



# Obstetrics & Gynaecology UNIVERSITY OF TORONTO



## AMPATH Reproductive Health

### 2017 Winter Newsletter

Issue 4

## Table of Contents

3	.....	Message from the Director
4	.....	A Historical Perspective
6	.....	Update from IU Faculty
7	.....	Medical Students Reflections
8	.....	Reflections from Gyne Onc Fellows
11	.....	AMPATH Team



## Message from the Director of AMPATH – Reproductive Health, University of Toronto and Vice-Chair of Global Health and Advocacy



for \$100 you could buy 5  
women treatment before  
cervical abnormalities  
become cancer



Welcome to our fourth issue of the AMPATH Reproductive Health (AMPATH-RH) newsletter, providing you with an update on the extraordinary contributions that our department and university are making alongside our Kenyan colleagues at Moi University and Moi Teaching and Referral Hospital and our North American AMPATH colleagues, to better the lives and reproductive outcomes of women in western Kenya.

As we enter the holiday season and the 2018 New Year, we are proud to be celebrating over 10 years of involvement with AMPATH. We look back with great pride on our partnerships and mutual achievements and look forward with excitement for new opportunities and further program growth. Fall 2017 was rich with visitors from Moi to Toronto. We enjoyed welcoming medical students, residents and gynaecology oncology fellows to support their learning and strengthen our mutual partnership. We look forward to welcoming our next Global Women's Health and Equity fellow in the summer of 2018, and to the added clinical care provision, learning and teaching that the fellow will provide during their extended time in Eldoret as part of the AMPATH team leader position.

I am grateful to all the people who have supported and contributed to AMPATH's tripartite mission of clinical care, research and education. A special thanks to my colleague, Dr. Astrid Christoffersen-Deb, our Field Director representing the University of Toronto on the ground in Eldoret. Thank you to those who have taken the time to contribute to this issue, and to all of you who are taking the time to read about our work. 2018 promises to be a wonderful year!

We would not be able to do this work without the support of our generous key donors, numerous of whom recommitted themselves in 2017 to our program. As 2017 comes to an end, please consider supporting the work that the University of Toronto Department of Obstetrics and Gynaecology does in Kenya through AMPATH. Your donation will be used to continue to grow our local team and our work to support the women of western Kenya. Money goes a long way to pay for care in Kenya. For \$25 you can buy 5 women a Pap smear, for \$100 you could buy 5 women treatment before cervical abnormalities become cancer, and for \$300 you could buy a woman the surgery she needs to be cured from early stage cervical cancer. Your support can increase the chances of a woman's survival! We could not do this without you! We wish you all the very best of the holiday season and health and happiness to you and yours in 2018.

Dr. Rachel Spitzer

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## A Historical Perspective

It is hard to believe that it is 10 years since the University of Toronto lead by the Department of Obstetrics and Gynecology officially joined the AMPATH Consortium. At that time, AMPATH referred to the Academic Model for the Prevention and Treatment of HIV-AIDS. It was a few years later that the Consortium officially expanded its focus to include Reproductive Health and Chronic Diseases, and changed its name to the Academic Model Providing Access to Care . In the first few years of the 21st century, none of the North American Institutions within the Consortium had the ability or capacity to lead a Reproductive Health Component. At the same time, the University of Toronto's Department of Obstetrics and Gynecology was looking to establish a global health program as part of its strategic plan to create a focus on social responsibility. We became aware of the AMPATH Consortium through the late Dr. John Evans, Dr. David Zakus, who was the Head of the Centre for International Health at the U of T School of Public Health, as well as Aaron Yarmoshuk who was the Manager of the U of T Africa AIDS Initiatives at the time. As part of our process, we engaged a former resident from University of Toronto's Obstetrics and Gynecology Program to conduct a needs assessment for what the Department of Reproductive Health at Moi University School of Medicine ( MUSOM ) and Moi Teaching and Referral Hospital ( MTRH ) would be looking for if we ( University of Toronto ) were to join the Consortium as a North American partner. Those discussions resulted in the identification of three critical health issues that our Kenyan colleagues were dealing with and where there were opportunities for capacity building through the tripartite academic mission of clinical care, teaching and research. These were Maternal Mortality, Cervical Cancer and Obstetric Fistula.

