M, et al. The causes, treatment, and outcome of acute heart failure in 1006 Africans from 9 countries. Arch Intern Med. 2012;172(18):1386-1394. doi:10.1001/archinternmed.2012.3310
2. Dokainish H, Teo K, Zhu J, et al. Heart Failure in Africa, Asia, the Middle East and South America: The INTER-CHF study. Int J Cardiol. 2016;204:133-141. doi:10.1016/j.ijcard.2015.11.183

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SAHA organization

A Mutually Beneficial Partnership: Embedding Family Medicine Trainees Within District Hospitals Implementing PEN-Plus in Mozambique

Authors: Yolanda Sabino [1,2],Klecson Antonio[2], , Fatumata Rodrigues[3] Armando Bucuane[1] ,Colin Pfaff[6], Ana Olga Mocumbi [4,5]

Affiliations: [1]Hospital Geral da Polana Caniço, Clínica da Universidade, Maputo, Mozambique; [2]Hospital Rural de Nhamatanda, Vila de Nhamatanda, Sofala, Mozambique; [3]Centro de Saude 1º de Maio, Maputo, Mozambique; [4]Instituto Nacional de Saúde, Estrada Nacional Nr. 1, Marracuene, Mozambiqu; [5]Faculdade de Medicina, Universidade Eduardo Mondlane, Maputo, Mozambique; [6]Center for Integration Science, Division of Global Health Equity, Brigham and Women's Hospital

BACKGROUND

Decentralized medical education and community engagement are vital for improving rural healthcare. Family Medicine (FM) training was established in Mozambique in 2015, but until 2024 training was limited to the urban centres of Maputo (south) and Nampula (north). The PEN-Plus strategy - an initiative aimed at improving access to care for severe and complex non-communicable diseases (NCDs) in rural and low-income areas – has been implemented in Rural Hospital (central province of Sofala) with the support of FM specialists. This partnership enabled the establishment of Mozambique's first rural FM Training site, aligning with long-standing national goals to decentralize medical education.

OBJECTIVES

To describe the experience of improving Family Medicine Training in Mozambique through harnessing opportunities provided by partnering with PEN-Plus Program.

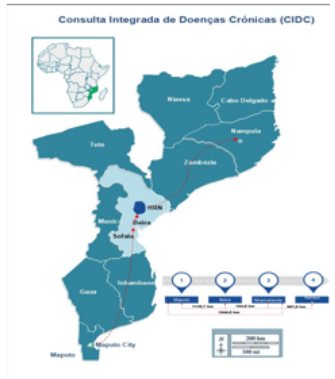
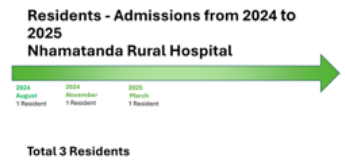


Figure 1 : Geographic location of Nhamatanda District

Figure 2 : Flow Chart presenting the cascade training and main aspects included in teh training program, including the numbers for key activities in teh for screening, clinical practice and community outreach

METHODS

A PEN-Plus clinic was opened in Nhamatanda rural hospital in 2023, under a partnership between Universidade Eduardo Mondlane, Maputo-Mozambique and the Centre for Integration Science, Boston-USA. At the beginning of the program the Head of Department of FM was involved and trained to lead the implementation of the PEN Plus Clinic. This included 6-months placement for on-site clinical practice in Nhamatanda in 2024, supporting and coaching the local team of non-specialists and preparing the site for Family Medicine Residency program. Following this phase, between August/2024 and March/2025, three FM specialists and three FM residents were placed in the PEN Plus Clinic for peer-to-peer coaching as established by the College of FM of Mozambique. The team of specialists includes senior faculty members at Universidade Eduardo Mondlane in the areas of Internal Medicine, Pediatrics and Cardiology, who provide continuous mentoring and specialized support. The PEN Plus Program provides logistical support for training activities, monitoring and evaluation.



RESULTS

- We have established the first rural site for Post-Graduate Family Medicine Training Program advancing the decentralization and improving the quality of medical education and residency programs in the country.
- By using the capacities for telemedicine installed at the clinic, the clinical training and competency development for Family Medicine trainees was improved and specific modules for community- and home-based care were introduced.
- The residency program has been enhanced through case discussions with specialists, mentorship from local and international experts, and hands-on training in point-of-care diagnostics such as echocardiography.
- The development of community-based competencies is routinely done through home visits, school outreach, and screening programs in the community.
- Importantly, the involvement of FM physicians enriched PEN-Plus integrated services by bridging clinical and social aspects of care, offering mentorship, and fostering community engagement and involvement, areas often overlooked in disease-specific models.

