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published by:
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 CFC # 12147
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Improving Physical Therapy in Suriname: A Partnership between HVO & Anton de Kom University

by Kim Dunleavy PhD, PT, OCS; Frits Hunsel, PT, LMBT

Suriname is situated in the northern part of South America, surrounded by French Guiana to the east, the Republic of Guyana to the west, and Brazil to the south. Located close to the equator, the country has a tropical climate and a large part is Amazon jungle. The estimated population (2007 data) is about 490,000, and approximately 75% lives in the capital of Paramaribo and the surrounding urban areas. A quarter of the population lives on less than \$2 a day.

The country is a multicultural mix of ethnicities and religions, with Creoles, Hindustani of East Indian descent, Javanese of Indonesian descent, Chinese, and Dutch. The country was a Dutch colony and still has strong links with Holland. Although Dutch is the official language, a lingua franca, *Sranang Tongo*, is spoken by most Suriname citizens and college students are fluent in English.

HVO has had a physical therapy program in Suriname since 1999, in collaboration with the Faculty of Medical Science at the Anton de Kom University in Paramaribo. Since Suriname is located in the same time zone as the eastern United States, and is a 5 hour flight from Miami, the site is a relatively easy travel option for volunteers. Proximity to the US, the ability to communicate in English, and the interesting culture and diversity of its people have made Suriname a very attractive volunteer site.

The involvement of HVO has helped to raise the visibility and credibility of the program and the PT profession.

Needs identified

Most of the physical therapists working in Suriname in the 1990s were trained in Holland. In the early 1980s there were 36 Dutch-trained PTs working in Suriname. A military coup in 1980 and a declining economy resulted in the exodus of large numbers of health care professionals and, by 1983, only 9 physical therapists were still practicing in Paramaribo. Not only were these few professionals sorely challenged to provide services for the area, but there were also limited continuing educational opportunities for them. The recruitment of PTs from Holland, for both clinical work and as instructors, became very difficult due to the declining exchange rate and the poor economy at the time.

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LETTER FROM THE EXECUTIVE DIRECTOR



“We live in a society that has always depended upon volunteers of different kinds – some who can give money, others who can give time, and a great many who give freely of their special skills. If you look closely you will see that almost anything that really matters to us, anything that really embodies our deepest commitment to the way that human life should be lived and cared for, depends on some form of volunteerism.”

Dear Friends,

This quote of Margaret Mead’s has certainly rung true over the past year. When the global economy has been so challenged, funding sources have dried up, and job losses have risen across the country, I am very proud to say that HVO’s dedicated members and donors have met the challenge.

With the global economic slowdown and additional constraints placed on governments and individuals, requests for volunteers have increased around the world. More than 480 volunteers have answered those requests this year, and many of those volunteers have already made a commitment to return.

Thank you so much to those who volunteer and develop the global connections with our colleagues in resource-strained environments. Thank you also to the many members and donors who help make those trips possible! Your commitment to improving health care around the world allows HVO to open new programs, extend the reach of services at sites, and provide cross-cultural learning opportunities for young US professionals as well.

I encourage you to explore our newly redesigned web site (www.hvousing.org), which is full of information on programs, the logistics of volunteering, as well as valuable links to other resources. While you’re there, you can join, renew your membership, or make a contribution through our secure payment system. Please share the web site with friends and colleagues who want to make a difference. Whether you give money, time, or share your special skills, I encourage you to get involved!