One of the key principles of the AMPATH Consortium was and still is to "Lead with Care ". This principle meant that North American Partners who trainees based in Eldoret had to ensure that a Faculty member of their Institution was on site at the time of the trainees. This led to the hiring of a series of Obstetrician Gynecologists to live in Eldoret for various periods of time which included David Caloia, Sierra Washington and then Astrid Christoffersen-Deb as the Field Director for Reproductive Health. We also entered into an arrangement with Indiana University Department of Obstetrics and Gynecology to share the responsibility for supervision of trainees from both of our Institutions. This was a very successful relationship and one that was built on a mutual respect and appreciation for the power of multi-institutional partnerships. I am particularly grateful for the support and friendship of Lee Learman who was the Chair of the Indiana University Department of Obstetrics and Gynecology at that time.



Riley Mother & Baby Hospital, Eldoret, Kenya

Over the years, the Reproductive Health (and U of T) contributions to the overall AMPATH Consortium grew exponentially in the areas of clinical care, teaching and research. A new Mother-Baby Hospital was built largely with the financial support of the citizens of Indianapolis although the Departments of Obstetrics and Gynecology at three Toronto teaching



Alan talking with prospective parents regarding the " warning signs " during pregnancy in Eldoret



Alan and Professor Fabian Esamai (former) Dean of Moi

hospitals (Sunnybrook Health Sciences Centre, St. Michaels and Mount Sinai Hospital) contributed significantly to the purchase of Birthing beds for the new hospital in order for women to give birth in a comfortable and respectful environment. University of Toronto Faculty and Residents were instrumental in assisting the Staff and Faculty in the establishment of Clinical Protocols and Rachel Spitzer was successful in obtaining a grant to provide the Emergency Obstetrical Care Training developed by the Society of Obstetricians and Gynecologists of Canada to a multidisciplinary team from MTRH as well as the surrounding community. This further set the stage for the creation of multidisciplinary teams to develop and audit clinical protocols at MTRH . A cornerstone of the AMPATH-RH partnership has been the establishment of bi-directional exchange of trainees. This initially started with Medical students and then expanded to include Masters in Public Health students as well as Residents and Fellows in Obstetrics and Gynecology. Faculty at U of T have assisted in the establishment of a Postgraduate Medical Training Program at MUSOM and our Faculty have participated as External examiners as well as Guest lecturers. Subsequent to the establishment of the Masters in Medical Education Program which is the degree granted for postgraduate medical training at MUSOM, Barry Rosen and colleagues assisted in the development of the first Fellowship in Gynecologic Oncology in Sub-Saharan Africa, which is now seen as a prototype for subspecialty training in Obstetrics and Gynecology in Africa.



AMPATH-RH also had an active research component which is based on the principles of mutual respect and collaboration. Each research project through AMPATH has a Kenyan PI and a North American Co-PI. The team has been successful in obtaining peer-review grants from multiple sources including Grand Challenges Canada, NIH, British medical research Council .It was a privilege for me to have been involved at the early stages of the establishment of the AMPATH –RH partnership and a huge pleasure to see it continue to grow from strength to strength under the leadership of Rachel Spitzer. The program would not be able to accomplish what it has in its first 10 years without the generous support of local Philanthropists, granting agencies and volunteer time from University of Toronto Department of Obstetrics and Gynecology Faculty and Staff. A huge debt of gratitude goes to all of these individuals as they truly are making a sustainable difference for the lives of women and children in Western Kenya.

Dr. Alan Bocking

## Update from IU Faculty

Caitlin Bernard has been working with AMPATH since 2014, when she was in Eldoret full time as Team Leader for the Reproductive Health Group. After returning to the US for a Fellowship in Family Planning at Washington University in St. Louis, she joined the Indiana University Department of OBGYN. In her new position, she will provide clinical care in Family Planning in the US, provide mentorship for OBGYN residents in the Global Health Track, and spend 3 months per year in Eldoret.



Caitlin as Team Leader, 2014

This year she will plan to be there in February/March & July/August. While in Eldoret she will provide supervision for visiting learners, educational activities for Kenyan registrars, clinical care, and research.

Ongoing projects include the use of a mobile app called TIMBY (This Is My Backyard) for community engagement in discussions about sexual and reproductive health issues and the integration of family planning into chronic disease management. Upcoming goals include establishing an inpatient family planning service to provide FP counseling and care for women admitted to Moi Teaching and Referral Hospital, the initiation of community health worker provision of urine pregnancy testing and post-test counseling to improve early prenatal care, prevent unsafe abortion, and increase use of family planning and providing training and support for providers of sexual and reproductive health services in the Rafiki Centre of Excellence in Adolescent Health. In 2018 we also look forward to hosting two Kenyan registrars at IU as part of the AMPATH learner exchange program.



