

# THE PETER A. SILVERMAN CENTRE FOR INTERNATIONAL HEALTH

Summer 2009

Volume 2 Issue 1

*Always Moving Forward*

## Dr. Noyek Elected 2009 Ashoka Fellow



*Dr Noyek Addresses the Canadian Club of Toronto*

Dr. Arnold Noyek, Head of Mount Sinai’s Peter A. Silverman Centre for International Health and Founder of CISEPO (Canada International Student Exchange Program), was recently elected a Senior Ashoka Fellow.

Ashoka International, “a global association of the world’s leading social entrepreneurs,” has elected more than 2,000 men and women making system-changing solutions for the world’s most urgent social problems as Ashoka Fellows since 1981.

Fellows serve as international role models, demonstrating to all global citizens that every individual has the potential to make powerful changes in the world. Candidates are chosen through an extensive selection process that has been refined over 25 years.

A medical diplomat in his own right, one of Dr. Noyek’s most successful projects is a one-of-a-kind exchange program that brings together Canadian, Israeli, Jordanian, and Palestinian health professionals, known as the Canada International Student Exchange Program (CISEPO).

Dr. Noyek’s active involvement in peace-building through health care, particularly in regions of conflict, and his fervent efforts to highlight its importance in bridging the gap between Canada and the international community, have given both local and global health care a leap of faith. As a medical entrepreneur and leader in his field, he has seen the potential for change, and turned opportunity into reality through his unending devotion to bring about positive outcomes in health and social justice worldwide. He continues to do so through his directorship at the Peter A. Silverman Centre for International Health, where his energy and forward thinking profoundly influence the quality of our international outreach programs. ▲

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## New Scholars

### The International Federation on Ageing

Gary Shaw

**T**he International Federation on Ageing (IFA) serves as a very important link that provides information sharing and exchange, research and knowledge generation that mutually advocates for the improvement of the quality of life of older people. The IFA connects governments, academia, NGOs, the corporate sector and individuals through “development and understanding of effective interventions that provide evidence of developing good policies and practices.” Dr. Jane Barratt, secretary-general of IFA, has been appointed as a global health scholar at the Silverman Centre. Through Dr. Barratt’s leadership, the Centre hopes to broaden its international outreach activities to include ageing and health. ▲



*Jane Barratt*

### Schwartz-Reisman Nursing Scholars

Blair Audet

**I**n both Canada and Israel, restructuring of the healthcare systems has presented numerous challenges for healthcare professionals. More specifically, systematic reorganization has had particularly profound impacts for nursing professionals, as resource allocation and organizational management within Canadian and Israeli hospitals and healthcare institutions continue to be adjusted.

*The scholars from left, Mary Agnes Beduz, Dr Shoshy Goldberg Leslie Vincent, and Lidya Reichany*



Recognizing the benefits of collaboratively addressing these issues, PACSIH partnered with the Schwartz-Reisman Family Foundation to establish the Canada-Israel Nursing Executive Exchange (CINEE). The bilateral exchange program provides a unique forum to discuss feasible solutions to the clinical, organizational and managerial challenges currently faced by the nursing professionals in both Canada and Israel.

The inaugural program was launched in April 2009. Leslie Vincent, Senior Vice-President of Patient Services and Chief Nursing Executive, and Mary Agnes Beduz, Director of Nursing Education and Development, from Mount Sinai Hospital visited Israel to gain exposure to the Israeli healthcare system and the nursing profession.

In October, Dr. Shoshy Goldberg, Director of Nursing at Chaim Sheba Medical Centre, and

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*Always Moving Forward***Schwartz-Reisman Scholars...***continued from page 02*

Lidya Reichany, Director of Nursing at the Edith Wolfson Medical Centre, visited Toronto. During their respective visits to Israel and Canada, the four project leaders explored opportunities for nursing education, leadership development, and human resource planning in both Canada and Israel.