Sincerely,

Nancy A. Kelly, MHS

Nancy A. Kelly, MHS
Executive Director

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Active Program Sites

CURRENT VOLUNTEER OPPORTUNITIES

Anesthesia

India	2 - 4 weeks
Peru	1 - 4 weeks
South Africa.....	2 - 4 weeks
Tanzania.....	3 - 4 weeks
Vietnam	2 - 4 weeks

Dermatology

Cambodia	2 - 3 weeks
Costa Rica	1 - 2 weeks
India	2 weeks
Palau	2 weeks
Peru.....	1 - 4 weeks
St. Lucia	1 - 4 weeks
Uganda.....	3 - 4 weeks

Hand Surgery

Honduras	1 week
Peru.....	1 - 2 weeks

Hand Surgery/Hand Therapy

Nicaragua	1 week
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Hematology

Cambodia	2 - 4 weeks
Peru.....	1 - 4 weeks
Uganda.....	2 - 4 weeks

Internal Medicine

Cambodia	2 - 4 weeks
India	2 - 4 weeks
Peru.....	2 - 4 weeks
Uganda	1 month

Nurse Anesthesia

Bhutan	1 month
Cambodia	2 - 4 weeks

Nursing Education

Cambodia	1 - 2 weeks
India	2 - 4 weeks
Tanzania.....	3 - 4 weeks
Uganda.....	3 - 4 weeks

Oncology

Honduras.....	1 - 4 weeks
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Photo courtesy of Pauline Ng

Volunteer Emily Holzberg, Hand Therapy – Nicaragua

Oral Health

Cambodia	2 weeks
Honduras.....	2 weeks
Laos.....	1 - 2 weeks
Peru.....	1 - 2 weeks
Rwanda	2 weeks
St. Lucia	2 - 4 weeks
Tanzania	2 weeks
Vietnam	1 - 2 weeks

Orthopaedics

Bhutan	1 month
Cambodia	2 - 4 weeks
Cameroon	1 month
China	2 - 4 weeks
Costa Rica	1 week minimum
Malawi	1 month
Moldova.....	2 weeks
Mongolia	2 - 4 weeks
Nicaragua	2 weeks
Peru.....	2 week minimum
St. Lucia	2 - 4 weeks
South Africa	1 month
Tanzania.....	2 - 4 weeks
Uganda	1 month

Pediatrics

Malawi	3 months
Nicaragua.....	1 month
St. Lucia	2 - 4 weeks
Uganda	1 month

Physical Therapy

Bhutan	4 months
India	2 weeks
Nicaragua	1 - 2 weeks
Peru.....	2 - 4 weeks
St. Lucia	2 - 4 weeks
Suriname	2 - 4 weeks
Vietnam	2 - 4 weeks

Special Projects

Emergency Medicine

Bhutan	1 month
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Mental Health

Bhutan	3 months
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Pharmacy

Uganda	1 month
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Wound Management

Cambodia	1 - 2 weeks
India	1 - 2 weeks
Peru.....	1 - 2 weeks
St Lucia	1 - 2 weeks

Please Note: New programs are added regularly and volunteer assignments are made on a rolling basis. For the most up-to-date information on volunteer sites and scheduling, contact the HVO Program Department: programs@hvousa.org or 202-296-0928. Visit the web site www.hvousa.org.

News & Events

HVO MEMBERS IN THE NEWS

Germaine Fritz, DO, Receives ASSH Volunteer Service Award

Dr. Germaine Fritz was presented with the 2009 Volunteer Service Award at the recent meeting of the American Society for Surgery of the Hand. This award is given annually to a member of the ASSH who exemplifies the spirit of and leadership in volunteer services to the underserved. Dr. Fritz joined HVO in January 2000 and has volunteered her time and skills on an annual basis since 2003. She has served in Peru, Costa Rica, Honduras, St. Lucia, and Nicaragua. In addition to her service overseas, Dr. Fritz serves on the Board of Orthopaedics Overseas, is a member of the Surgeons' Circle, and has made a pledge to the HVO Legacy Circle.



Photo courtesy of American Society for Surgery of the Hand

Dr. Germaine Fritz (left) receives the ASSH Award from Dr. Patricia Howson.

HVO Board of Directors Welcomes New Members and Chair

At the November Board of Directors meeting several changes were announced.

David Frost, DDS, MS, who has served as Chair so ably since 2003, will continue to serve as Chair Emeritus. In addition, he will be co-chairing the new Oral Health Initiative which is being sponsored by the American Dental Association and the American Association of Oral and Maxillofacial Surgeons.