Dennis & Drew riding back from a visit to a chama in Huruma



Drew at a Chama in Huruma



Operating on a woman with a large ovarian cyst during the Doctor's strike in February with Meghana Limaye, OBGYN resident from Brown University.

# Medical Student Reflections

It often seems that the majority of students participating in a medical elective program already know what specialty they intend to pursue. However, having come to Toronto after 100 days of a doctor's strike and a looming nurses strike, my 5th year of medical school was disrupted which left my education path interrupted and unknown. I found myself looking into the medical electives program offered through my university. This program allowed me to come to Toronto to participate in an Obstetrics and Gynaecology elective where I got to experience newer and/or alternative methods of patient care, and compare different protocols in management of various conditions in the field of obstetrics and gynecology.

This elective was filled with great revelations and awe-inspiring moments. There wasn't a single day that I didn't learn something new, or jot down ideas and proposals for research studies to be explored once I returned home. The prevalence of evidence based medicine as a tool for patient management instead of ministry set guidelines made it clear that one needs to be a lifelong student with a thirst for what more can be done to improve the field.

The relationship between the staff, fellows, residents and medical students facilitated a healthy learning and participatory environment. From the high risk gestation clinics with in utero surgeries, to minimally invasive methods in the gynecology department, to the adolescent pregnancies clinic, and the IVF facilities and menopause clinic, a clear picture was painted which highlighted the diversification and inclusion of all patient demographics.

The diverse multicultural city of Toronto broadened my scope and view on how to utilize resources, and prompted me to inquire further about them. This elective generated a thirst for knowledge and a redirection and renewed purpose in my life as a 5th year medical student. My six weeks in Toronto was an invaluable experience and has made a lasting impact on me. I am truly honoured, humbled and grateful to have been able to complete my medical elective at the University of Toronto.

**Wardah Wureish**

5th Year Medical Student  
Moi University School of Medicine

Ever since I started my clinical rotation one year ago, I was torn between pursuing sport medicine or obstetrics and gynecology. This remained unchanged until the start of my fifth year of medical school, when I was informed that I was among the few privileged students selected to complete their semi-final year elective in North America. I was shocked, excited, and grateful due to the minimal available positions and highly competitive nature of the program. I was excited to practice OBGYN in a different continent as such an experience would broaden my view and scope in this area, and help me decide my primary focus for my career.

Having trained in a setting where a medical student didn't have so much of a say, Toronto changed my entire thinking and experience as a student. For instance, one time while in the operating room, one of the staff physicians asked me if I had ever sutured before. This was something I had practiced on dummies and banana peels. I was given the tools, assistance and support for suturing a patient. The staff, residents, nurses, and clerks were always very attentive, respectful, and willing to assist whenever asked. I felt that I was part of a team that was working together to make sure that patients got the best care. This experience helped me solidify that Obstetrics and Gynaecology is my first choice to pursue during my residency. Additionally, I have developed an increasing interest in minimally invasive surgeries in gynecology and would love to be able to perform them in the future.

**Dorothy Oketch**

5th Year Medical Student  
Moi University School of Medicine

# Reflections from Gyne Onc Fellows



I am a Fellow in Gynecologic Oncology at Moi University in Kenya. I participated in a 6 week placement at the University of Toronto with Dr. Michael Milosevic as my primary supervisor. This opportunity was arranged to allow me to acquire and share knowledge in both direct and indirect patient care areas. I was permitted to observe clinical interactions and procedures, and participate in Pathology, Radiation Medicine, and Palliative care teaching rounds. I was able to spend time in the operating Rooms at both Toronto General Hospital and Sunnybrook Health Sciences Centre to observe advanced and radical surgical procedures for gynecologic cancers. Though no direct patient care was involved during my observership, the exchange of knowledge with the healthcare providers enhanced my learning.