The exchange proved to be beneficial for all parties involved, and highlighted the continued importance of evaluating the strengths and challenges of the nursing profession within the context of healthcare systems. The program also provided opportunities to collaborate further in the area of talent management for current and future nursing leaders. Most importantly, the exchanged proved that ongoing collaboration between Canadian and Israeli nursing professionals will be crucial in achieving measurable, positive changes for both countries. ▲

## University of Toronto Primary Care Conference in Saudi Arabia

Vivien Del Mundo-Da Rocha

From April 20 to 22 2009, the Office of Continuing Education and Professional Development (CEPD), Faculty of Medicine, University of Toronto and the Peter A. Silverman Centre for International Health jointly organized a three-day primary care conference for primary care physicians in Saudi Arabia. Five U of T faculty members from the departments of Paediatrics, Rheumatology and Endocrinology, Psychiatry and Family Medicine served as faculty. Over 2,000 primary care physicians (half of whom trained at the U of T) attended the conference.

The three-day conference covered topics such as psychiatric evaluation of common conditions for primary care, diabetes and cardiovascular disease, management of hypertension in primary care, arthritis and paediatric respiratory tract infections. It provided participating faculty with an opportunity to travel and experience teaching in a new cultural setting. It also proved to be a unique chance for professional development in that faculty was able to influence medical care internationally, while gaining experience and education to bring back to their respective departments in Canada. ▲

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## Reproductive Health Collaboration in Kenya: September 2009

Dr Rachel Spitzer & Dr Alan Bocking

This has been a very exciting time for the ASANTE-Reproductive Health collaboration between the University of Toronto, Moi Teaching and Referral Hospital and our other North American partners. Our program in Kenya continues to grow and we were thrilled to receive our first large grant from the British Council to support our multinational collaboration in improving maternal mortality which includes a novel south-south partnership with Makerere University in Kampala, Uganda.

We have continued to support numerous educational exchanges between our institutions at all levels. For the second consecutive year, we welcomed two Moi University School of Medicine fifth year medical students for a six-week Obstetrics/Gynaecology elective block. Wycliffe Soita and George Ngare were selected based on their excellent academic standing. They thoroughly enjoyed their exposure to Toronto and the local practice of all aspects of Obstetrics and Gynecology. Two University of Toronto medical students are again at Moi for summer research positions and two residents participated in an elective in Eldoret, Kenya. More future electives are planned. We welcomed our first Kenyan Obstetric/Gynaecology resident trainees to Toronto in the fall of 2009.

Faculty visits to Eldoret have focused on subspecialty areas including maternal fetal medicine, with Dr. Nan Okun of Mount Sinai in Eldoret in July, 2009, and gynaecologic oncology (with a particular focus on cervical cancer) with the University Health Network's Dr. Barry Rosen throughout May, 2009.

On a research note, a number of projects from Eldoret were presented this year to both the University of Toronto Department

of Obstetrics/Gynaecology's Annual Research Day, as well as to the Annual Society of Obstetrics and



*Wycliffe Soita and George Ngare, MOI University students with Dr Rachel Spitzer*

Gynaecology of Canada meeting in Halifax, Nova Scotia. Two papers have also been accepted for presentations in October, 2009 to the Federation of International Obstetrics and Gynaecology (FIGO) in Cape Town, South Africa.

This will be the first international presentation from our collaboration. In the coming months, our partnership will continue to expand with constant on-the-ground presence of North American faculty in Eldoret and the pre-implementation survey related to the planned Emergency Obstetrical Care Program being introduced to MOI Teaching and Referral Hospital in 2010. ▲

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## Guyana Medical Mission

Dr Dennis Scolnik

This two-week medical and research mission was undertaken through the auspices of the Peter A Silverman

Centre for International Health at the Mount Sinai Hospital, Toronto, with the assistance of

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## Guyana Medical Mission

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Partners in Health, the Lion's Club of Guyana, Ve'ahavta, the Canadian Jewish Humanitarian and Relief Committee, and with the full knowledge and support of the Guyanese Ministry of Health and Ministry of Amerindian Affairs. The trip included Aishalton, Awarewanau, Mururanau, Shea and St. Ignatius—five villages in South West Guyana and saw 175-300 people a day. In total, 1,634 children and adults were examined and/or treated. Ten Canadians, made up of an infectious disease specialist, a cardiologist, a pediatrician, three paediatric residents, an echo cardiographer, two nurses and a non-medical volunteer and two Guyanese, both Lions Club members who joined as ground support, cook, and translator, collaborated in the organization of the trip funded by individual participants.



