

The Macedonia Report

I. Chronologic:

Arrived Tuesday, October 14, 2014
Departed Tuesday, October 21, 2014

A. Wednesday (15th), Friday (17th) and Monday (20th):

1. OPHTHALMOLOGY/RETINA

- a. Met with Prof. Iljaz Ismaili (Director of Ophthalmology) (Wed. & Mon.)
- b. Went to clinic with Drs. Biljana, Milena and Douma (Wed. & Fri.)
- c. Operated on complicated cases with Dr. Milena (all three days)



2. GME

- a. Friday: Lectures & workshops
- b. Monday: Workshops (met with Igor, Tatjana and Smilja)

3. Press conference at the Medical Chambers of Macedonia headquarters (hosted by Dr Smilja).



B. Thursday (16th):

1. Visited the school for the blind:

Toured facilities and interacted with the students, teachers and parents.

2. Followed up with Ms. Adriana Prokopenko on behalf of Nina Jabbour (co-chair of the *No Child Left Blind* project).



C. Throughout the stay:

Interacted (off hours) with our Macedonian hosts and our extended US/Canadian team members.

D. Extracurricular Activities:

1. Hike to Vodno on Saturday (18th) afternoon.
2. A trip to Matka on Sunday (19th) afternoon.



II. Highs and Lows:

A. Highs:

1. Excellent level of retina surgeon (Dr. Milena) along with the high quality of surgical help and equipment.
2. Willingness of everyone to learn.
3. Willingness of leaders and government officials to work with us to improve healthcare delivery and training in Macedonia.
4. The hospitality of everyone (esp. Dr Milena and Dr Smilja with her husband Dr. Nick).
5. The excellent quality of the exchange program under the leadership of Dr. Andy Sanders: Licensing, transportation, accommodations and even passport logistics.

B. Lows:

1. Less than ideal systems for Healthcare:
 - a. Delivery
 - b. Training
2. Many doctors feel discouraged and overwhelmed by what they perceive as lack of support and the rushed mandates that come from “above” without any consultation with them.
3. Many patients still chose to, or find themselves obliged to, travel abroad for care.
4. Lack of an overall strategic plan.

III. Suggestions:

A. OPHTHALMOLOGY/RETINA

1. Adopt a “sandwich” approach
 - a. Identify a few staff members and match them with outside experts (mentors)
 - We already started that.
 - Dr. Bekim: Dr. Jabbour and Dr. Dunya
 - Dr. Milena: Dr. Jabbour
 - b. Have the experts spend time in clinic and the OR with their mentors (as Dr. Jabbour has done with Dr. Bekim and Dr. Milena).
 - c. Arrange for the mentees to spend a week or two observing their mentors (in their countries) – Need to give the mentees paid time and cover their expenses.
 - d. When the mentors return to Macedonia, the mentees would have adopted some of their approaches and can preselect the patients they want to work on together for maximum efficiency and benefit.
2. For the residents (see GME below).
3. For the program (see strategic planning below).

B. GMEM (Graduate Medical Education in Macedonia)

1. (See Dr. Larson’s proposal, below).
2. Need an overall road map (see strategic planning, below).

C. STRATEGIC PLANNING

1. Background: Need for a plan

Working on a healthcare system without an all-encompassing strategic plan is like embarking on a journey without a map.

While many good things can happen with individual and small group effort, the overall quality and efficiency will suffer without the plan.

