

## **FAQ Concerning the Village Medical Cases**

### Why were these cases written?

The cases were written to teach students the infectious and nutritional diseases that they are likely to encounter in developing areas. They illustrate the conditions described in the condition index.

### Where did the cases come from?

The case histories are mostly fictional. Many of the pictures were taken from the CDC Public Health Image Library. Others were taken from the collection of Art Explosion Photographs and used in accordance with the guidelines therein. The majority came from the author's own photograph collection, and photographs contributed by other missionaries. Each case was written to reflect a plausible and instructive story, according to the author's experience.

### Why should one take the time to work through the cases?

Although the diagnostic system in the manual is valid, it is unwieldy. It takes a minimum of a couple hours to elicit the history, do the physical exam and lab, and work through the logic of the diagnosis. Moreover, going through this whole procedure requires fluency in the patient's language, a condition not initially achieved with a national patient in Timbuktu. A missionary will not have time to go through the diagnostic system for each patient. This series of cases is designed to provide the student with pre-field clinical experience. He will spend time working in a virtual clinic, making mistakes, and learning from them. After working through a series of cases, it is likely that many real-life patients will "ring a bell." You will say to yourself, "This guy reminds me of Obadiah Salmon." It will only be necessary, at most, to confirm the diagnosis by looking it up in the disease/condition index. In any particular developing location, the vast majority of your patients will have one of maybe ten common conditions. Once you know those ten conditions, only the occasional patient will require the whole diagnostic rigmarole.

### Which cases should one do?

The teacher should assign each student the cases that are appropriate for his situation. For a student working alone, have someone else assign the cases according to this table. The "AssignTeach" file tabulates the cases and indicates which are appropriate. These vary according to the area of the world, the local environmental conditions (arid vs. humid, rural vs. urban), the student's sex (females are more likely to see female and child problems), and the student's level of medical knowledge. Those with experience in medical practice should bypass those cases assigned as basic for students without medical experience.

### How many cases should one do?

In a typical 2-week course run by the author, students were assigned 40 cases. Those who were brighter sometimes did as many as 80, either requesting additional assignments or else picking other cases at random.

How long does it take for each case?

Many times students struggle for 3-4 hours with their first cases. After that it becomes progressively easier. After the first 10 cases or so, a student might do 4 cases in an evening. Strangely enough, nurses and physicians usually take longer to catch on to the logic than those without any medical background.

Are some cases easier or harder than others?

In general, the cases with first names A through O and with lower case numbers are easier. Those with first names P through Z and with higher case numbers are generally harder. There are exceptions. Some students have trouble with easy cases but they find those labeled harder are, in fact, easier for them.

Should one do the cases in any particular order?

In a classroom situation, students should be urged to choose the cases randomly. If they start at the beginning of the alphabet, there will be too much competition for those cases.

Why are the cases numbered randomly rather than consecutively?

The solution manual gives the answers to the cases. It refers to the cases only by number, not by name. As students look up answers in the solution manual it is inevitable that they see the diagnoses on adjacent pages. With the numbers being random relative to the case names, the student does not inadvertently learn the solution to a case he has not yet done. The only places where there is a correlation between case name and number are on the cases themselves and in the AssignTeach document. The student list has names only and the solution manual has numbers only.

Are there any particular conditions that are most important to learn?

Yes. Tuberculosis, malaria, syphilis, and anemia are common throughout the developing world, and they cause a bewildering variety of symptoms. Moreover, they are eminently treatable and devastating if not treated. AIDS is becoming common, but it is less treatable, except where there are sponsored programs.