Flying via Port of Spain in Trinidad and Tobago, the Canadian team was met in Georgetown, capital of Guyana, by Shabir Hussein the President of the Lion's Club for Guyana and all of the Caribbean, and 'Skip' Lloyd Garraway, the President of the Lion's Club in Bartica. After a quick breakfast at Mr. Hussein's house the team flew from Ogle Airport in Georgetown to Lethem.

The team brought tents and camping supplies and prepared their own water. Four wheel drive vehicles were hired to take them to villages, where clinics were organized to screen all nursery and school children in each community. Children were brought to the clinics by their teachers and/or parents, and each child underwent a full physical examination, followed by a dose of anti-worm medicine. The children also received a two-year supply of vitamin aimed at reducing morbidity and mortality from infectious diseases such as pneumonia and gastroenteritis. In addition, any sick adults or smaller children living in the community were seen in the clinic.

A random sample of one in every three or four older children was approached for consent to undergo cardiac echocardiography as part of a research project to ascertain the prevalence and severity of rheumatic heart disease in Guyana. Several children were identified with significant congenital heart disease. This were several incidental findings, including four children with patent ductus arteriosus, and one each with bicuspid aortic valve and ventricular septal defect. The other research projects consisted of detailed sampling of longstanding ulcers to help ascertain the aetiology of tropical ulcer, and to obtain samples of yaws lesions to probe similarities to diseases such as syphilis and explore the possible development of vaccines for these illnesses.



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*Always Moving Forward***Guyana Medical Mission...** *continued from page 5*

A few extremely ill patients were seen and treated, and several others were referred to regional centers for ongoing care. At the end of the trip, a meeting was held with the Minister of Health, who asked for the list of regional centers for ongoing care. He indicated he would like to try and ensure appropriate follow-up. Some of the paediatric residents are intending to compile data on the heights and weights of all children seen to compare to national and international averages and draw conclusions on the adequacy of nutrition. ▲




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## Establishing the IPSDC: Honing simulation-based teachers within Addis Ababa

*Lisa Satterthwaite*

In April 2009, a specialist group in education theory, simulation design and simulation-based education and training went to Addis Ababa University (AAU) to conduct a four-day course.

*Lisa Satterthwaite with Dr. Milliard Derbew*



Fifteen AAU Faculty of Medicine members, representing OBGYN, Surgery, Nursing and Midwifery, as well as the administration team at the surgical skills laboratory, participated in the course. The course was conducted by a group of facilitators from the University of Toronto and the Surgical Skills Centre at Mount Sinai Hospital.

The course format was interactive and resulted with the AAU participants developing objectives, planning curricular sessions, and creating low fidelity simulation models. Assessments of student learning for two skills were achieved for Appendectomy and Cesarean section.

During post-course debriefing with the Dean of the Faculty of Medicine of AAU, it was established that a subset of the participants would form an Inter-professional Simulation Development Committee (IPSDC).