Figure 3: Activities carried out in Nhamatanda Rural Hospital with the residents (integrated consultations, home visits, peer rouqs, cardiac ultrasound , clinical sessions with specialists, integrated school screening (DM), rheumatic and congenital heart diseases, and sickle-cell anaemia)

CONCLUSIONS

The integration of PEN-Plus with Family Medicine Training has proven to be a valuable model to strengthen decentralized medical education. This partnership strengthens healthcare service delivery, and fosters a community-centered approach to care, demonstrating the potential of collaborative strategies in rural healthcare development.

Key words : Decentralized medical education, PEN-Plus, Family Medicine Training

ACKNOWLEDGEMNTS

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REFERENCES

1Moeti M, Mocumbi A, Bukhman G. Why there is new hope for the care of chronic diseases in Africa
BMJ 2023; 383 :p2382 doi:10.1136/bmj.p238
2Adler_et_al-BMJOpen_2024_PEN-Plus-initiation-eval-protocol

MASENO UNIVERSITY
DEPARTMENT OF FAMILY MEDICNE AND COMMUNITY HEALTH
PRIMAFAMED NETWORK MEETING -LUSAKA

'*Going to scale with postgraduate training*'

- Residency training in Maseno University and in Kenya at large is relatively new and as search has required focused advocacy among prospective students, policy makers, employers and patients.
- The institution through the department of Family Medicine and community health has put up innovative strategies aimed at enhancing the number of students applying and graduating from the program

Innovative strategies

- Students as ambassadors for the program (Active Residents talking to former colleagues)
- Created platforms where current and past students provide feedback on how to improve the program(Online survey) – Alumni Network
- Student exchange programs (Upstate UH, Mumbile TZ)
- Dual Degree – Board certified additional specialization in Emergency Medicine

Academic Reputation

- Flexible learning environment (different paces)
- Mentorship
- Teaching employable skills –HSM
- Engaging senior faculty from partner universities
- Research project support – Inviting established researchers to mentor Residents on research
- International recruitment (Uganda and SS)

Restructuring mentorship to Improve the Performance of Slowly-Progressive Family Medicine Resident Doctors in Federal Medical Centre, Abeokuta, Ngeria

Fatusin Bolatito B, Ige Adegbola M, Adebiyi Wasiu A
Authors Affliation: Department of Family Medicine ,Federal Medical Centre, Abeokuta,Ogun State,Ngeria

Background

Postgraduate residency training in Family Medicine in Nigeria usually take an average of six years to complete. As adult learners, residents are expected to be self-driven throughout the program. Some learners may take longer years to complete their program due to psychological, social and economic factors.. These are often prodromal to dropping out of the training. This could worsen an already existing dearth of primary care doctors due to emigration. In FMC, Abeokuta, 10 residents dropped out of the program in less than two years. Supportive mentoring was adopted to retain slowly-progressive residents and ensure timely completion of the program.

Method/Innovation: Mentorship was restructured to a more intentional approach towards mentoring with a shift from a strictly formal approach to a semi-formal mentoring which provides the mentee better accessibility to the mentor and building a partnership towards the success of the mentee.

Design

Need assessment: one on one meeting with three struggling residents, meeting with mentors

Implementation

Incorporation of wellness talk
Counselling/psychotherapy sessions: engaging a specialist when needed

Short term outcome

Completion of research proposal, start case writing,reignited zeal for the program,etc

Long term outcome

Completion of residency program within two years from submission of proposal,becoing a supportive mentor

What Changed ?

No hierarchy barrier
Supporting wellness
Psychotherapy as needed
Practical approach towards building problem solving skills
Beyond advice/counselling(brainstorm together to resolve knotty problems)

Conclusion

Supportive mentoring can reduce burnout and build more resiliency in slowly progessive learner thus reducing the drop out rate from family medicine residency program

References

1.Nielson TR, Carlson DS, Lankau MJ. The supportive mentor as a means of reducing work–family conflict. Journal of vocational behavior. 2001 Dec 1;59(3):364-81

2. Yang P, Gao Y, Li X. The Effect of Supportive Mentoring . Style on Innovative Behavior of Master's Degree Students: Evidence from China. SAGE Open. 2024 Feb;14(1):21582440241233049.