The new Board Chair will be Julia Plotnick, MPH, RN, FAAN, who brings a wealth of international experience to the position. In 1996, she retired as Assistant Surgeon General, Chief Nurse of the U.S. Public Health Service. In addition to her many HVO volunteer trips and international assignments for the World Health Organization, Rear Admiral Plotnick is the Administrative Consultant to the New Jersey Collaborative Center for Nursing and served as a Visiting Professor in the Rutgers College of Nursing.

Richard Fisher, MD, is an orthopaedic surgeon and currently serves as chair of Orthopaedics Overseas, the founding division of HVO. Dr. Fisher has been an active HVO member for many years, and has served in Bangladesh, Peru, Bhutan, and Vietnam. He served as Country Director for HVO's USAID-funded rehabilitation project in Mozambique and was a member of the Technical Advisory Group for HVO's Vietnam Rehabilitation Project.

Jody Olsen, PhD, just completed 8 years at the Peace Corps as Deputy Director (and as Acting Director for

the last 8 months of that period). Her international experience began as a Peace Corps Volunteer in Tunisia and Country Director in Togo. Since then she has held leadership positions with Youth for Understanding, the Council for International Exchange of Scholars, and the Academy for Educational Development. Her work with these organizations and Peace Corps has given her extensive travel experience in more than 85 countries. Dr. Olsen previously served on HVO's Board (1997-2001) but had to step aside when she was appointed to the Peace Corps.

Laurie Zivetz, MPH, PhD, has a strong background in international development with a variety of respected organizations including the American Red Cross, Management Sciences for Health, the World Bank, Project Hope, CARE, and USAID. She served as Country Director for CARE International programs in Vietnam, the Caucasus, and the Philippines, and worked long term with NGOs in Nepal. She has worked in over 4 dozen countries, and is currently an independent consultant providing evaluation, strategic planning, and analysis support to a range of development agencies.

At the November meeting, the Directors bid farewell to Dr. Barry Gainor, who rotated off the Board after serving with distinction since 1997. His strong commitment to HVO will keep him active and involved.

HVO welcomes the new Board of Directors as we move into a new decade.

News & Events

HVO MEMBERS IN THE NEWS

Barry Gainor, Champion of Hope

Dr. Gainor, a songwriter and multi-instrumentalist, has been fundraising with musical performances for the University of Missouri Children's Hospital since 1995. His bluegrass band is called Gainor and Friends, and all their tips, fees, and CD sales are donated to the Children's Miracle Network. Two of the band's vocalists frequently join Dr. Gainor to become the G&F Trio which performs sing-alongs on the pediatric ward for families and patients. On October 30th, the Children's Miracle Network recognized Dr. Gainor's efforts with a "Champion of Hope" award at a gala dinner.

Barry Gainor, MD, has been an HVO member since 1985 and has served as Chair of the Board of Directors. His HVO album entitled "Compass Points" was released as part of HVO's 20th anniversary festivities. It features a mixed bag of fun-filled and sometimes thoughtful tunes about international medical volunteerism and can be purchased on HVO's web site in the Marketplace.

Photo: Dr. Gainor's G&F Trio performs frequently on the pediatric ward for patients and grateful parents.



Photo courtesy of Barry Gainor

HVO Launches New Web Site: www.hvouisa.org

The new site is full of interesting information about HVO's history, core values, the countries where we work, preparing for a volunteer assignment, as well as links to many resources.

You can learn more about HVO programs, become a member, make a donation, or renew your membership, either by credit card or through PayPal.

facebook

HVO is now on Facebook; become a fan today.

News & Events

HOSPITALS DEMONSTRATE SURGICAL SAFETY CHECKLIST

Hospitals Demonstrate Surgical Safety Checklist Drops Deaths and Complications by More Than a Third

(Ed. Note: This article is reprinted with permission from the March 2009 AANA NewsBulletin, copyright 2009 American Association of Nurse Anesthetists. It provides an update on the WHO World Alliance for Patient Safety initiative which was discussed in the Summer 2008 issue of The Volunteer Connection.)