## **Department of Pathology:**

During my visit to the department of pathology, I understood the role of pathology in the practice of gynecologic oncology. For the first time in 18 years of my career, I observed intraoperative consultations and preparation of frozen sections including prompt communication between the pathologists and the gynecologic oncology surgeons. In my interactions with Martin, a senior technician in gross pathology, I familiarized myself with the grossing protocols for gynecologic oncology surgical specimens and the dictation of a concise, yet comprehensive gross examination. In the didactic sessions with Dr. Marjan Rouzbahman, the organ by organ pathology of the gynecologic cancers was explained including the nomenclature for gynecologic cytology and staging of gynecologic malignancies. The histopathology, tumor markers, and immunohistochemistry for the different cancers was covered extensively. The pathology sign out sessions helped me gain confidence in formulating gynecologic surgical pathology diagnoses prior to sign-out and how to transmit information that is relevant to patient care. The politeness, discretion and honesty that I observed between Dr. Marjan, the Clinical Fellows in pathology during the sign out session, and Martin in the grossing laboratory was exemplary and it fostered a positive working relationship among them all.

## **Palliative Care:**

Before I came to Toronto, my idea of palliative care was one of melancholy and pain, considering an imminent and inevitable death. This notion has changed and I have learnt that it is a compassionate field, pure in its intentions to relieve suffering and to promote dignity. At the palliative care clinics, I observed Dr. Subrata Banerjee go through the advance care planning with the patients, family members about health care wishes in case there came a time when the patient may not be able to make his or her own health care decisions. This not only helped support patient-centered palliative care but helped the family by taking away some of the stress and uncertainty that comes at an already emotional time. Dr. Banerjee was adept at identifying issues in death and dying relevant to different cultures, faiths and traditions, and demonstrated great skills in patient-physician communication including active listening, reflection and use of non-verbal cues. I noted his proficiency in discussing end-of-life issues with patients and families, such as treatment choices, location of care and resuscitation decisions. This influenced my attitudes having come from a society where we do not discuss death and I shared these experiences in the journal club where I presented a paper on "Oncologists' negative attitude towards expressing emotions over patient death and burnout".

I observed the residents perform palliative care consultations in the clinic and the wards under the guidance of Dr. Banerjee. Through this I got to learn how to perform a complete palliative care consultation and assessment of the physical, social, psychological, spiritual and functional parameters for a palliative care patient. The knowledge and skills in management of pain in advanced illness was shared in the ward rounds, journal clubs and morning teachings. This included components of a comprehensive pain assessment using validated assessment tools, application of the pharmacology of medications used in pain control, role of radiotherapy and chemotherapy in cancer pain control and symptom management. Notably, management strategies was proposed for the common symptoms e.g. nausea and vomiting, delirium, constipation, skin and mouth care. The symptoms arising towards end of life e.g. pain, nausea, vomiting, delirium, agitation and oral secretions and provide psychosocial or spiritual support to both patient and families was discussed.

I came to understand that though medical assistance in dying is permitted in Canada, this has not changed how patients with life-limiting illness access other medical treatments, including palliative care. Patients with life-limiting illnesses will generally choose to access palliative care and other treatments. This experience has added to my competency in the area of palliative care and has prepared me to provide primary palliative care services to the patients under my care in resource limited settings.

### **Radiation Oncology:**

Having come from a center still developing capacity for radiation oncology, I was enthusiastic to spend time with the Radiation oncologists and Clinical Fellows to acquire a clear understanding of patient management. Having been introduced by Dr. Milosevic, I joined the team in the clinics, rounds and also had didactic teaching with Dr. Kathy Han (Cervical cancer) and the Fellows, Dr. Jelena and Dr. Conway (endometrial cancer). In the clinics, introductory physics and radio-biology in addition to the fundamentals of radiation oncology was discussed. The areas covered included work-up, treatment planning process, delivery of radiation and follow up of patients receiving radiotherapy. This included an overview of experience in intensity modulated radiation therapy (IMRT), stereotactic body radiotherapy and high dose rate brachytherapy. This information was reinforced in the weekly conferences designed to discuss the set-up, planning, and techniques of radiation delivery. The conferences were beneficial in that the staff discussed the anatomy, imaging, treatment options, and field design which broadened my understanding of principles of radiation therapy in gynecologic oncology. I learnt that the radiation oncologists work closely with the surgeons and other disciplines to coordinate the most appropriate care for the patients as evidenced in the weekly tumor Board multidisciplinary conferences, attended by medical oncology, surgery, and radiation oncology, pathology, radiation and imaging amongst others. From the tumor board meetings, I gathered that the treatment should be tailored to the patients' needs with modalities that minimize adverse effects to normal tissues.