PRIMAFAMED
Primary Care and Family Medicine Network for sub-Saharan Africa

Scaling Family medicine training in Botswana: Expanding staffing to expand training

K Motlhatlhedi,[1] S Tshitenge,[1] Y Bogatsu,[1] B Tsima[1]

Affiliation: 1- Department of family Medicine and Public Health, Faculty of Medicine, University of Botswana

Introduction

- The World Health Organisation recommends scaling health professional's education and training to strengthen the health workforce
- Recommended activities include faculty development, curriculum development, simulation methods, direct entry of graduates, targeted admission, streamlined educational pathways, and interprofessional education.
- Aim: To improve the staffing demands of the Family Medicine training program in Botswana.

Methods

- The Family Medicine Training program used innovative expansion of the faculty to scale up Family Medicine in Botswana.
- The unit includes two graduates of the program as part of the academic staff. This is from the initial department staffing of 5 Family Physicians, all of whom were not UB trained.
- Benchmarked and initial south-south support from the Stellenbosch University training program.
- The unit has actively enrolled adjunct lecturers from the government and private sector. Currently, there are five official Family Physician adjunct lecturers, four of whom are graduates of the program.
- Postgraduate training includes a 1-week module in medical education, postgraduates facilitate undergraduate learning
- The program leverages other faculty for research supervision, clinical rotations in the first 2 years.

Results

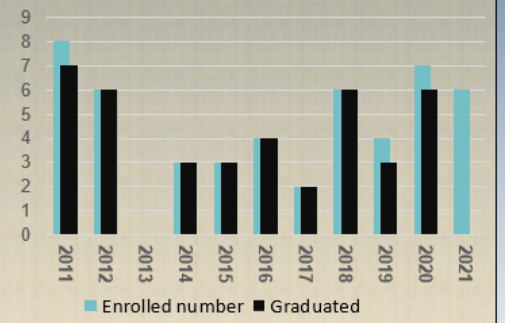

Fig 1. Number of graduates enrolled and number who passed in the enrolment class, MMED programme, UB.

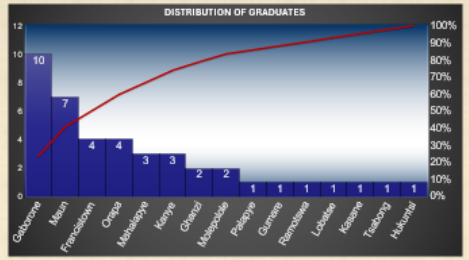

Fig 2. Distribution of graduates from the UB MMed programme per major towns and urban centers in Botswana within Botswana

Discussion

Challenges include: low staff recruitment, high turnover of staff, and no remuneration for adjunct lecturers.

Conclusion

With the addition of adjunct lecturers, the training continues to be offered as the department awaits the recruitment and hiring of new faculty.

1.References: *Transforming and scaling up health professionals' education and training: World Health Organization guidelines 2013*

2. Internal data, Family Medicine Unit ,

FAMILY MEDICINE IN SOUTH SUDAN: PLANTING THE SEEDS FOR PRIMARY HEALTH CARE TRANSFORMATION

Background

South Sudan faces one of the worst health crises globally, with critical shortages in trained health professionals and weak primary care infrastructure. The country has only **8 trained family physicians** serving over **13 million people**, and **no postgraduate training programs** in family medicine in its **two public universities** (University of Juba and Upper Nile University). The current health system relies heavily on vertical programs and humanitarian support, with little integration or continuity of care.

Why Family Medicine?

Family medicine is a globally recognized specialty focused on **comprehensive, continuous, and person-centered care**. It aligns with WHO's **Primary Health Care strategy** and strengthens health systems by addressing the majority of health needs at the community level. In post-conflict contexts like South Sudan, family physicians are key to rebuilding trust, addressing trauma, and delivering cost-effective care in fragile settings.

Expected Outcomes (By 2030)	
Indicator	**Target**
Accredited family medicine programs	2
Family physicians trained	100+
Trained faculty (local)	15
Clinical training sites	6+
Retention rate in public sector	>75%

Vision

To establish a **sustainable, accredited postgraduate training program in Family Medicine** by 2030, producing at least **100 locally trained family physicians** to serve across all ten states and three administrative areas of South Sudan.

Strategic Pillars for Scale-Up

1. Policy & Governance
- ✓ Advocate with the Ministry of Health and Ministry of Higher Education to **recognize family medicine** as a priority specialty.
- ✓ Integrate family medicine into the **national health workforce strategy** and **UHC roadmap**.