A collection of hospitals in eight cities around the globe has successfully demonstrated that the use of a simple surgical checklist during major operations can lower the incidence of deaths and complications by more than one-third. The year-long study was led by researchers from the Harvard School of Public Health (HSPH) in collaboration with the World Health Organization, and the results were published online first on Wednesday, Jan. 14, 2009 on the website of the New England Journal of Medicine (www.nejm.org). The study appeared in the Jan. 29, 2009 printed issue of NEJM.

The rate of major complications in the study operating rooms fell from 11 percent in the baseline period to 7 percent after introduction of the checklist, a reduction of more than one-third. Even more dramatically, inpatient deaths following major operations fell by more than 40 percent (from 1.5 percent to 0.8 percent) with implementation of the checklist.

The reductions were of equal magnitude in high income and lower income sites in the study. The pilot sites included one hospital in each of the following cities: Seattle, Toronto, London, Auckland, Amman, New Delhi, Manila, and Ifakara, Tanzania. The hospital pilot sites are described here:

http://www.who.int/patientsafety/safesurgery/pilot_sites/en/index.html

Data were collected from 7,688 patients: 3,733 before implementation of the checklist and 3,955 after the checklist was implemented. The study period ran from October 2007 to September 2008.

The pilot hospitals used a checklist developed by an expert panel convened by the World Health Organization as part of its “Safe Surgery Saves Lives” initiative, led by Atul Gawande, Associate Professor of Health Policy and Management at HSPH and a surgeon at Brigham and Women’s Hospital, Boston. The AANA has endorsed the initiative. The checklist is a single page that requires only a few minutes to complete at three critical junctures of operative care: before anesthesia is administered, before skin incision, and



Photo courtesy of Rick Wilkerson

before the patient is removed from the operating room. Items on the checklist are intended to ensure safe delivery of anesthesia, appropriate preventive measures against infection, effective teamwork and other essential practices in operative care.

Four countries, the UK, Ireland, Jordan, and the Philippines, have already established nationwide programs to implement the checklist in all operating rooms.

“The results are startling,” said Gawande, senior author of the NEJM article. “They indicate that gaps in teamwork and safety practices in surgery are substantial in countries both rich and poor. With the annual global volume of surgery now exceeding even the volume of childbirth, the use of the WHO checklist could reduce deaths and disabilities by millions. There should be no time wasted in introducing these checklists to help surgical teams do their best work to save lives.”

The Institute for Healthcare Improvement (IHI) in the U.S. recently announced a “sprint” to introduce the checklist in all 4,000 hospitals that took part in its recent 5 Million Lives Campaign, a national effort to improve quality and safety. These hospitals represent two-thirds of American hospitals.

News & Events

HOSPITALS DEMONSTRATE SURGICAL SAFETY CHECKLIST

Gawande's research team has also estimated that if the WHO Surgical Safety Checklist were implemented in all operating rooms across the U.S., the annual cost-savings from the prevention of major complications would be \$15 billion to \$25 billion per year.

Concluded Gawande: "Modern medicine is complex. Our findings have implications beyond surgery, indicating that checklists could increase the safety and reliability of care in numerous medical fields. The

checklists must be short, extremely simple, and carefully tested in the real world. But in specialties ranging from cardiac care to pediatric care, they could become as essential in daily medicine as the stethoscope."

The checklist and other supporting materials are freely available on the WHO Safe Surgery Saves Lives site: <http://www.who.int/patientsafety/safesurgery/en/>

Source: Harvard University School of Public Health

The WHO Surgical Safety Checklist Sprint

The Institute for Healthcare Improvement (IHI) recently announced a "sprint" to have every hospital in the U.S. test the World Health Organization's Surgical Safety Checklist with one OR team by April 1, 2009. To participate, visit IHI's "Sprint" home page for information and links:

<http://www.ihl.org/IHI/Programs/ImprovementMap/WHOSurgicalSafetyChecklistSprint.htm>

The link is also available on the AANA website.