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*Always Moving Forward***Establishing the IPSDC...continued from page 06...**

In accordance with the DelPHE proposal, these activities should result in a **Hand-book for simulation-based teachers** developed to teach future cohorts of simulation-based teachers and educators within Addis Ababa. ▲

Video Footage available at:

<http://www.youtube.com/watch?v=FWDbSH6DgIU>



*Visitors to the Surgical Skills Lab*

**Advocating Palliative Care in Zomba**

Dr. Kevin Bezanson

***“Emily succumbed to cervical cancer eight months after it was diagnosed. It was eight months of EXTREME PAIN as the cancer cruelly ate away our dear beloved AUNT EMIE.”***

These are the opening lines of an obituary published in the Malawi Daily Times on March 4, 2009. It was given to me by Dr. Graf, the Head of the Obstetrics and Gynecology Department at Zomba Central Hospital in Zomba, Malawi when I asked him about the need for palliative care in Zomba. It was a heartfelt description of a 37-year-old nurse who desperately needed good palliative care. What made this story unusual was her family’s openness in sharing her suffering, in the hopes of advocating for palliative care. Unfortunately, such suffering is common in Malawi, but usually happens in silence.

I am currently working at the Temmy Latner Centre for Palliative Care providing palliative care to patients at home in East Toronto. Over a year ago I began discussions with the Palliative Care Association of Malawi (PACAM) about where and how we might be able to help. A

small, enthusiastic group of front-line providers in Zomba had been trying to get Palliative Care services underway in their local hospital and district. After discussions facilitated by PACAM with Dr. Joshua, the Zomba Central Hospital Director, and Dr. Ludzu, the District Health Officer, we agreed to focus on Zomba and begin with a situational assessment.

With funding from the Golda Fine Memorial Award, I had the privilege of returning to Zomba from April 20 to May 10 to conduct a situational assessment of palliative care. I have a long-standing relationship with Zomba, having lived and worked there helping establish and support HIV treatment services with Dignitas International from 2004-2006. The chance to return to Zomba with a focus on helping improve palliative care services as really a wonderful opportunity.

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### *Advocating Palliative Care*

*...continued from page 07*

Malawi is a small country of 13.6 million in southeastern Africa. It is poor, with 63 per cent of the country living on less than \$2 US per day. It is one of the countries most profoundly affected by the HIV AIDS pandemic. The need for palliative care in resource-limited settings is great. The World Health Organization (WHO) estimates that while 45 of the 58 million people who die annually of this disease, and of the 70 per cent of all new cancer diagnoses in developing countries, only 6 per cent of palliative care services are in Africa and Asia.

Since 2005, under the leadership of a committed group of health care providers, the Palliative Care Association of Malawi (PACAM) has really begun to advance palliative care there. Working from the national level to the local level, they have focused on policy, drug availability, education of health care providers, and implementation. Currently, nine sites are providing formal palliative care services in Malawi.

Zomba has about 87, 000 people, with most people in the district still living in rural farming areas. Zomba Central Hospital is a 450 bed hospital that serves as the referral hospital for Zomba District, and for four surrounding districts as well. The Zomba District Health Office operates 28 Health Centres in the district, providing the primary health services in the rural areas.

Using a method developed by the WHO, it is estimated that between 3,350 and 6,700 people per year will need palliative care in Zomba. In this setting, the most common palliative illnesses are cancers, mainly esophageal, cervical, bladder, and Kaposi's sarcoma. Kaposi's sarcoma is somewhat unique. Because of current access to Anti-

Retroviral treatment and limited chemotherapy, their disease can often be stabilized. But they often remain with significant palliative needs even with stable disease.

My time in Zomba was mainly focused on speaking with local health-care providers around what is presently happening, what resources are available, and what the next steps might be. I was able to travel to two outlying sites in the district where palliative care services are already being provided to some extent. It was heartening to see nurses and clinicians who have taken the training they have had, and use it to begin improving care for palliative patients. Additionally, the building blocks for providing care across Zomba are largely in place. Some training has occurred. Basic medications are available. Community home-based care organizations are organized to provide services. There is also strong consensus among providers of the need to provide better palliative care for those with incurable illness.

Still, major challenges remain. In Zomba, and indeed in Malawi, most people are with cancer and palliative illnesses very late. The diagnosis is usually made in the hospital. But unfortunately there is little care available to these patients in hospital to counsel them about the nature of their illness, or to provide basic pain and symptom management. As a result, patients often feel abandoned, being sent home to rural areas with significant suffering, a poor understanding of their disease, and little ongoing support. Connections between hospital providers, health centres, and community home based care providers have remained weak. Further, the level of skills and knowledge among most providers in palliative care at all levels is limited. There are simply not enough health care providers for the overwhelming needs faced in Malawi.

