

**From the Journals:
Interview with Jennifer Furin
January 31, 2006**

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JACKIE JUDD: Dr. Furin, thank you for joining us today.

DR. JENNIFER FURIN: Thank you so much for having me.

JACKIE JUDD: Let's begin at the point of having you describe what kind of doctor are you trying to train in this special and unique program.

DR. JENNIFER FURIN: It's a good and important question. Many of us who are working in the fields of medicine and public health today recognize that one of the greatest problems that we face is the lack of equity in access to health care on a global level. And what we're trying to do is train physicians who are then poised to act in the field of health equity not just in terms of clinical skills, but also in terms of understanding policy, research, and programmatic issues that are important in providing equitable health care to people around the world.

JACKIE JUDD: What exists for these doctors at the moment?

DR. JENNIFER FURIN: So there's actually very little that exists for these doctors at the moment. If you talk to people who are currently working in this field today, many of us have had to sort of cobble together or piece together our

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sense of sort of having to put together their own training programs. We want to be like the fields of cardiology where there's a very set structure. There's a very set pathway that one can follow with some flexibility in it, but that we provide people with rigorous training opportunities. I think what exists out there today is often a series of disjointed experiences that people have with a month spent working abroad or a month spent working at a homeless shelter here in the United States and residents and young physicians aren't often given the tools that they need to synthesize this experience and to place it to into the broader context of healthcare today. And we felt that this issue is just way too important and that we need leaders who can synthesize all aspects of health equity, speak to them intelligently, and decide where they want to go with their careers in terms of helping the poor.

JACKIE JUDD: And the answer to those issues is this program called The Residency in Global Health Equity and Internal Medicine.

DR. JENNIFER FURIN: You got it.

JACKIE JUDD: What does this program provide that typically doesn't exist.

DR. JENNIFER FURIN: So we're fortunate enough to be based at Brigham and Women's Hospital which is one of the

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when I was going through my training there and working half time in Peru, and Haiti, and Russia, is that many of the things that one learns even in a very high quality academic teaching hospital in the United States are simply not applicable in resource poor settings. For example at two in the morning when I'm working at Brigham and Women's Hospital I can get an MRI scan on my patient. I can have that scan read immediately by a specialist in neuroradiology, when I'm in Haiti we're lucky to have access to electricity in the middle of the night, let alone the types of diagnostic things that we have access to at tertiary care hospitals in the United States. So one of our goals was really to provide residents with the clinical skills that they would need to work in resource poor settings.

In addition to that, I think whenever one starts working on health equity, you're inevitably faced with issues of public health, health policy, and with research that one may not be faced with in the traditional fields and practice of medicine. So we really wanted our residents to have exposure so that if they decided not to go into public health or health policy per se, that they could speak fluently with people who are actively engaged in those issues. And so we try to provide a structure in which residents are not only exposed to all of these, but they have true meaningful experiences that they can then carry across all four years of their residency in these

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JACKIE JUDD: From what you've said it sounds as if you're asking doctors to be much more than what we in the United States traditionally accept as a doctor.

DR. JENNIFER FURIN: I think so and I think that our trainees have been incredible in that they're just the most dedicated group of enthusiastic young doctors that I've ever had the pleasure of working with. But I think that working in the field of health equity, one is often required to truly address the needs of ones patients, to be able to speak to issues of social policy. HIV is the perfect example I mean it should be so tightly linked to poverty and inequality and gender rights and there's a huge policy machine that circulates around HIV, particularly in poor countries. And to be a doctor who wants to take care of those patients you have to be able to speak to the policy community. You have to understand how gender rights and women's issue shape who's at risk for the epidemic. If not, you're merely putting a band-aid on the situation and that's not acceptable to us in terms of training. And it's not acceptable to our trainees either in terms of the medical care that they want to provide to their patients.

JACKIE JUDD: It sounds as if on some occasions you're asking them really to be prepared to be politicians.

DR. JENNIFER FURIN: In some cases we very much are asking them to do that. But we're trying to do that, many of

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the background or the skills that they felt were necessary to allow them to do that in a good way. What we're trying to do with out trainees is to day, yeah you are going to have to be a politician sometimes as much as a doctor, but we're not going to throw you in there to sink or swim. We're going to teach you how to do this in a structured way, in a meaningful way, so that when you are put on the spot to advocate for your patients, you're going to be able to do that in way that you feel comfortable with and in a way that's good for the people that you're trying to serve. So in trying to acknowledge that and bring that to the forefront I think we're doing a really service to the trainees.

JACKIE JUDD: And when the program was created a survey taken—

DR. JENNIFER FURIN: Yes.

JACKIE JUDD: —of other doctors in the hospital and one thing that became apparent was a need for a mentoring situation.

DR. JENNIFER FURIN: Absolutely.

JACKIE JUDD: Why was that so critical to this kind of program?