Need a Gift for Someone Special?

Tribute Gifts

In this season of giving, it is often difficult to find the right gift for someone. One gift that is sure to please is a Tribute Gift to HVO. By giving a gift in someone's honor, you acknowledge their importance in your life and you help support the work of HVO. Your honoree receives the satisfaction of knowing the gift you gave will help improve lives around the world through better health care. (Your gift is also environmentally friendly since there is nothing to wrap – and no "stuff" to store!)

Each honoree receives a card informing them of your gift. All gifts are also acknowledged in our newsletters and annual reports and listed as gifts "In honor of..."

I Do Foundation

For those getting married, please remember that a wonderful way to acknowledge your commitment is to register with the I Do Foundation. Designate HVO as the recipient for charitable donations and urge friends and family to contribute, in lieu of wedding presents. Further information can be found at www.IDoFoundation.org



Photo courtesy of Hali Gilmour



Reflections from the Field

Sarah Nelson, MD - Internal Medicine - Uganda

Most of my clinical time was spent on the Respiriology Ward. The prevalence of TB in Uganda allowed me to experience a wide range of pathology and various manifestations of the disease. I also had the opportunity to see pulmonary manifestations of HIV which I had not been exposed to in my training thus far. Perhaps the most valuable experience was learning how to maneuver in a resource limited setting. Improvising with water bottles and IV tubing to create chest tubes for patients with hydropneumothoracies and performing blind pleural biopsies is certainly something I will never forget.

Barbara Wise PhD, RN, CPNP - Nursing Education - Cambodia

Deborah Miller and I presented a nursing lecture on nursing process, physical assessment and psychosocial assessment in a three hour format both weeks while volunteering at AHC. We incorporated critical thinking into the lectures and with input from the nursing education office added an interactive assignment for the group during the second week. We also discussed measurable outcomes and how to use these in writing and revising nursing care plans. We presented information about obtaining a psychosocial assessment and the impact of hospitalization on children and families. The nursing staff taught us about Cambodian culture and we helped them identify appropriate nursing interventions to use with families.

The nurses were enthusiastic about learning. Despite a nursing shortage, attendance at the lectures included most of the staff. Many of the nurses came in on their own time to attend the lectures. Similar to other volunteers, we found English proficiency varies – some of the nurses have excellent speaking and writing skills while others are only adequate. The hospital provided English classes on a regular basis to improve their expertise. We did not need anyone to translate for us but had to “slow down” to explain terminology and concepts in English. They were eager to teach us a few words in Khmer and I wish I had been able to learn more.

Ana B. Oton, MD - Hematology - Uganda

I have found my experience exceptionally rewarding in many aspects. Professionally, I have been able to contribute with the development of the hematology and oncology services and the learning process of several medical students, residents at the University of Makerere, and house staff of the Mulago hospital. Medical students and residents are really appreciative of the teaching efforts and remarkably interested in learning and listening to what you have to say.

Personally, it has been an incredible and rewarding experience that has allowed me to see life in a different perspective with a more satisfying and appreciative attitude. I am convinced that my labor has not finished with this experience. This is one of many other HVO assignments to come. As a matter of fact, I am looking forward to be part of the change at Mulago hospital.

Gloria Miller, MHS, MS, PT, NCS, ABD & Terese Chmielewski, PT, PhD, SCS & Univ of Fla students - Physical Therapy - Nicaragua

The title of our course was “Effective Teaching Methods.” The course was attended by approximately 25 people that included local clinicians, physical therapy faculty members, and a psychiatrist. Our major contribution during this trip was helping trainees understand how to facilitate problem-solving and critical thinking skills in students through the course material, by modeling teaching methods in the course, and by giving feedback on their work. We also gave them ideas on how to forge better relationships between clinical instructors and faculty to further facilitate students’ critical thinking skills. Based on feedback at the end of the course,

reflections...

the trainees appeared to have understood the concepts and methods that were presented and had real interest in implementing them. In fact, one of the trainees, a clinician who writes exam questions for a physiatrist group, sent her exam questions for our review following our trip.