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### **Advocating Palliative Care...**

*Continued from page 08*

After many individual discussions, we were able to meet near the end of my visit to discuss recommendations for going forward. There was strong consensus on the need to start providing palliative services at Zomba Central Hospital with the existing resources, and build from there. A discharge planning clinic for patients diagnosed with terminal illnesses was proposed, along with collecting patients receiving treatment for Kaposi's sarcoma in the HIV clinic together to better address their palliative care needs. A process to enhance links between the hospital and local health centres is needed, along with training and mentorship for providers at all levels involved in delivering palliative care.

I prepared a report on my return with these recommendations, and provided it to local

health authorities, providers, and PACAM. It has been taken forward by PACAM and the National Coordinator for Community Home Based Care. A stakeholders' meeting was organized August 11, and decisions around the recommendations coming from providers in Zomba were taken up.

I also look forward to finding practical ways we at Mount Sinai can provide ongoing support for what our colleagues in Zomba hope to do. I believe there are real opportunities to ease the suffering of those too often neglected, and to make their living and dying more humane. For patients like Emily, I am committed to finding a way.

I wish to thank the Golda Fine Memorial Award for financial support to make this possible and Dignitas International for their hospitality and practical assistance in Zomba. ▲

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## **TAAP: Successful Collaborations to Increase Medical Training Capacities in Ethiopia**

**Dr. Clare Pain**

The seven-year history of the Toronto Addis Ababa Psychiatry Project (TAAPP) is a collaboration between the Departments of Psychiatry at the University of Toronto (U of T) and the Addis Ababa University (AAU). It has provided us with a workable, effective model for accelerating the creation of medical specialists in Ethiopia. TAAPP continues and is now funded by a DelpHE Grant from the British Council.

However, because of the success of TAAPP the collaboration between U of T and AAU has expanded into the Toronto Addis Ababa Academic Collaboration (TAAAC).



*TAAAC welcome gathering for Dr Milliard Derbew*

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**TAAP: Successful...***continued from page 09*

This collaborative involves 14 different residencies and PhD partnerships and it is hoped that in time it will expand even further. The need for this collaboration, requested by AAU, is a response to their urgent need for medical specialists and PhD graduates. During the past 30 years Ethiopians were sent out of their country to train – of 4,000 sent, 66 returned. The brain drain continues at 80 per cent and will continue unless Ethiopia can train its own specialists.

Ethiopia, with a population of 80 million people, has three medical schools (expanding to six in the near future) but only Addis Ababa University (AAU) has post graduate training programs. They have 14 medical residency programs with no medical sub-specialist training and a handful of foreign-trained sub-specialists for example one haematologist, one infection-disease specialist, and two paediatric surgeons. Foreign aid has been largely focused at training lower levels of health personnel and at famine relief, with little in the way of overall improvement. We recognize that unless these changes are dealt with, development for Ethiopia is stalled - health is not a result of development; it is a key prerequisite for development.

The vision of TAAAC is to form a strong and enduring, broad academic educational collaboration between the University of Toronto (U of T) and AAU. This university to university partnership will enable Ethiopians to train in-country so that a critical mass of medical specialists and PhD-level, health-related academics graduate from Ethiopia. It will be possible for Ethiopia to replicate and sustain medical residencies and PhDs in-country advanced training programs over the long term, thus

decreasing the risk of training abroad. The increase of high level medical professionals will result in an exponential increase in research. Training for lower levels of health-care workers will proliferate and benefit from a secure higher lever of expertise. The primary health system capacity will develop substantially with integrated specialist leadership. As well, Ethiopia will have the ability to provide faculty for their new universities (expanding from 6 to 21).



