SPHMMC, JULY 24, 2016

Graduation Bulletin

First batch of

OBGYN RESIDENTS

Congratulations!

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Message from the Provost

Dear graduates, trusted colleagues,

It gives me utmost pleasure to congratulate you all on successfully completing your rigorous training in Obstetrics and Gynecology at St. Paul's Hospital Millennium Medical College. All your efforts have finally paid off.

You are graduating from one of the strongest departments in the college that "**Strives *for excellence in Women's Health***" and staffed by committed faculty and has spearheaded postgraduate programs in the college in July 2012. With you joining as newly minted, qualified OB/GYNs', the college is proud to see the realization of the mission of our college's postgraduate program to train outstanding clinicians and impart the skills of lifelong learning. You are joining a few, but committed team of Ethiopian OB/GYNs who do their best to improve the maternal health status of the country.

You will be working amidst a myriad of opportunities and challenges in our college, and our country's health system. Developments such as the opening of the 8 story maternal and child health (MCH) unit, the start of the fellowship trainings and the Michu Clinic initiation affords the possibility to escalate outreach and diversify the specialized MCH services for the nation.

With the expected growth of these services, it also means you will be part of a team that devises and implements innovative and collaborative approaches to deliver evidence-based, value-based care to the women of Ethiopia. With your academic responsibilities, the college will be relying on you to educate, mentor, and model professionalism to your medical students, and residents under your training.

The task ahead seems daunting when you thought it is finally time to relax after long study hours and countless sleepless nights, but the Ethiopian maternal health situation calls you to step up even more now that you have become OB/GYNs with added responsibilities and opportunity to lead. Don't get overwhelmed but get comforted in knowing that Ethiopian women look up to you, and respect you, and trust your judgment in the care you extend to them. What could be more exhilarating!

As you celebrate this day, remember the important people in your life who made this possible: your family and friends who have encouraged and guided you, the consultant physicians who have trained you, your fellow residents you leaned on, the nurses and staff who have spent countless hours with you as you trained and cared for the women that came to your care.

I would like to extend my heartfelt gratitude for individuals and institutions that made this possible, specifically Professor Senait and the University of Michigan, committed faculty and staff at St. Paul's, the Ministry of Health and AAU faculty.

Again, your graduation is not an end in itself but means to continue to fight the good fight so that Ethiopian women will live, happier, healthier, and longer lives because in the end that is what matters. That is why you decided to became a doctor.

I leave you with the reminder to continue to uphold the legacy of providing quality health care to the underserved, which was why St. Paul's Hospital was founded on more than half a century ago.

You have my best wishes for a successful career in the future!

Enquan Des Alachihu!!!

Zerihun Abebe, MD

Provost

St. Paul's Hospital Millennium Medical College

Message from Academic and Research Vice Provost

Dear Graduates,

I am deeply elated to join with so many others to offer my congratulations to you on this great achievement. You have reached another milestone in your life's journey. Such an achievement must engender as it should, a feeling of pride and accomplishment. Indeed it is very gratifying when hard work and dedication pay off.

As an institution we are very proud to have all of you to be the first postgraduate training program graduates of St. Paul's Hospital Millennium Medical College. I would like also to congratulate the department members for whom the hard work just paid off.

Our country is focusing more on maternal and reproductive health. So, your addition to the few numbers of professionals who are working day and night to improve maternal health will be of huge impact.

I would like to say strive for excellence as you go out to provide exceptional service. As you develop in the profession, you should be sure to make your contribution to your country and community.

Finally I congratulate you all on your stellar achievements and wish you every success.

Wendmagegn Gezahegn (MD)

Academic and Research vice provost

St. Paul's Hospital Millennium Medical College

Message from Vice Provost for Medical Services

It is always unforgettable and NICE to be THE FIRST.

Here you are again at the newest level of your professional ladder. Congratulation!

All your hard work seems over, well may be not yet, as Newton D. Baker said "The man who graduates today and stops learning tomorrow is uneducated the day after." So, colleagues take a breath and keep the momentum. Now to be successful in life, you have all your education with your skills, goals and dreams. Go out there and teach it, transfer it, share it with your families, friends, colleagues and students. Generally use it to bring a change in your daily practice to save the life of poor mothers of our beloved country and make your contribution in bringing to this world a healthy baby who may follow your footsteps growing up.

Be kind, respectful and caring to others especially to those who need your professional support and advice.

Your graduation marks the culmination of all the hard work you have put through your life as a postgraduate student. Enjoy it, savor it and bask in the delight of achieving your goals. You have all made us proud during your stay in our collage. Now Show us and the world what a professional you have become.

Congratulations!

Wish you the best of luck in the future.

Berhane Redae (MD, PhD)

Assistant professor of surgery

Vice Provost for Medical Service

St. Paul's Hospital Millennium Medical College

Message

from the editorial committee

We, the editorial committee, would like to welcome you to the first OBGYN specialty graduation ceremony of St. Paul's Hospital Millennium Medical College. We are honored to undertake this important event in the history of the department of obstetrics and gynecology, SPHMMC.

The Committee has compiled exciting issues that highlight messages from the provosts, department head, program director, colleagues, residents and directions of OBGYN practices in the college and the country. It has also included the ups and downs in initiating the postgraduate program.

Our sincere appreciation, gratitude and respect goes to Center for International Reproductive Health Training for covering the complete expense of the graduation ceremony and bulletins and to the vice provost offices for business and administration for its support and rapid facilitation of administrative issues.

We also would like to take this opportunity to congratulate the first batch of OBGYN residents on their achievements as they triumph four years hard work and dedication.

Congratulations!!!

Message from head of OBGYN Department

Dear esteemed first batch of OBGYN graduates from SPHMMC, I feel very privileged to write this congratulatory message on this special day of your transition from being residents to full blown Obstetricians and gynecologists.

In the short period that I came to know you, I have always been impressed not only by the excellent overall academic and clinical knowledge you amassed but more importantly the extraordinary professional character and personality that you have displayed throughout your residency which we don't see that often these days. I say to you, please keep up the humility, passion, dedication and commitment that you have shown throughout your training.

You have left behind a great legacy and culture in our residency program that will have a long and positive impact down the road. Thank you very much for being a great role models. I expect you to muster your energy further and strengthen the legacy you are leaving behind with your new role as the young faculties in the department that you will be assuming soon. I have no doubt that your addition to the department will boost the quality of our trainings and services as you happen to be at the fore front of the great transformation the department has gone through.