Nicholas O. Noiseux, MD - Orthopaedic Surgery - Cameroon

Impromptu teaching about a specific case or a certain patient, during rounds, clinic or surgical cases, was a much greater part of my experience. This is where I felt I had the most impact: giving tips on how to use equipment more efficiently, tricks for reductions, explaining how rehab should proceed for a given injury, or reviewing x-ray characteristics of tumors or healing fractures in clinic. The learning certainly wasn't unidirectional, however. What made the largest impression on me was the true back-to-basics orthopaedic re-education I had to go through. I had to rely even more than I was used to on my understanding of anatomy and my knowledge of biomechanics. Without fluoroscopy and many advanced tools, it was really like working through a challenging puzzle for every case.

Danielle Levac, BScPT - Physical Therapy - Vietnam

... my second international volunteer experience has left me with the conviction that while approaches might differ and styles of practice vary immensely among physiotherapists around the world, our underlying desire to improve the health of our patients is the same. It was fantastic to be working alongside other therapists and to reinforce that, regardless of level of education or opportunities for advancement, and in spite of obstacles like lack of equipment and money, the same underlying principles are considered important no matter where you practice.

Joanne Lagmay, MD - Hematology - Uganda

My Uganda experience touched both my professional and personal life. One of my biggest passions in life is teaching and I feel I had a lot of opportunity doing that in Mulago. The residents, medical students, and nursing staff were very receptive and eager to learn; it was very inspiring. There was a conducive atmosphere of exchange of ideas between me and the attendings. I can certainly say that the learning was bidirectional, that I too have learned a lot during my stay there.

This experience brought to light for me the huge disparity of health care between a developing country like Uganda and the U.S. Mulago Hospital has about 150,000 inpatient and 450,000 outpatient visits a year. Their yearly budget is \$3M – that is less than \$5 per patient, regardless of duration of hospital stay, range of diagnostics required, and intensity of treatment. Having seen a place that often does not have even the barest minimum, makes me appreciate how much we have here and, at the same time, teaches me how these resources should not be abused just because they are there. In Uganda, the problem of delivery of health care is more than just economics – everything (politics, culture, and religion) impacts every aspect of it. I think this is why it is not easy to effect a change in the system, at least in the short term. I think that the best changes we can help make are the ones that are sustainable, practical, and empowering to the people. The work HVO is doing is very tangible, sending volunteers that help teach young doctors and identify realizable and practical projects that will make a difference in their patient care.

Personally, I am not the same person I was before I went there. That experience has left an indelible mark in me, really enhancing and better defining what I feel my purpose is as a doctor. I have not stopped talking about that experience with my colleagues here in the US, in an attempt to inform them of the need, and inspire them to respond to that need. There is a lot of work that needs to be done and I am completely and profoundly convinced that that was not the last Mulago Hospital has seen of me. I am sincerely looking forward to being part of the continued HVO work in Uganda.

Volunteer Perspectives

IMPROVING PHYSICAL THERAPY IN SURINAME

Improving Physical Therapy *continued from page 1*



Over the years, the Surinamese physical therapy association (*Surinaamse vereniging voor Fysiotherapie*) had fought to establish a local training program for therapists. The Ministry of Health requested the Medical School Board to develop a cost effective program, using existing infrastructure and faculty. The physical therapy program began in 1996 within the Faculty of Medical Science of the Anton de Kom University, utilizing the medical school faculty for the basic sciences, and two full-time faculty members. The medical school faculty was strong, had used problem-based learning, and had good facilities such as an active learning laboratory with models and computer systems. Development of the physical therapy faculty was planned, and the program seemed set on a good course. However, a year after the PT program started, Suriname's national health care budget dropped from 6.22% of GNP to less than 2%. At this crucial point, Tony Chang, PT, the coordinator of the physical therapy program, contacted HVO member Frits Hunsel, PT, and HVO was suggested as a possible source for assistance in the development of instructors, curriculum content upgrades, and specific content area instruction.