*Ethiopian children in Addis Ababa*

TAAAC has a unique window of opportunity to enable Ethiopia’s plan for self-sufficiency in health and professional training over the next 10 years. This plan, put forth by the Ethiopian Ministries of Education and Health, trains the trainers, scales up in-country plans to expand the education and university systems, increases health resources and develops professionals to support infrastructure development. It will improve the health of the population significantly, and reduce some of the worst health indicators in Africa. TAAAC will enable Ethiopia to meet important population health objectives and make strides towards achieving the millennium development goals for health.

***“Health is not the result of development; It is a key prerequisite for development.”***

This is feasible if we harness the vision, goodwill, and the academic and teaching excellence of the University of Toronto to partner with Ethiopia’s oldest and most established

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### **TAAP: Successful...***continued from page 10*

University, AAU, through TAAAC. The goals and vision of TAAAC merge well with the greater Faculty of Medicine vision for international engagement.

TAAAC Established 2008 - Current Plans:

TAAAC has 14 faculty and departmental collaborations planned, with the following eleven underway.

Those from the Faculty of Medicine are:

- Psychiatry (TAAPP Phase III); Surgery (+Simulation Labs); Internal Medicine (Haematology, Gastroenterology, Endocrinology), Psychiatry; Paediatrics; Family Medicine (+INTAPT); Emergency Medicine; Orthopaedics; Obstetrics and Gynaecology; and Laboratory Medicine
- The Lawrence Bloomberg Faculty of Nursing is collaborating on Masters and PhD level programs + mixed discipline training groups
- The Leslie Dan Faculty of Pharmacy is teaching and developing a PhD curriculum in social pharmacy.
- Rehabilitation medicine – PT/OT partnership is underway.
- Library Science and the Ptolemy Project are also providing access to learning and teaching resources through a number of data bases and copy delivery services, supporting the expansion in residency and specialist programming.
- The Department of Engineering is partnering with PhD training at AAU.
- Knowledge Translation resources are being developed by Melanie Barwick

We have a new website [www.taaac.ca](http://www.taaac.ca) – please consider becoming involved in this exciting educational collaboration by donating your time, skills or funds – 100 percent of all financial donations go to the project.

and her team of trainers who are planning involvement.

The following departments are considering involvement:

- Psychology
- Anaesthesiology
- Dentistry
- Biomedical Engineering
- Nuclear Medicine



*Dr. Lakha Singh, one of our senior residents sitting by one of the Ethiopian residents, Dr. Meret*



*Dr Markus, one of our scholars, with a patient*

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## PASCIH SCHOLAR ACTIVITIES

### Publications

- **Sozo, F.**, O'Day, L., Maritz, G., Kenna, K., Stacy V., Brew, N., Walker, D., **Bocking, A.D.**, et al.: Repeated ethanol exposure during late gestation alters the maturation and innate immune status of the ovine fetal lung. *American Journal of Physiology Lung Cell Molecular Physiology*. 296: 510-518.
- **Yeganegi, M.**, Watson, C., Martins, A., Kim, S., Reid, G., Challis, J., **Bocking, A.D.**: Effect of *Lactobacillus rhamnosus* GR-1- supernatant & fetal sex on lipopolysaccharide-induced cytokine & prostaglandin-regulating enzymes in human placental trophoblast cells: Implications for treatment of bacterial vaginosis and prevention of preterm labour. *American Journal of Obstetrics and Gynaecology*. 200 (5): 532-31.
- **Satterthwaite, L.**, Tabak, D., Delaney-Laaupacis, K. (2009). Health Professions Education: From duct tape to doc...model creation from bench top to standardized patient application. University of Toronto Heart House.
- **Satterthwaite, L.**, Dubrowski, A., Pittini, E., Tajirian, T. (2009). Strategies for effective training of healthcare professionals, interprofessional train the trainers program. Surgical Skills Centre, Black Lion Hospital, Addis Ababa, Ethiopia.
- **Satterthwaite, L.** (2009). Critical issues for managers, administrators, and coordinators. American College of Surgeons, Consortium Meeting for Accredited Centres, Chicago, USA.