2. Academic Infrastructure
- ✓ Establish **postgraduate family medicine departments** at the University of Juba and Upper Nile University.
- ✓ Develop **curricula aligned with regional standards** (e.g., Primafamed, ECSA, WHO).
- ✓ Partner with international universities and medical colleges for technical mentorship and faculty exchange.

3. Capacity Building
- ✓ Train the first **cohort of local faculty** through scholarships and international residency placements.
- ✓ Recruit **volunteer or visiting faculty** from the diaspora and global health institutions to support teaching.

4. Clinical Training Sites
- ✓ Identify and strengthen **urban and rural training centers** (e.g., Juba Teaching Hospital, Wau, Malakal).
- ✓ Equip primary care centers to function as **Family Medicine training hubs**, integrating community-based education.

5. Financing & Partnerships
- ✓ Mobilize support from **global health donors** (WHO, UNICEF, EU, USAID) and **faith-based partners**.
- ✓ Seek long-term funding through **Global Fund, GAVI, and bilateral education-health programs**.
- ✓ Engage NGOs and INGOs to offer **residency placements** and mentorship opportunities.

Call to Action

We invite **government, universities, donors, medical councils, and diaspora professionals** to join in launching South Sudan's first postgraduate family medicine program — a long-term investment in **health equity, resilience, and nation-building**.

THE UP DEPARTMENT OF FAMILY MEDICINE

The Department is in the School of Medicine in the UP Faculty of Health Sciences. Family Medicine is an academic discipline that takes a holistic, bio-psycho-social approach to healthcare. Family physicians render services that extend from private general practice to public sector clinics, community health centres and district hospitals, as well as in other settings including non-governmental organizations involved in health care, homeless shelters and homeless hotspots on the streets.

Family Medicine is critical to the integration of health care in the District Health System.

Our Department has footprints in:

Patient care, teaching and research

- Tshwane
- Ekurhuleni
- Mpumalanga

We aim to practice coordinated care from a COPC approach.

We offer coordinated, holistic primary health care, education, and research rooted in Community-Oriented Primary Care (COPC). To be a leading department offering integrated primary health care at community level, recognised globally for its relevance and impact in promoting health equity and quality care.

We Build Together, Re Aga Mmogo, Re Aha Mmoho, Sisonke!

COPC Research Unit

#LifeChangers

THE UP DEPARTMENT OF FAMILY MEDICINE

Principal: Prof Francis Petersen
Faculty of Health Sciences Dean: Prof Flavia Senkubuge
School of Medicine Chair: Prof Priya Soma-Pillay
Department of Family Medicine: HoD: Prof Nathaniel Mofolo

Core Purpose: To support a holistic integrated approach to health care delivery and to ensure that students are equipped to deal with the complexity of health care in the 21st Century.

Our Strategy: Driving a holistic Bio-Psycho-Social, Community-Focused, District- based model of Primary Health Care delivery, including Medical Under- and Post-Graduated, and Clinical Associate Training.

In practice, we actively take part in district health service delivery in:

- Gauteng
- Mpumalanga

These two provinces are also the education context in which we develop generalist expertise in Family Medicine.

Service, Student Training & Research at COPC RU, Clinic and District Level as well as COSUP Sites Gauteng and Mpumalanga, with referral to Tertiary Level Care.

Facilities Learning and Training

Students are exposed to **community-based and innovative education,** at Clinics, District Hospitals, COSUP Sites. Taking services to, and learning about health care at:

- Hospices
- Old age homes
- Medico-legal facilities
- Private practice facilities
- People's homes

They also learn about emergency medicine, pain and palliative medicine and are exposed to socially relevant medical research.

Our goal is to ensure that students and professionals alike are committed to and able to provide quality health care for all in South Africa

THE DEPARTMENT OF FAMILY MEDICINE PROGRAMME

Includes University/Medical School-based Formal Interactive Facilitated Learning Modules and Blocks.

- MBChB (Family Medicine Blocks)
- Bachelor of Clinical Medical Practice (BCMP)
- MSc Community-Oriented Primary Care (COPC)
- MMed Family Medicine
- Family Medicine CPD Congress
- Research (Community-Oriented Primary Care Research Unit)

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Faculty of Health Sciences
Fakulteit Gesondheidswetenskappe
Lefapha la Disaense tša Maphelo

Make today matter

Meseret Zerihun, Ethiopia?