2. Components

- a. Healthcare delivery
- b. Healthcare training
- c. Financial considerations
- d. Use of consultants and outside experts
- e. Overseeing the execution and the inevitable modifications of the plan

3. The pre-planning phase

- a. Identify the “facilitator”
- b. Identify all the stakeholders
- c. Form a planning executive committee representing all relevant parties
 - i) Government
 - ii) Official medical organizations (ex. medical chambers)
 - iii) Academicians
 - iv) Administrators
 - v) Faculty
 - vi) Residents
 - vii) Medical students/Health students
 - viii) Financial officers
 - ix) Patients

4. Timetable

- a. Immediate (1 year plan)
 - i) Continue US/Macedonia exchange with Dr. Sanders and plan to expand it in the 5 year plan (see below)
 - ii) Plan for the second GME conference/course – as proposed by Dr. Larson
 - iii) Finalize the three departments of Ophthalmology, ENT and Plastic Surgery as the model departments for development
- b. The 20/20 vision: 5 year plan (2015-2020)
 - i) Follow up on GME with Dr. Larson
 - ii) Finalize the development plans for the three departments (above) and how to expand to others
 - iii) Use the U.S. exchange program as a permanent resource
 - iv) Get official and permanent government buy-in and support for the plan
 - v) Finish the document by May 2015 and have a re-evaluation and adjustment in 2017 and 2019
 - vi) Secure the financial health of the system and the plan

If this brief outline is acceptable, I propose a meeting with the PM, MOH and five other select officials to analyze, edit and finalize this road map by February 2015 (I am willing to come). Then kick off the planning process, resulting in a final strategic plan document by May 2015.

Nabil M. Jabbour, MD, FACS

Dr. Larson's proposal for GMEM

Understanding and Building a Competency-based Training Program in Macedonia

Present assumptions and observations:

- A Graduate Medical Education (GME) Workshop was held in Macedonia October 17-20, 2014 (see attached)
- The evaluations of those attending and teaching was very positive (see attached)
- GME representatives of the Macedonia/US project have met with representatives of the stakeholders in Macedonian GME. The stakeholders are defined as: the Minister of Health and his office, the Dean of the Medical School and his office, Macedonian faculty members, residents in training and medical students
- All are agreed that the present residency training could be improved by modeling it after applicable portions of the United States GME system
- It is obvious that all stakeholders have the same desired outcome: **a competent physician**. With this goal in mind, all are agreed that any requirement of the faculty or law/bylaw of the government related to GME should use this concept as the gold standard.

Below, is a proposal to introduce the United States system of Graduate Medical Education into the present Macedonian system of GME.

A four-day seminar/workshop will be conducted in March, 2015. The seminar will last 4 days (Monday-Thursday, 10 AM to 4 PM each day). It would include a series of lectures and interactive workshops that would educate the attendees in a thorough understanding of the US system of graduate medical education. These may be applied to any residency-training program. By the conclusion of this GME Seminar, the participants will be able to grasp the topics addressed, apply them to the Macedonian system and should be willing to institute them within their Specialty. Topics will include (but not be limited to) the following:

- An overview of the US GME system and introduction of the concept of a Program Director, in place of mentors
- Evaluation of the residents, faculty and the training program
- How to build a block diagram of rotations for each year of training
- How to write a competency-based curriculum of goals and objectives for each rotation in the block diagram
- How to institute a quality Improvement project and/or a patient safety project
- How to do clinical research and produce a peer reviewed article
- How to supervise and provide feedback to residents

- How to deal with duty hour requirements and produce a working environment conducive to education
- How to direct a variety of educational conferences: didactic lectures, Journal Club, Case-based learning, morning rounds, etc.
- Methods of faculty development and how to “make the teachers better teachers”

Expectations of participants:

- ❖ Participant selection would be based their recognition that the present system needs real change and willingness to change their program in the areas presented
- ❖ There would be the following representatives of each Department ready to make this commitment: the Chairperson (or appropriate authoritative representative), at least 3-4 (up to 6) core (full-time) faculty members (mix of junior and senior faculty) and two upper level representatives chosen from the residency.
- ❖ There would be no more than four Departments participating in this 4-day seminar.
- ❖ All attendees would make the commitment to attend all days of the conference and be active participants.
- ❖ The Minister of Health, Dean of the medical school and their representatives would work together to choose the residency programs involved in this effort and facilitate their participation in the four day seminar.

David L. Larson, MD

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