I happen to be at this position, at this important milestone by chance and I feel I had minimal contribution for who you are. Therefore, it would be hypocritical if I fail to recognize the sacrifice and dedication that was made by my predecessors who started the program from the scratch. I say to all of the heads before me and the entire faculty in the department: Congratulations! You have done it. You have managed to recruit, train and graduate one of the finest young gynecologists I happen to know so far.

Finally, I would like to thank those who had the gut to initiate this program from scratch and support it throughout, particularly our colleagues from University of Michigan, the leadership from MOH, and the wonderful leadership team of our college.

Congratulations again! I wish you all the best in your future endeavors.

Feiruz Surur Awcash (M.D)

Consultant, Assistant Professor of Obstetrics and Gynecology

Head, Department of Obstetrics and Gynecology

St. Paul's Hospital Millennium Medical College

Message from residency program director

Dear Graduates,

I would like to congratulate you for the successful completion of your residency training. You have gone through four years of remarkable journey through a brand new OBGYN residency program which was designed as competency based and modular. Through this process you have set standards for your juniors in the same field and other disciplines as well.

As you know this program was initiated in partnership with the University of Michigan which has helped us to give you the much needed international exposure. The partnership has benefited the program in so many ways, to mention few:

- Skill and knowledge transfer from UM faculty.
- Improve leadership skills through exchange program.
- Research support starting from developing research question to publication.
- Attending international conferences and sharing experiences.
- Establishing a well-organized learning resource center.

Thus, you are products of a successful partnership.

I would say you have invested all your efforts in the last four years not only to achieve your dream of becoming a competent OBGYN specialists but to make the program so attractive and rewarding to all. You have witnessed how the clinical service has expanded, how we have grown to be a sought after program and how other facilities demand your services. This is all a result of your dedication and commitment to the field.

I sincerely feel privileged to work with you as program director. I feel proud to see you at this point as colleagues. Welcome to the group as a proud member of the community of OB/GYNs.

Congratulations once again!

Balkachew Nigatu (MD)

Assistant Professor of Obstetrics and Gynecology

Residency program director

St. Paul's Hospital Millennium Medical College

The first batch (The Pioneers)

The Inspiring JOURNEY

By: Lia Tadesse

The journey of the OBGYN residency at SPHMMC has been an exciting, inspiring as well as challenging one, but ultimately a very rewarding one. When H.E Dr. Tedros Adhanom was invited by Prof. Senait Fisseha to visit University of Michigan in 2011, he was impressed by the partnership Dr. Timothy Johnson had developed with Ghana in establishing OBGYN residency training. So, he asked if U-M can support SPHMMC in starting the same program. Within few weeks, a team from U-M led by Prof. Senait and Dr. Johnson visited SPHMMC and we started the journey to establish the partnership and hence, the residency program.

In a place where we had only two OBGYN faculty at the time, Dr. Abdulfetah (who had an ambitious and strong desire to initiate residency program in the department even before all this) and myself (since I was fully engaged in administrative work you can say practically one faculty), it seemed a crazy idea to even think of establishing a residency program at SPHMMC. However, the inspiration, passion and commitment of Prof. Senait, her faith in our potential and the support of her department chair and colleagues at U-M could provide drove the humble but strong beginnings of the program. I remember how Dr. Abdulfetah, Prof. Senait, Dr. Fatuma Estambul (from Canada) and I sat at Embilta hotel for few days and worked on drafting the curriculum based on local and international curricula like U-M, RCOG, ardently trying to make sure we have a competency based curriculum of high quality. Dr. Abdulfetah led the finalization of the draft curriculum which was then introduced to incoming new faculty, Drs. Malede, Balkachew and Delayehu, for further input. The program was fortunate to enroll seven passionate, bright and committed first cohort of residents and was launched in July 2012 with five OBGYN faculty as the first residency program for SPHMMC.

The partnership between U-M and SPHMMC started to grow with the continuous effort of Prof. Senait to bring faculty from U-M to support the program in clinical skills training, teaching and research. SPHMMC OBGYN faculty and few residents also had the opportunity to go and learn from the experiences at U-M both in teaching and clinical care. These opportunities for faculty development and potential for growth played an instrumental role in attracting more faculty to SPHMMC, who are now 16 soon to be 23 with the new graduates. An astounding growth! Having Dr. Balkachew as the residency director for the program was a blessing. With his commitment and passion to make this an excellent program coupled with the opportunity he had to participate in Program Directors' training and certified by CREOG-ACOG, he played a crucial role, together with all the faculty, in establishing a great culture of mentorship and role modelling, where residents have a conducive and safe learning environment.

The faculty were trailblazers in being the only consultant OB/GYNs who cover the service on duty 24/7 as opposed to the culture of being 'on call' and this was as a result of the observership opportunity they had at the University of Michigan which helped them learn not only clinical knowledge and skills but also inspired them to build a better health system. This has positively impacted the quality of clinical care and teaching. In general, I believe the partnerships that brought this success were based on authentic, meaningful and respectful relationships which were fulfilling for all parties.

I can't list all faculty who played an instrumental role both from SPHMMC and U-M but the program will forever be indebted to all those champions. The solid support of the AIHA/Twinning Center has also played crucial role in the advancement of the residency program.

With all the currently ongoing as well as envisioned fellowships, the new Women and Children Hospital, the leadership commitment exhibited both at SPHMMC and FMOH and strong ongoing partnerships, I am sure SPHMMC is on the right track to become a center of excellence in Women's Health for the region.

I have no words to express my excitement to seeing this day! I would like to extend my heartfelt congratulations to the first OBGYN graduates of St. Paul's Hospital Millennium Medical College who were willing to take the risk of riding the untested road and finished with a remarkable achievement. I look forward to see the impact they bring as they start their journey as faculty at SPHMMC and serve their country. I wish that their journey as doctors, educators and leaders in improving women's health be an exciting and fulfilling one.

My sincere congratulations also goes to the entire OBGYN faculty who toiled to ensure the residents received an excellent education not just to be successful as OBGYN specialists but also leaders and advocates for women's health, and to all U-M faculty who had been regularly traveling to Ethiopia and passionately invested sacrificially to see an excellent program without whose partnership and support, all of this would have not been possible.

Ready for interview

Dr. Mesfin, Day 1

Dr. Tedros, Day 1

Group Photos

UM - SPHMMC

Collaboration

By: Diana Curan (MD)

The University of Michigan (UM) Department of Obstetrics and Gynecology have collaborated the last four years with the Department of Obstetrics and Gynecology at St Paul's Hospital Millennium Medical College (SPHMMC). The collaboration was facilitated by Prof. Senait with a large grant from an anonymous donor. The collaboration has featured exchanges of OBGYN faculty, nurses, residents and students.