### Presentations

- **Bocking, A.** 22<sup>nd</sup> International CME Program SOGC. *Experience in Kuristan & Kenya – Case Discussion*. Cancun, Mexico. March 2009.
- **Bocking, A.** Annual Global Health Research- Maternal & Child Health: Global Perspectives. *Maternal Morbidity & Mortality: An overview in the global context*. Toronto, Canada. April, 2009.
- **Bocking, A.** University of Ottawa, Dept. of Obstetric & Gynecology Research Day. *The Vaginal Flora: Is it Important in Preterm Labour?* Ottawa, Canada. May 2009.
- **Bocking, A.** Annual Meeting of the SOGC. *Prediction & Diagnosis of Preterm Labour*. Halifax, Canada. June 2009.
- **Bocking, A.** SGI Forum, Probiotics in Human Reproduction. *Lactobacilli- A Protective Role in Perinatal Health?* Siena, Italy. June, 2009.
- **Bezanson, K.** PASCIH: Global Health Project Planning Course. *From There to Here: Dignitas International in Zomba, Malawi*. Toronto, Canada. March, 2009.
- **Bezanson, K.** University of Toronto. Resident's Without Borders Conference. Toronto, Canada. March, 2009.
- **Hyde, M.** Symposium on Universal Newborn Hearing Screening. *Keynote Address: Implementing an Early Hearing Detection & Intervention Program: Pitfalls & Keys to Success*. Rio de Janeiro, Brazil. June, 2009.

## International Visits

### PASCIH International Visitors:

- **January 2009:** Dr. Chen Ming, West China University Hospital
- **May 2009:** Wycliff Soita & George Ngare, Moi University medical students
- **July 2009:** 2009 IPEME Students: Qasim Odeh (Jordan University of Science and Technology), Hadas Malada (Ben Gurion University), Michal Shaubi (Tel Aviv University), Mohamad Yousef (Jordan University of Science and Technology), Marwa Innab (Jordan University of Science and Technology), Ghada Atallah (Al Quds University), David Fahmy (University of Western Ontario), Emily Austin (Queens University).

### Scholar/Associate Invited Visits & International Visitors:

- **March, 2009:** Dr. Alan Bocking, International CME Program, Cancun, Mexico.
- **March 23, 2009:** Abi Sriharan, World Leadership Congress on Evidence-based Medicine
- **April, 2009:** Lisa Satterthwaite & Team, Addis Ababa, Ethiopia
- **April 17- April 25, 2009:** Mary Agnes Beduz & Leslie Vincent, Canada-Israel Nursing Exchange, Tel Aviv, Israel.
- **April 18-April 24, 2009:** Drs. Mary Jane Bell, Alice Cheng, John Axler, Bruce Minnes, and Thomas Ungar, Saudi Aramco Primary Care Conference
- **April 13- May 3, 2009:** Dr. Dennis Scolnik & Dr. Michael Silverman, South West Guyana.
- **April 14 -May 22:** Wycliff Soita & George Ngare, Moi University medical students are hosted by Dr. Rachel Spitzer & Dr. Alan Bocking at the University of Toronto.
- **April – May, 2009:** Dr. Kevin Bezanson – Zomba Central Hospital, Zomba, Malawi.
- **June, 2009:** Dr. Alan Bocking, SGI Forum, Siena, Italy.
- **June, 2009:** Dr. Martin Hyde, Rio de Janeiro, Brazil.
- **2009:** Dr. Clare Pain, Addis Ababa University, Addis Ababa, Ethiopia.

*The contents of this newsletter are some of the international outreach initiatives of the Peter A. Silverman Centre for International Health (PASCIH) at Mount Sinai Hospital. You can help support PASCIH initiatives by making a donation: Please visit this link*

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Editor: Vivien Da Rocha ([VDaRocha@mtsina.on.ca](mailto:VDaRocha@mtsina.on.ca))