A site assessment was conducted in July 1998 to investigate the needs and feasibility of HVO assisting in the program's development. Meetings were scheduled with officials from the Ministries of Health and Education and with university leadership involved in health care planning, patient care, and education planning. As the first and only health care science program initiated within the Faculty of Medical Science in 100 years, the pressure to succeed was evident. The needs for additional training of available faculty in content and teaching strategies, as well as the inadequate number of faculty, were primary concerns.

The Suriname faculty requested HVO's help in delivering quality education to their students by recruiting volunteers with the right expertise to match the needs of the PT program's academic faculty. The Letter of Understanding outlined the expectation that HVO would recruit volunteers for intensive teaching periods of 2 to 4 weeks. Volunteers would be required to have: 1) a Masters degree or higher, 2) experience with academic or continuing education teaching, 3) effective oral and written skills, and 4) they must be responsive to diverse student needs. The program objectives were to assist faculty with upgrading content in the curriculum and improving curriculum evaluation, upgrading the faculty teaching skills, and delivering some physical therapy content lectures.

The contributions of HVO volunteers toward developing local clinicians and assisting with curriculum development would prove to be a turning point in the profession.

Strong local support

During HVO's early involvement, there was only one full-time and several part-time faculty members. As often occurs, these leaders had many demands on their time, with their involvement in professional associations and representation for health care organizations. This type of situation is not unusual and makes the need for flexibility crucial during volunteer visits, due to various competing priorities.

One of the program's strengths has been the vision, leadership, and energy of Tony Chang, the PT Program Coordinator, who consistently supported and promoted the program's development. In a trip report by Tim Kauffman, Tony is described as: "a diamond with many facets. His life experiences and leadership skills, especially for coordinating and team building, make him an excellent program director."

Additional strengths are the involvement of the medical school and a supportive dean. Not only was he supportive of the idea of advancing the curriculum but he was generous with the school's resources and encouraged the development of the entire faculty's instructional abilities. The PT program is located in the medical school and has access to an extremely good skills laboratory with anatomical models and computer resources for medical teaching. The students share the basic science, anatomy, and clinical pathology courses with the medical students.

Volunteer Perspectives

IMPROVING PHYSICAL THERAPY IN SURINAME

Dr. Thomas Schmitz from Long Island University noted the following about his experience with the Suriname faculty:

“Without exception, my professional contacts in Suriname were highly productive and enriching. The students are bright, eager to learn, and very interested in benefiting from the diversity of skills provided by the HVO volunteers. The physical therapy faculty members consistently demonstrate a positive attitude toward students and their academic pursuits. Perhaps the most important quality of the faculty is a universal desire to function as *facilitators of learning* rather than as authorities delivering information.”

HVO’s Program Director, Frits Hunsel, has played a major role in the program’s success. Born and raised in Suriname, Mr. Hunsel has been able to work closely with the faculty to identify gaps in knowledge and then work with HVO to identify volunteers with the appropriate skills to address those needs. His knowledge of the culture, his consistency, and his strong commitment to improving physical therapy in Suriname have been invaluable in the development of the program.

Additionally, support from the local professional community has been beneficial. Early on, it was very difficult to find clinical instruction sites. Jerry van Keeken, PT, (and a current university Board member) offered his clinics to the students, and became a key supporter in their training. By drawing on the skills of practicing PTs, who were able to provide classroom and laboratory instruction, the curriculum was enriched with experiences from the local environment.