Residency program structure and logistics were implemented by Dr. Balkachew, with the assistance of Dr. Diana Curran. SPHMMC faculty have attended US educational conferences and courses.

Multiple UM faculty have contributed to the knowledge and skills development of the SPHMMC faculty and residents through didactics, hands on simulation, and surgical training. Dr. Vanessa Dalton was instrumental in providing guidance for successful research projects.

UM faculty have greatly benefited from the camaraderie with their Ethiopian colleagues as well as gaining new knowledge/skills along with the challenges of providing OBGYN care in a developing country.

Dr. Diana Curan and

Dr. Balkachew Nigatu with the first batch

Thesis Defence

Visit to UM

Visit to UM

Evolution of

St. Paul's Hospital Millennium Medical College

OBGYN Department at a glance

Compiled by: Alula M. Teklu, Abdulfetah Abdulkadir, Bethel Dereje, Feiruz Surur

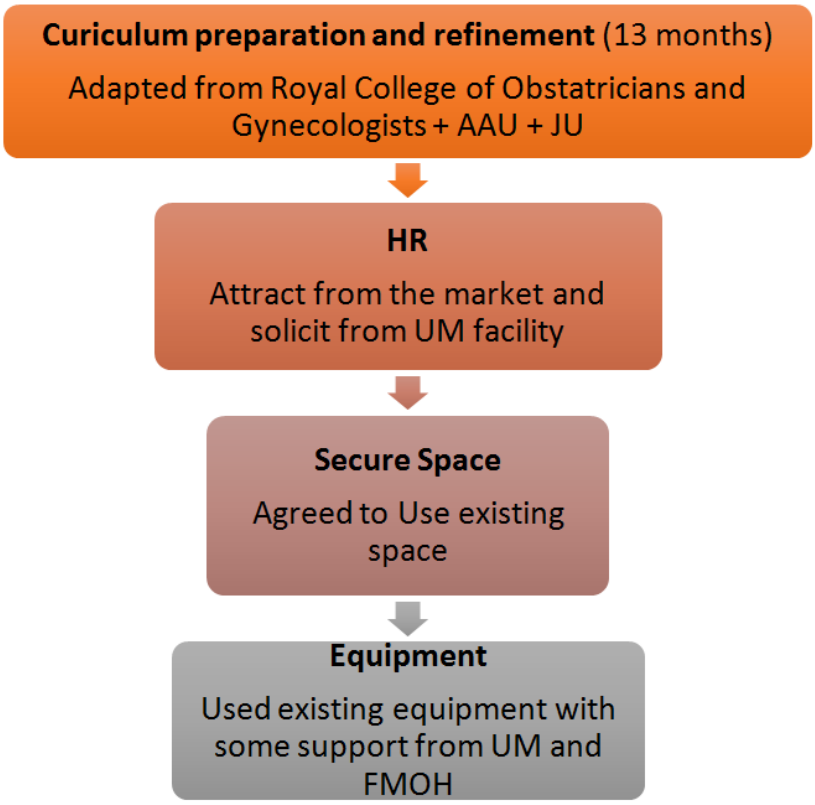
1969: Opening of St. Paul's Hospital by the emperor of Ethiopia. The hospital has been serving the public in providing health care services. It was also training nurses.

The hospital was one of the few hospitals Under the Federal Ministry of Health and was utilized by Addis Ababa University for teaching purposes.

2008: St. Paul's Hospital is converted to a medical college, and was named as St. Paul's Hospital Millennium Medical College - SPHMMC because its opening took place at the turn of the Ethiopian Millennium. It immediately started enrolling its own medical students. The transition from just a service providing facility to a medical college transformed the hospital. The leadership at the time of the transition (Dr. Mesfin Araya, Dr. Lia Tadesse) and Dr. Tedros Adhanom was providing all rounded support to the transformation. SPHMMC saw unprecedented increase in service users, service providers, and faculty and support staff.

2010: the idea of initiating residency program for OBGYN was conceptualized by the OBGYN faculty. Almost at the same time, there were 2 opportunities – the great support from FMOH through Dr. Tedros and from University of Michigan through Prof. Senait Fesseha, a renowned Obstetrician and Gynecologist with admirable interest to address the severe shortage of obstetricians and gynecologists and who instilled the audacity to bench mark the University of Michigan's OBGYN care and teaching, in the leadership and OBGYN staff.

The SPHMMC leadership graciously took the advantage and preparation of the curriculum was initiated (see flow chart).



2011: Preparation:

Curriculum: a team of three – Dr. Abdulfetah, Dr. Lia and Prof. Senait took the lead and worked dedicatedly to prepare a comprehensive curriculum.

Construction: In parallel, the construction of the MCH hospital was initiated and SPHMMC enrolled 4 residents at AAU. The 4 residents eventually became faculty. As seen on the flowchart above, SPHMMC decided to use existing resources with some improvement.

Human Resource: Pertaining to faculty only Dr. Abdulfetah and Dr. Lia were working and then started to attract OBGYN from the market (Dr. Malede was the first to join the existing staff, followed by Dr. Delayehu and Dr. Balkachew). Faculty from UM also contributed to fulfill the gap in human resource.

July 2012: SPHMMC initiates its residency program

This was the second major milestone for the hospital since residency programs at medical colleges in Ethiopia usually are formed only after a medical school has been well-established and up-and-running for many years. However, at SPHMMC the residency program was initiated before the first class of medical students graduated. First class of OBGYN residents contained 7 residents.