### **Other Activities:**

In addition to observing advanced debulking surgery for ovarian cancer at both Toronto General Hospital and Sunnybrook, I also joined Al Covens in the Odette Cancer Centre for a Gynecologic Oncology clinic. One of the highlights was the set-up for debulking surgeries and sentinel node mapping with radioactive dyes that are not readily available in Kenya. Overall, the experience exposed highlighted the areas that need improvement in Kenya in order to produce better outcomes for our patients. In relation to this, the first virtual tumor board utilizing Project ECHO as part of the IGCS Global Curriculum & Mentorship Program where cases were presented including a short didactic session.



Virtual Tumor Board Conference

This experience gave me a wider understanding of the management of gynecologic oncology patients across the whole spectrum from diagnosis, treatment, follow-up and demise. Upon seeing patients with advanced cancers have better survival, this visit has invigorated my enthusiasm in providing the best available care to my patients borrowing from the efficiency with which things get done at University of Toronto. I felt welcomed by every single professional I worked with and did not encounter any problems during this period.

I would like to thank The University of Toronto for selecting me to participate in this observership program. I would also like to extend my gratitude to Nelson Cabral, the department of OBGYN's business manager, for arranging my flights and accommodation, thus making my stay in Toronto very comfortable. I am grateful to Professor Barry Rosen for conceptualizing this program, taking me for lunch and arranging for meetings with the benefactors of this program.

Many thanks to Dr. Milosevic, Dr. Marjan and Dr. Banerjee for organizing a structured and well balanced program which enabled me to achieve my objectives. A big thank you to Professor Al Covens, Dr. Rachel Spitzer and Dr. John Kingdom for taking time out of their busy schedules to invite me to lunch and dinner. Lastly, a big thanks to Dr. Tiffany Zigras. Her frequent reminders ensured that I attended all tumor boards and fellows teaching sessions.

**Dr. Elly Odongo**

Gynaecology Oncology Fellow  
Moi Teaching and Referral Hospital

# Reflections from Gyne Onc Fellows

First and foremost I would like to express my sincere gratitude to the University Health Network for affording me a once in a life time opportunity to do an observership in Toronto at Princess Margaret Hospital, Toronto General Hospital and Sunnybrook Health Sciences Centre. I am extremely grateful.

Throughout our six week elective, we were able to attend and participate various gynecology teaching sessions including journal club, and the first virtual tumor board conference. While learning under Dr. Marjaan at Toronto General Hospital, we were able to broadly cover all gynecological malignancies and their respective immunohistochemistry. Learning under Dr. Subrata, I was able to appreciate the astronomical role palliative care plays in the lives of terminal ill patients. During this rotation I learned how to effectively communicate difficult prognoses to patients and their families. Additionally, I learned about the use of adjuvant analgesics and various palliative pain management options. My colleague and I also presented at the gynecology oncology fellow's journal club.

While observing radiation oncology, Dr. Milosevic taught us about the use of radiation in gynecological malignancies as we attended clinics and rounds. I learned how to determine appropriate doses for radiation, how to prepare a patient for their radiation treatment, about the various types of radiation that exist and the possible complications associated with each one.

We were able to observe Drs. Covens, Bernardini and Bouchard during four major cases of surgery. During this time, I was able to acquire valuable skills on how to perform LAR, and paraortic and inguinal lymph node dissections.

We were warmly hosted by Dr. Spitzer and her family, Dr. Covens and his wife, Dr. Rosen and his family, and Dr. Kingdom who took us to the Air Canada Centre to watch the NBA. Nelson Cabral, the department's business manager, drove us to Niagara so we could see the amazing Niagara Falls. This experience was incredible. Thank you to all those who made it possible.

## Dr. Vincent Oyiengo

Gynaecology Oncology Fellow  
Moi Teaching and Referral Hospital



At Dr. Rachel Spitzer's house for Jewish Sabbath



At Air Canada Centre for the Toronto Raptors game

# AMPATH Team

**Director of AMPATH-UofT and  
Vice-Chair of Global Health and Advocacy**

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**Field Director, AMPATH-RH**

Dr. Astrid Christoffersen-Deb

**Lead, AMPATH-RH - Indiana University**

Dr. Caitlin Bernard

**Team Leader, AMPATH-RH**

Dr. Julie Thorne (Incoming)

**Research Director, AMPATH-UofT**

Dr. Heather Millar

**Professor Emeritus / Advisor**

Dr. Alan Bocking

**Head, Division of Maternal-Fetal Medicine, UofT**

Dr. Nan Okun

**Section Lead, Gynaecologic Oncology, Beaumont Health System**

Dr. Barry Rosen

**Epidemiology, Dalla Lana School of Public Health**

Dr. Paula Braitstein

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University of Toronto, Canada**