

# Dermatology in Botswana: The American Academy of Dermatology's Resident International Grant

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## KEYWORDS

- International dermatology • Volunteerism • Teledermatology
- Tropical dermatology • Dermatology education

“Dumela, Ma!” Across the globe, a North American dermatology resident greets a patient at the skin clinic at Princess Marina Hospital in Gaborone, Botswana. The patient has waited that morning with as many as 30 other patients to see the resident, who is one of only two dermatologists working in the country’s public health sector. The resident conducts the interview and examination with the assistance of a nurse who speaks English and Tswana (Setswana), the language spoken by many in Botswana. The resident makes a diagnosis, discusses the plan of care with the patient, and writes a brief note and prescription in the chart the patient carries with her; the patient heads to the hospital pharmacy. Later that afternoon, the resident does inpatient consultations, discusses management with the teams of local doctors and nurses, and makes plans to give a lecture and see patients at a neighboring rural clinic the following week. At the end of the day, the resident returns to the Botswana-UPenn Partnership-

owned flat with medical students and residents from North America, and the group shares dinner and the various experiences they have had that day conducting research in the clinics and on the inpatient wards.

The American Academy of Dermatology (AAD) has a long tradition of volunteerism. From its involvement with Camp Discovery to the multitude of AAD-supported skin cancer screenings and the monthly highlight of “Members Making a Difference” in its newsletter, the Academy has consistently provided its members with encouragement and opportunities to use their skills to reach vulnerable or underserved communities. Over the last 3 years, a group of motivated AAD members and educators have linked together a network of domestic and international health organizations to create a unique opportunity for dermatology residents to further their education and provide care to a sub-Saharan African population. This article highlights the history, elements, and scope

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of the program called the Resident International Grant.

### **HISTORY OF THE RESIDENT'S INTERNATIONAL GRANT**

In 2008, the Education and Volunteers Abroad Committee of the AAD approached the AAD leadership and requested support and funding to send six residents to live and work in Gaborone, Botswana, and the Resident International Grant was created. Three main partnerships had been forged, providing housing, in-country support, and connection to health care services in Botswana needed by the dermatology residents. In the early 2000s, the Infectious Disease Division of the Hospital of the University of Pennsylvania (UPenn) established a relationship with the Ministry of Health and Princess Marina Hospital in Botswana. Since then, UPenn medical students and residents had lived in the community in shared flats in Gaborone and rotated through the adult inpatient wards of Princess Marina Hospital. Similarly, the Baylor International Pediatrics AIDS Initiative (BIPAI) had developed a partnership with Princess Marina Hospital, providing education, staffing, and funding for an outpatient pediatrics clinic for the care of pediatric HIV patients. These academic institutions were linked by a group of dermatologists with shared experiences with both, in particular Dr Carrie Kovarik, who would later become the director of the Resident International Grant. Through funding provided by the Association of Professors of Dermatology in 2007, the first two formally-supported dermatology residents traveled to Botswana and worked with the one existing dermatologist in the public sector.

From these early experiences, it became clear that both the patients of Botswana and the North American dermatology residents could benefit from the residents' presence at Princess Marina Hospital. The residents would receive the invaluable experiences of seeing and treating tropical and HIV-associated dermatoses and have the opportunity to learn to provide general dermatologic care and education to a different culture in a resource-limited setting. The patients would be provided with additional well-trained dermatologists, and the health care workers of Botswana would be provided with further education on dermatologic disease to build their capacity for future care. With these opportunities in mind and the instrumental support of Dr William James, the current President of the AAD, the Academy approved the initial positions. The responses of the residents who completed the program, the leadership of the organizations involved, and the

patients were so positive that additional positions were and continue to be approved for virtually continuous coverage of the clinic through to the end of 2011.

### **"YOU'RE GOING WHERE?" AN INTRODUCTION TO BOTSWANA**

Botswana is a landlocked country in sub-Saharan Africa. The population of Botswana is approximately 2 million, with most people living in the southwest corner of the country. Most of central Botswana consists of the largely uninhabitable Kalahari desert. The country is best known for tourism and has thriving safari parks in the north. Its economy is otherwise based on diamond mining and cattle herding. Since its independence from Great Britain in 1966, Botswana has been a democratic republic, and it has enjoyed a long history of peace and relative prosperity compared with the civil unrest experienced by some of its neighbors. However, in the 1990s, it became apparent that the people of Botswana were being disproportionately affected by the HIV epidemic; by 2006, it was estimated that 26% of the adult population was HIV-positive.<sup>1</sup> Parallel private and government-funded public systems comprise the health care system in Botswana, with most of the country dependent on the public system. In the early 2000s, the public health care system began a comprehensive HIV care program that included antiretroviral treatment, bringing many living with HIV into the health care system. HIV-related dermatoses are heavily represented in the diagnoses made in the dermatology clinic where the residents work. Despite its relative stability, a large proportion of Botswana's population is poor, and the public health care sector is stretched thin in some areas. Access to specialty care, including dermatologic care, is very limited in the public sector, and many patients seen at the Princess Marina Skin Clinic have traveled great distances.

### **RESIDENT RESPONSIBILITIES**

Residents who participate in the Resident International Grant spend four to six weeks living and working in Gaborone, Botswana. Approximately three days a week, 20 to 40 patients are scheduled in the outpatient "Skin Clinic" on the Princess Marina Hospital campus. The resident often sees patients independently but also works together with the other public sector dermatologist. Each weekday, the resident is responsible for seeing the clinic patients, working with the pathologist and microbiologist at the neighboring National

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