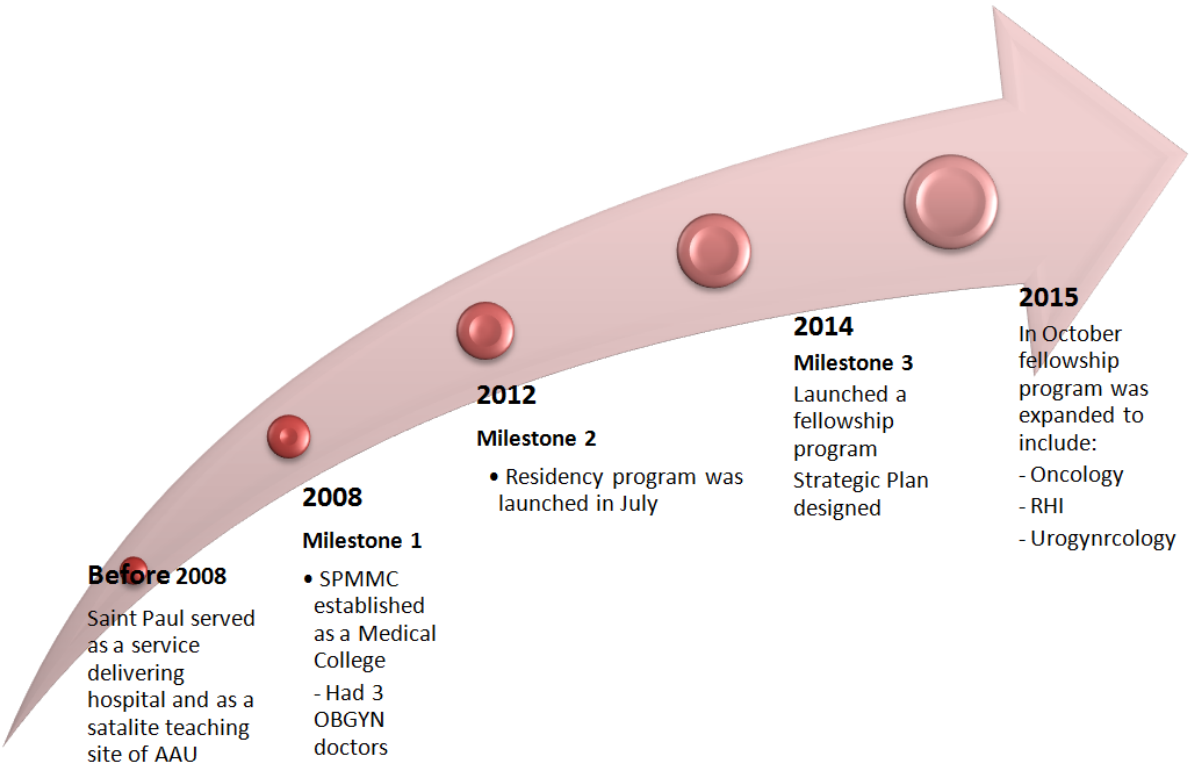
February 2014: SPHMMC initiates its fellowship program

The third milestone: again initiated prior to graduation of the first class of OBGYN residents, was a fellowship program on Maternal and Fetal Medicine. Part of the reasoning behind initiation of the fellowship program was to improve staff retention and respond to the existing need for highly trained professionals.

Strategic Plan: at this stage the need for strategic plan was apparent and a strategic plan was developed. This gave the department a structural power to expand and respond to existing needs.

October 2015: additional fellowship programs were launched on: Oncology, Reproductive Health and Infertility, and Uro-gynecology.

July 24, 2016: The first class of OBGYN residents is graduating from SPHMMC!!!



Major successes and key achievements of SPHMMC OBGYN Department so far:

1. Established partnership with University of Michigan and other stakeholders.

2. Pioneered its residency and fellowship programs as well as other aspects of the medical college – demonstrated that it is possible! Other residency programs followed the footsteps.

3. Service improvement (multiple facets) – both uptake and quality. Consultants are on duty round the clock 24/7, being pioneers in the country.

4. Established a well-organized learning resource center.

5. Successful Integration of FP and Comprehensive Abortion Care (CAC) into pre-service training.

6. Expansion of labor ward, maternity wards, Emergency OPD and renovation of PAC/FP room.

7. Opening "Michu" Clinic for CAC/FP service provision on out-patient basis.

8. Graduated the first batch of seven residents who joined the department.

9. Expansion and networking – currently partners with many other institutions and has various affiliated institutions both in the capital Addis and outside.

10. Retention – SPHMMC OBGYN department has one of the best retention in the country [Number of faculty grew from 4 to 23]

11. Exposure – to University of Michigan and Germany and though a number of residents have traveled to both Germany and the USA, the deflection rate was zero! All came back!

Simulation Training

Interview with

Professor

SENAIT Fisseha

Q. Who is Senait?

Professor Senait: I grew up in Addis during the turmoil of the Derg Era. Although I grew up witnessing a lot of tragedy, both personally and in my community, my childhood memories are mostly pleasant largely due to my incredibly loving, protective and supportive family. Those experiences have also hard wired me to be resilient. I am an eternal optimist and of being service to others is part of my tapestry. I wanted to be a doctor way before I really knew what it meant to be one. I left Ethiopia soon after high school and a few months' stent in medical school. I moved to the US in 1989 and was in school for 17 years. I completed my undergraduate training at Rosary College (now called Dominican University) in Chicago Illinois, and attended Law School & Medical School at Southern Illinois University.

I completed my residency in Obstetrics and Gynecology at the University of Michigan (UofM), one of the finest public Universities in the United States. I also did my Fellowship in Reproductive Endocrinology & Infertility at UofM.

After completing my fellowship, I took a faculty position at the University of Michigan department of Obstetrics & Gynecology where for almost ten years, had a tremendous opportunity and support from an incredibly inspiring and visionary chairman, Professor Timothy Johnson, to flourish as a clinician, teacher, mentor and researcher. I served as the Medical Director of Center for Reproductive Medicine and later as the Chief of the Division of Reproductive Endocrinology & Infertility. In 2015, I was promoted to a full professor.

I currently serve as the director of International Programs at the Buffett Foundation, one of the largest US Foundations, dedicated to serve the sexual and reproductive health and rights of women and girls all over the world. In that role, I develop and see our global grant making strategy and oversee global programs.

Q. Why St. Paul's?

Professor Senait: St. Paul is my home. They say "home is where the heart is" and my heart is at St. Paul. My involvement at St. Paul began at the inception of the school but didn't really take off until the establishment of the OBGYN residency program. As you know, St. Paul Hospital Millennium Medical College is the brain child of Dr. Tedros Adhanom, our former Health Minister, who brought an unprecedented positive disruption to medical education in Ethiopia. St. Paul was designed to be a learning laboratory of medical education, with a very unique curriculum and entrance criteria. I was part of a diaspora health professional group, ENAHPA; that was collaborating with Ministry of Health (MOH) and Addis Ababa University School of Medicine (AAU-SOM) at that time. Dr. Tedros had asked our group to help with curriculum revision and I was remotely involved but not in an impactful way. Floundering with the various diaspora initiatives that were mostly mission based service deliveries at various institutions sporadically wasn't helping me achieve what I had envisioned my contribution to Ethiopia would be and in fact was frustrating me. My deep connection with St. Paul began serendipitously after a simple conversation with Dr. Tedros, when I expressed my frustration. As you know I am the impatient optimist that move at a lightning speed and so was he but he was wiser and insightful. He advised me to put all my energy into St. Paul, and suggested to focus all my efforts in to post graduate training expansion. There was no western partner institution working in post graduate training. SPHMMC at that time didn't have any residency programs. He connected me to Dr. Lia Tadesse, an extremely dedicated young OBGYN, who at that time was the Vice Provost of Medical Services who became my inspiration and thought partner for everything that happened in the subsequent five years. That encounter was turning point in my life. So that is how it all began.