DR. JENNIFER FURIN: I think this type of program is somewhat unique in that there are many pathways that one can take in the field of health equity. You can decide to be a

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300 patients a day. You can decide to be a health policy advocate at the highest levels of the WHO. And really the field is so broad that I think once a resident or a young physician decides which way they want to go, having someone who's sort of seen the ropes and had the experience becomes terribly important. I think in all aspects of medicine, even you know in fields like cardiology, infectious disease, you know endocrinology, the role of a mentor in shaping someone's career and life is key. But I think in this field where there hasn't been a clear path traced about how to go about doing this and there are so many ways that one can go about doing this, having a good solid mentor is absolutely critical to the success of a trainee.

JACKIE JUDD: I know this program is just at the beginning stages, how many residents are going through it? What's happened with them so far? Have there been surprises?

DR. JENNIFER FURIN: There have been many surprises, most of them good. We started with two residents in our first year and have actually been able to increase the size of the program every year so that we now have a total of 11 residents enrolled in the program which is great. The need is much greater. We have much more interest than we're able to meet in terms of the number of positions that are available. We're hoping that we'll continue to increase the size of our program

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medicine but in other fields will take an interest and some commitment towards doing this. Our residents have already worked on multiple projects in many countries including Haiti, Peru, Russia, Uganda, Tanzania, Rwanda, and Burundi. And we're starting another project in LaSutu as well as a project here in Boston. I think the major surprises that have come have been really just the incredible dedication and hard work that the residents are willing to undergo. I always tell them you know there will be bumps in the road, we're a new program and they've just been incredibly open minded and enthusiastic not only about participating in the program but really seeing it as an opportunity to build a program and they know that their contributions are not just as trainees but as active participants who can help build something for the future for other people who are interested in this. They've really just exceeded all expectations in terms of stepping up to the plate to do that. I think one of the other big surprises has been how much support we've received from the hospital and the administration here at Brigham and Women's, not just in terms of the internal medicine residency but the hospital as a whole. It's just been incredibly overwhelming and wonderful how much they're behind this idea and not just with their words and their gestures, but really they go out of their way from the littlest things to helping us make the schedules to really big

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things like helping provide coverage for residents when they're in the field and it's been a wonderful experience for us all.

JACKIE JUDD: One of the challenges though, is there's not enough time in a four year program to take both the more traditional courses plus the kinds of activities you were just describing. So how do you manage that issue?

DR. JENNIFER FURIN: It's certainly been an issue in terms of the time and now with the new work hour restrictions and things that we're having to operate in from the ACGME point of view. What we try to do is give residents a good balance so that they have enough time in the field and enough time here but I think ultimately in some ways they feel a little bit torn when they're here in the states they're worried about what's going on in their field sites. And when they're in their field states they're worried about what's going on here in the states. I think that's really one of the unique challenges of a program like this, is that sort of back and forth and I think that's where the role of the mentor and sort of group support can come in is that many of us also went through this when we were residents, trying to strike that balance. We get together frequently as a group when we can to socialize and just give each other support. We've also started a newsletter, one of the residents started this as well, that can be accessed on line for residents when they're in the field and feeling like

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JACKIE JUDD: You focused most of your conversation on the places overseas where some of these doctors have been.

DR. JENNIFER FURIN: Mm-hmm.

JACKIE JUDD: But does this program also apply to communities in the United States that are underserved.

DR. JENNIFER FURIN: Absolutely, it applies greatly and that's why we very specifically chose the term Health Equity instead of international health. I think most of us who work at teaching hospitals in the United States, many of which are urban, you know we only have to go five or ten minutes from our hospital to see settings which are scarily and strikingly reminiscent of some of the poorest countries that I've seen in the world. And I think our citizens are uniquely effected in some ways by the gross inequalities that exist just a ten minute bus ride away. All of our residents rotate through one of our local projects here in Boston and one of them will be spending a majority of her time here in Boston working on one of our HIV treatment outreach programs. We see the same things, it's gender inequality, and poverty, and lack of access to educational and job opportunities that are really fueling the HIV epidemic here in the US as well. I think the lessons that we learn are very applicable here and it's one of the wonderful things with the residency is to see the exchange of the ideas that's able to take place between residents who are

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are based in middle income countries such as Peru and Russia, and those that are based here in the US.

JACKIE JUDD: A final question. I'm guessing that one indication of success will be are other medical schools coming to Brigham and Women's for advice in how to build similar programs. Has that begun to happen or not yet?

DR. JENNIFER FURIN: Yep, absolutely. It's begun to happen with several other major medical centers. Probably the biggest one right now being University of Miami, but we've also been working very closely with Duke University and with UCSF and with our sister organization here in Boston, the Massachusetts General Hospital. I think we're all learning from one another how best to provide for our trainees who really desire to make a difference in terms of health inequality. So we have a lot of conversations, lots of teleconferences and video conferences, about how to build curriculum, how to learn from the experiences that we've had at Brigham and Women's and we're very enthused about the fact that other internal medicine programs have been interested in working on this. We're hoping as I said, this health equity isn't only a problem for internal medicine, but also surgery, ob gyn, pediatrics. And as much as we can work with those other subspecialties and specialties to try to level the playing field for the poor, we're excited about and interested

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JACKIE JUDD: Thank you so much Dr. Jennifer Furin of
Brigham and Women's Hospitals in Boston.

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