Volunteers

The first HVO volunteer to serve in Suriname arrived in May, 1999. Since that time HVO volunteers have assisted with curriculum development and taught courses in motor control, research methods and evidence-based practice, clinical education, neurology, cardiopulmonary, faculty educational development (problem-based learning, teaching techniques, curriculum planning), and clinical decision making. In 2008 the first distance learning course was conducted, enabling both the students and teachers to explore new ways of learning and teaching. This type of educational methodology allowed students to interact and participate fully over extended periods without the need for travel by the volunteer. *



Photo courtesy of Jennifer Audette

PT Students in Suriname.

As a component of the PT program, HVO requested that the school conduct an annual needs assessment. By closely monitoring the needs that existed, HVO was able to recruit volunteers who were able to focus exactly on those requests. Such communication and collaboration has been a strength of the program.

Outcomes

In 1999, the HVO program started with 11 PT students. A total of 27 physical therapists have graduated to date, with another 34 presently in training. The number of active professionals in the country has increased to 45 (a five-fold increase from 1983). All three hospitals in Paramaribo and the rehabilitation center are now participating as clinical instruction sites for the program. Graduates of the program are now involved in developing a new cardiopulmonary surgery and rehabilitation department in the academic hospital. HVO’s partnership gave the Suriname PT program the negotiating power with students, the faculty of medical science, the hospitals, and others to help them meet the curriculum requirements. The involvement of HVO has helped to raise the visibility and credibility of the program and the PT profession.

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IMPROVING PHYSICAL THERAPY IN SURINAME

Improving Physical Therapy

The faculty (which now includes 3 full-time and 4 part-time members) has also developed their skills and is seeking further education. Three additional faculty members are presently enrolled in a Masters program in Belgium. In September 2009 Tony Chang received his PhD in geriatrics from the faculty of medical sciences of the University of Groningen, the Netherlands. As part of his research, several of the PT students worked on his study, “The Effect of Physical Activity on the Well-being of Older People.” A result of his study is that four senior homes in Suriname have established a senior fitness program.

This academically groomed team of professionals will be the cornerstone to further develop the Anton de Kom PT program.

HVO volunteers will continue assisting in the transition from the Bachelors Physical Therapy degree to a Masters degree, effective in the academic year 2009/2010. Two HVO volunteers are participating in the evaluation of the current BSc program, and are involved in the collaboration with the Belgium Interuniversity Board which will assist in financing the transition to an MS/ PT program. The new program will make Suriname the first country in the Caribbean to offer a Masters degree in physical therapy.

Based on the foundation established by HVO, Belgium expressed interest in assisting with the medical program. The success of HVO’s Training the Trainers model led the Belgians to urge the medical school to incorporate such a program for the entire faculty at the medical school.

PT VOLUNTEERS IN SURINAME

(Stars indicate multiple trips)

Jennifer Audette, PT, MS ****
 Janna Beling, PhD, PT
 Judith Canfield-Henry, PT, MEd, EdD ***
 Kim Dunleavy, PhD, PT, OCS
 C. Frits Hunsel, PT, LMFT ****
 Elsje Hunsel, PT
 Marianne Janssen, PT, EdD, ATC ***
 Timothy Kauffman, PT, PhD, MS ***
 Diane Madras, PhD, MS
 Cathy Bieber Parrott, MPT
 Maureen Pascal, DPT
 Thomas Schmitz, PhD, PT
 Nancy Sharby, MS, PT
 Bradley Stockert, PT, MA, PhD

Overall, the strengths of the Suriname program (strong leadership from the host site, a well defined need, consistent HVO physical therapy volunteer support from strong academicians and clinical educators, and motivated and enthusiastic faculty and professionals) have led to consistent improvements and furthering of the physical therapy profession from a crisis level to a point where they are progressing towards the provision of an advanced degree. HVO looks forward to continuing its strong partnership with Anton de Kom University as they continue to improve physical therapy in Suriname.

**(Ed. Note: See Jennifer Audette’s article on this course in the Summer 2009 issue.)*



A planned gift ensures that HVO will be able to continue to make important educational strides in the improvement of health care in developing countries.

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