Q. You played a pivotal role in initiating the OBGYN residency, tell us some points about what happened?

Professor Senait: The establishment of the residency Program at St. Paul was the vision of Dr. Tedros, who saw the expansion post graduate training programs in country as both a mechanism for improving quality of care as well as an effective vehicle for retaining young doctors who were leaving abroad in search of an opportunity for advanced training. It was particularly important for SPHMMC to start residency programs to not only achieve the above objectives but also to attract bright young faculty and residents that will improve the quality of medical education for this brand new medical school without a track record.

Dr. Tedros visited the University of Michigan in 2011 after learning about the UofM-Ghana model of collaboration in post graduate education. By sharing his healthcare reform agenda and Ethiopia's Health accomplishments under his leadership, he was able to garner institutional support from the University of Michigan at the highest level. He charged us to start the OBGYN residency in six months but it took about a year of preparation to put all the necessary infrastructure and human resources in place. At that time SPHMMC had only one active clinical faculty, Dr. Abdulfetah Abdulkadir. He and I worked day and night to collect all available OBGYN curriculums from US, UK,

CANADA and AAU. We designed an innovative, competency based curriculum that will meet the health care needs of the country and had a colleague from Toronto, Dr. Istanbul, spent a week with us reviewing and editing the curriculum. We worked along with SPHMMC leadership at that time, including the former Provost Dr. Mesfin Araya and former Vice Provost Dr. Lia Tadesse to recruit young talent. Their unwavering support and approachable leadership style made the insurmountable with a promise of a bright academic future and collaboration with UM, in unprecedented manner; we were able to recruit three bright young OBGYN faculty in less than a year, bringing the active clinical faculty to four. We collaborated with many colleagues from University of Michigan, AAU, ESOG and others to review the curriculum and held a national workshop to get feedback from local and international experts to ensure the curriculum met the highest quality standards. We had an intense year of faculty development where the faculty participated in various national and international short term trainings, workshops, and conferences. We conducted several in house training to upgrade the faculty's teaching and mentoring skills. Because of his unparalleled commitment and passion to teaching and dedication to mentoring, Dr. Balkachew Nigatu was selected to be the Director of the residency program and was formally enrolled in the one-year Post Graduate Directors course at the American Professors of Gynecology and Obstetrics (APGO) & Council on Residency Education in Obstetrics & Gynecology (CREOG). The residency was successfully launched in 2012.

Professor Senait Fisseha

I am a thought partner and was involved in every step, from idea to full implementation. I am a self-designated dean of faculty☐. The residency program is one of the best training programs I know by any national or international metrics. Throughout my tenure as a global health expert, I have visited and participated in residency training programs in several institutions in the US, Ghana, India,

Rwanda, Kenya and, Brazil. The quality of teaching, mentoring, service-learning balance, research, and global exposure available for the residents at SPHMMC is unparalleled. The emphasis on patients centered, compassionate care and research starts day one of residency. The resident to faulty ratio is the highest in the country and the residents have exposure to faculty in various specialties from all parts of the world. SPHMMC is training the new generation of OBGYNS where collaboration and international partnership has now become part of their professional identity.

The establishment of the residency program has been a significant milestone in SPHMMC short history and its contribution is measureable and tangible. At an institutional level, it has elevated the quality of medical education and contributed to the quality of patient care at SPHMMC. The institution now offers clinical services in every specialty, including Maternal Fetal medicine, Reproductive Endocrinology and Infertility, Gynecologic Oncology, Urogynecology and Family Planning. Nationally, the residency program at SPHMMC has become one of the most sought after training programs and the top choice for many. It has fulfilled Dr. Tedros' visions of improving quality of care for women and girls and attracting the best and brightest minds to remain in country for advanced training. It currently has the largest number of OBGYN faculty in one institution in the country, with 16 academic OBGYN faculty members dedicating their time for teaching and public service. With the new graduating class, there will be seven more additional faculty members bringing the total number at SPHMMC to 23. SPHMMC has become the national leader in advancing institutional collaboration with other OBGYN departments and supporting the national agenda of post graduate training expansion. SPHMMC also has become the hub for global collaboration beyond the University of Michigan. We have had collaborators and partners from US, Canada, Europe, the Middle East, Latin America and Sub Saharan Africa. SPHMMC also houses the Center for International Reproductive Health Training (CIRHT), a University of Michigan Center dedicated to integrate comprehensive reproductive health training into medical education and residency. CIHRT collaborates and supports OBGYN departments at AAU (Black Lion Hospital and Gandhi Memorial Hospital), Gondar University, Jimma University, Hawassa University, Mekelle University, Bahir Dar University, Haromaya University and Adama College.

Q. What are your thought about Expansion and Future?

Professor Senait: The fellowship programs play a vital role in attracting the brightest faculty and retaining them not only in the country but allow them to serve in the public sector during training and beyond. It also brings much needed service to the country especially to those with limited resources that reply in the public sector for their health, and minimizing the need for those with resources to travel out of the country. Fellowship is also an opportunity for young doctors to immerse in research generating the necessary evidence to improve women's health while advancing their academic career.

I am impressed with the bold multiple initiatives at SPHMMC and I would like to applaud the leadership both at the college and department level. As we expand training, however, it's imperative that we pay attention to quality. With the rapid expansion of undergraduate, residency and fellowship training,

there is a need to ensure there is a parallel increase in infrastructure and human resources. Trainees at all level will need adequate mentoring and supervision. The large clinical volume allows SPHMMC to be an ideal place to train, but care has to be taken that quality is not compromised and that there is adequate oversight of trainees' knowledge and skills and ensure patient safety.

At the pace its going, SPHMMC is going to be a regional powerhouse in 10 years or less. In five years, the OBGYN department has gone from having one faculty to 23, from zero to 64 residents, has fellowship programs in all major subspecialties including MFM, REI, GYN ONC, Uro-gynecology & Reproductive Health. Faculty and residents have presented in 11 International conferences and have published 25 papers. Our faculty and residents have been recognized at international meetings and have won prize papers at International meetings. Early signs of faculty research are promising but the department need to increase its productivity clinical and operational research and start competing for national and international research funding.

The department next need to focus its effort on research capacity building, and establishing research cores in the sub-specialty units while maintaining academic excellence. What distinguishes the best academic institutions and attracts the best minds is the ability to contribute to society through scientific discovery. SPHMMC is very well poised to achieve that in the coming years.

The rapid expansion of training keeps me up at night. I worry about quality of training and effective mentoring. Role modeling is extremely important for training not only skillful but empathic and ethical doctors. St. Paul is very fortunate that the expansion of training is mirrored by significant increase in the number of faculty. But we have to ensure that the faculty continues to receive the necessary professional development so they enhance their teaching and mentoring ability. There is an art as well as a science to medicine and both can be thought.

Q. Any message to the graduating residents?

Professor Senait: Dear St. Paul OBGYN residency first batch graduates, today is a very special day for you. You have worked very hard to graduate in your chosen specialty of Obstetrics & gynecology. You've done extremely well to earn this honor and you deserve our commendations. This is a culmination of a long term commitment and innumerous hours of day and night hard work, being in the classrooms, reading books and scientific journals, journal clubs, seminars, simulation labs, clinics, wards, operating theaters, interviewing and examining your patients, forming your differential diagnosis and treatment, sometimes making treatment recommendations without clarity but knowing there is a supervising consultant that is back up in the face of uncertainty and, sometimes when you are in trouble. But after today, magically you are now that **consultant Physician,** the professional, with deep knowledge that provides the expert advise, the one everybody is going to turn to for the final decision. It comes with a huge power and responsibility. The knowledge and experience you have gained should be used to serve and benefit the population you serve. The best interest of your patients' should always remain your primary interest, and self-interest, and particularly the desire

for money or pride, should never cloud or compete with the best interest of your patients. Don't forget your commitment to the profession and your patients. Be compassionate and empathic. Just your mere presence makes a significant difference in the lives of your patients. Be kind and respectful and treat your patients with dignity and as a whole, not as mere disease. Listen to your patients. Communicate with your patients and their family openly and respectfully. Know your limitations and admit when you make mistakes. Don't be afraid to ask for help. Medicine is an art as it is a science. Good bedside manner is as critical as technical skills in the healing process. As Mahatma Gandhi put it, "Knowledge without character, is a deadly sin". So cultivate and develop both the science and the humanity.

Congratulations for committing yourself to a life of service to your fellow citizens. I wish each and everyone of you to excel and become brilliant physicians, researchers, teachers and leaders in our profession. I wish you all the very best.

Our Black Lion Colleagues

WHERE WE WERE AND WHERE WE ARE TODAY

By Dr. Abdulfetah Abdulkadir

Summer 2007. I was the only OBGYN specialist employed by Federal Ministry of Health (FMOH) on my arrival to St. Paul's Hospital. There were four OBGYN faculty and residents from Addis Ababa University (AAU) providing both clinical and academic activity in the department. There were also general practitioners of the hospital involved in provision of health care service and teaching activity of the department.

In November 2007 the first batch of medical undergraduate students was accepted for medical training using an integrated, modular, student-centered and hybrid problem based curriculum.

Addis Ababa University OBGYN department had used St. Paul's Hospital for medical undergraduate training from 1964 G.C to 2013 G.C and for OBGYN residency training from 1981G.C to 2013 G. C. Dr. Lia Tadesse was appointed as CEO of St. Paul's Specialized Hospital on October 2007. Afterwards two additional OBGYN specialists were employed by FMOH. They were actively involved in patient care as well as in educational activities of St. Paul's Hospital Millennium Medical College (SPHMMC) undergraduate students. After serving 2-3 years the two OBGYN specialists resigned and left the hospital to serve the nation in the private health sector.

In 2010 G.C when SPHMMC undergraduate students attached their first clinical attachment practice to the department there were only four OBGYN specialists (two from St. Paul's Hospital, one was highly involved in the administrative issues of the hospital, and two from AAU). Undergraduate medical students were coming from three medical schools (AAU-MF, Hayat Medical College and SPHMMC). The three of us (including Dr. Shiferaw Negash and Dr. Haile Gilcha) were responsible for the practical teaching activities of undergraduate medical students of all schools. I remember the three of us giving three separate bed-sides or seminars per day for students of three different schools in addition to round activities and service provisions.

Regarding lectures to SPHMMC students I discussed with interested OBGYN specialists and colleagues working in different public, private hospitals and non-governmental organizations to contribute in giving lectures to our students with modest honorarium. With repeated discussions I managed to mobilize 13 OBGYN specialists to provide lectures. Some of them have later joined the department. I would like to take this opportunity to thank all colleagues who contributed to strengthen the undergraduate program.

As a chair of the department at that point I started to think deeply about the need of initiating OBGYN residency program in the college and proposed this ambitious need to Dr. Lia. I had a vision one day we will start residency program in the department with the support of FMOH taking into consideration the need of having many more professionals in the department and the country in general. At that juncture I started to collect OBGYN curriculums from abroad and national programs (AAU-MF and JU).

After few months of verbal proposal of my ambitious need, Dr. Lia called me to her office to inform me that Dr. Tedros Adhanom discussed with University of Michigan to collaborate with SPHMMC to initiate OBGYN residency program. We drafted a curriculum using documents collected from AAU-MF, JU, RCOG and ACGME. The curriculum was finalized using modules to be given in four divided years so that residents have enough time to consolidate modular topics in each year separately.

In July 2012 first batch of 7 residents all from SPHMMC were accepted with the intention of strengthening future OBGYN workforce of the department targeting 28 OBGYN specialists by the time the department moves to the new MCH hospital.

Michigan's grant through Professor Senait Fisseha strengthened the department's capacity in initiating and developing OBGYN residency training program. It has created the opportunity for exchange programs for faculty, staffs and residents of OBGYN department of SPHMMC and University of Michigan.

Through partnership with AIHA/Twinning Center, Michigan's grant and College's fund almost all faculty, residents and nurses of the department traveled for the purpose of professional development either to USA or Europe. All those who have traveled are now contributing their experience gained

from their travel to the department. This has become modest motivations to invite other faculty to join our department.

Having further education after completing residency program or being general OBGYN specialists has been the question of many of my colleagues. This idea pushed the department to consider initiation of fellowship program. To that end, development of Maternal Fetal Medicine fellowship program was initiated. Two colleagues were very interested in the program and actively involved in drafting MFM curriculum. Some colleagues were skeptical about the program. Against all adds in February 2014 MFM fellowship program was started with intake of two fellows. High risk pregnancy care clinic and advanced ultrasound service provision as a result of MFM fellowship complemented the services provided by the residency program. The first batch of MFM fellows completed their program and are now preparing for their exam and research.

Following MFM fellowship training, other three fellowship programs (Reproductive Health and Infertility, Gynecologic oncology and Uro-gynecology) were started in October 2015.

I would like to thank St. Paul's Hospital Millennium Medical College, Federal Ministry of Health, University of Michigan and CIRHT-Ethiopia for unreserved support for the initiation and strengthening of residency and fellowship programs.

St Pauli's hospital Millennium Medical College has undergone a dramatic change both in quality and quantity of services, especially after the launch of the postgraduate residence program in the field of obstetrics and gynecology. This is demonstrated by projecting figure in the number of services given at each entry point in the hospital and at multiple affiliate centers (Ambo, Worabe and Yekatit 12 hospitals and Kolfe health center).

St. Paul's hospital service provision has shown remarkable increase at each unit including the labor ward where the annual delivery increased **from 3,000 deliveries to 8,500** before and after the program, respectively. At OPD the number of patients seen increased significantly from 16,604 to 22,310 per year before and after OBGYN residency program. Of these ante-natal care was given to 9,662 pregnant women per year resulting in 32% increase in the care given before the program.

The current service provision of family planning methods to our clients has significantly increased from **720 to 2,850 per year before and after the program.**

Worabe hospital, one of the affiliate hospitals has started giving wide coverage of services and the number of deliveries increased from 742 before to 998 after assignment of our residents in the last 5 months. Ambo hospital has also slightly increased its operative delivery service particularly, caesarean sections from 328 to 356.

Yekatit 12 hospital has also showed a dramatic increase in number of deliveries **from 1,246 before**

to almost a two fold increase of 2,316 per year after the assignment of our residents. The caesarean section rate has also increased from 382 to 1,461 per year.

It has been nearly one year since St Paul's hospital has started service provision at Kolfe Health Center by assigning residents and faculty. With the support of Federal Ministry of Health and Regional Health Bureau operation theater has been established and operative delivery services including cesarean section has been started since 2015. Now the 10 month number of deliveries increased **from 809 before to 2,489 after residents have been assigned and this is a threefold increase.**

The provision of reproductive health services through OBGYN residency program of St. Paul's Millennium Medical College has not been limited to Addis Ababa but also has been expanded out of Addis. This benefits the community at large. This kind of expansion of service provision should be encouraged through existing OBGYN residency programs of the country and be appropriately supported by concerned stakeholders.

Dear residents! All these achievements have been realized because of your hardworking efforts, sacrifice and commitment through the postgraduate training program and this, I believe, made the whole nation proud.

I would like to congratulate the first batch of residents (The Pioneers!!) for becoming OBGYN specialists. I wish you all the best for your further professional and personal development.

Thank you!!

Finally, I would like to thank Dr. Tesfaye Hurisa, Dr. Senait Gobrewold, Dr. Tobiaw, Dr. Talemaw D.r Tizita, Sr. Fikirte and all head nurses of the ward and colleagues for your inputs for the preparation of this manuscript.

Trip to Germany, with Kinderhardt

Trip to Germany, with Kinderhardt

With Dr. Debiru

DR. ABEL TESHOME

Name: Abel Teshome.

Undergrad from: Jimma University.

Served as GP for 2 years in rural part of Ethiopia.

Decided to do residency on OBGYN because I have witnessed the existing maternal morbidities and mortalities in rural part of Ethiopia.

Why St. Paul's - Because St. Paul's is a new innovative, hardworking and progressively improving medical College in Ethiopia. so, I have seen the prospect of serving and learning in this institution.

Happiest moment (s) – A very critical patient with postpartum hemorrhage had two episodes of cardiac arrest on OR table. However she later survived after blood transfusion and hysterectomy. The patient expressed it in a way as if she died "twice".

HSTP plans to reduce MM to 199 in 2020, what will be your role?

I will work very hard to save mothers' life.

Any other comments/ideas/message…..

Thank you God.

Thank you my beloved wife.

I would like to take this opportunity to pass my heartfelt appreciation to the pioneer consultants.

DR. BIRUK GASHAWBEZA

NAME: Biruck Gashawbeza.

Undergrad from: AAU-MF.

Served as GP for -10 months in SPHMMC.

Decided to do residency in OBGYN because -internship OBGYN at Gandhi Memorial Hospital was the base for my interest in OBGYN.

Why St. Paul's - I preferred Saint Paul's because it was newly opened and welcoming.

Most annoying day during residency -sudden death of a young pregnant woman in Saint Paul's labor ward.

Happiest moment (s) – full recovery of a patient with uterine rupture with bladder involvement despite lack of blood at Ambo Hospital.

Immediate plan - immediate plan is to work as a general OB/GYN.

HSTP plans to reduce MM to 199 in 2020, what will be your role?

My role for MMR reduction will be whatever it takes as a professional and academician.

Anticipated challenges/concern –

In your work - inconducive working environment and payment.

In your life - housing in Addis Ababa.

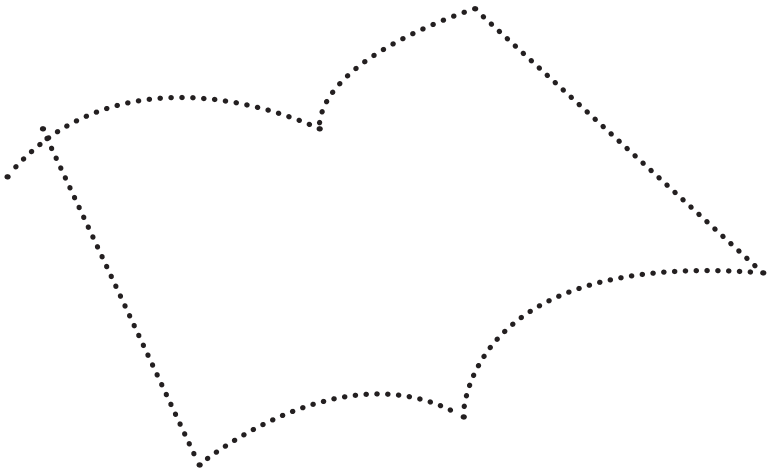
How are you going to deal with the concerns -I will deal with it by work, work and work....

Where do you see yourself in 10 years? After 10 years only God knows.

Prospects of OBGYN in Ethiopia - will be better with the expansion of residence trainings in the country.

Any other comments/ideas/message…..

Thanks to Almighty God for being with me in each step of the ladder. I would like to express my deepest gratitude to my family for their unreserved love and support.



My Reflective Diary

CLINICAL SITUATION

In the late afternoon of September 17, 2015, a 28 years old lady just expelled a 900g male abortus after she was admitted to the labor ward with the diagnosis of late second trimester pregnancy + previous CS scar + lethal congenital anomaly (anencephaly). She was managed with 5 doses of 25 µg misoprostol on the previous day and additional 3 doses of 50 µg misoprostol after 24 hour rest.

My junior resident decided to put her on oxytocin drip until she expel the placental spontaneously.

Thinking I would put her out of misery I decided to remove the placenta by CCT and took the patient to delivery couch. However, in a matter of minutes I have noticed I had detached the cord and have nothing to grasp. As if this was not enough I chose to proceed with uterine evacuation using MVA.

It is no-brainier that attempting to remove placenta in late second trimester with MVA would be difficult. After a 45 minutes procedure that was excruciating to the labor ward team but even more to the patient, the placenta was completely removed.

The total estimated blood loss was about 1000ml and the patient was transfused with 2 units of blood. On top of this, she had to say an extra day to finish a course of antibiotics.

WHAT DID HAPPEN?

The patient was having a smooth course until I decided to intervene. First and foremost, I failed to discuss with my junior resident on his plan of action and management.

Second, I could have paused for a moment and reassess the situation before proceeding with uterine evacuation.

Third, if at all uterine evacuation was deemed to be necessary, I should have been smart enough to choose the more appropriate, expeditious and convenient metallic curettage refuting an irrational and exaggerated fear of perforating a scarred uterus.

Last but not least, I should have consulted and sought a second opinion from an attending. This could have changed the course of events and the outcome of the patient.

EVALUATION AND RE-ANALYSIS

Looking back at the case, it is obvious such complication could have been averted by appropriate patient selection and anticipation of complications. As the most senior resident in the team I should have acknowledged the management plan of junior residents and discuss other and/or better options to guide them through the management. In addition, I now realize adequate anesthesia or analgesia could have made the procedure easier.

Rather than wasting precious time I should have decided for timely consultation.

WHAT HAVE I LEARNED?

This case thought me the importance of appropriate patient selection and anticipation of complications.

The case also signifies the importance of discussing proposed management plans and their rationale as a team regardless of hierarchy. I should also acknowledge the management plan laid out by my junior resident was the most appropriate. I now understand I could have waited for placental expulsion with expectant management up to four hours after fetal expulsion as long as the patient is not bleeding. In fact, such approach was repeatedly reiterated in many second trimester abortion guidelines.

In this particular patient, metallic curettage would have been an appropriate and faster means of uterine evacuation, especially if done under adequate analgesia or anesthesia. The rare but possible risk of uterine perforation with metallic curettage is worth taking rather than the definite and inevitable hemorrhage with time consuming MVA. As a matter of fact, blood loss is a function of time in such particular case.

All the practical and constructive comments given on the management of the patient during the morning session made me realize that seeking for a second opinion from an attending could have resulted in optimal patient management and at the same time create an ample opportunity to hands on training experience for all residents.

I think it was fortunate the patient did not develop significant complications after the procedure and I will also take this opportunity to inform my colleagues on the pitfalls so that they too can learn from it as smart people learn from their mistakes, but the real sharp ones learn from the mistakes of others.

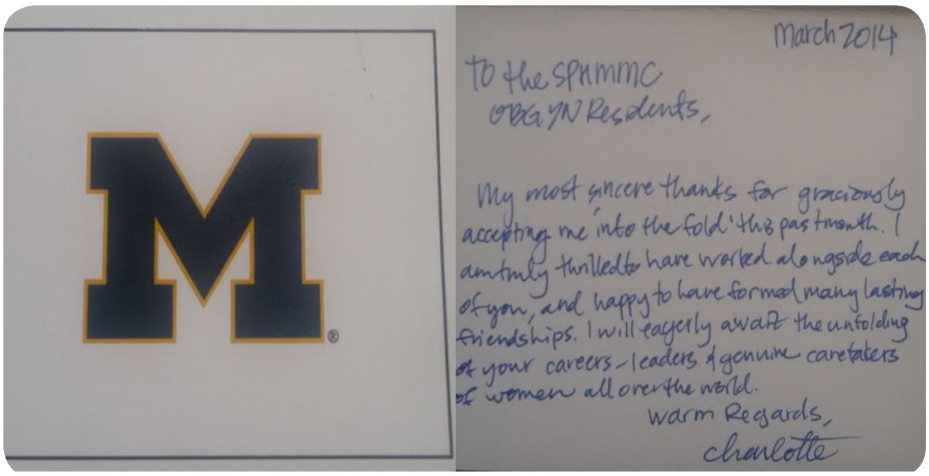
WHAT WOULD I DO DIFFERENTLY NEXT TIME?

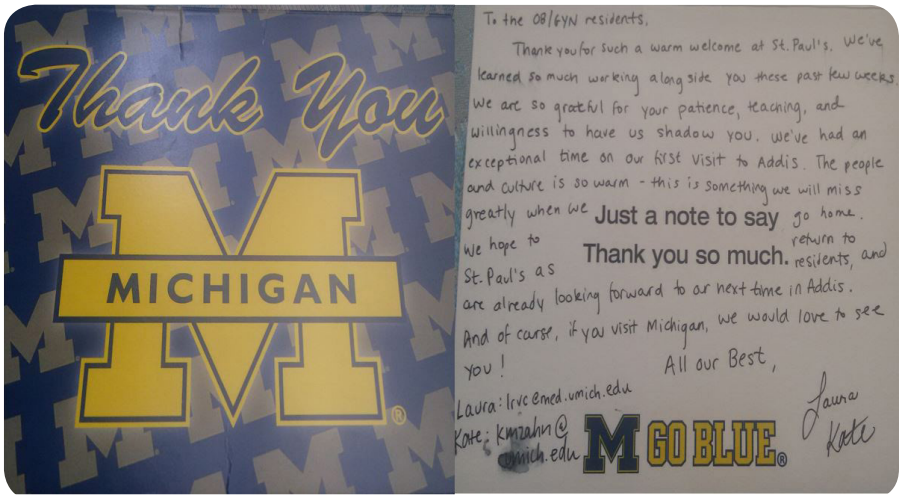
This patient will remain a constant reminder as far as termination of pregnancy is concerned. I will give due emphasis for appropriate patient selection and will prepare in advance before attempting any kind of procedure.

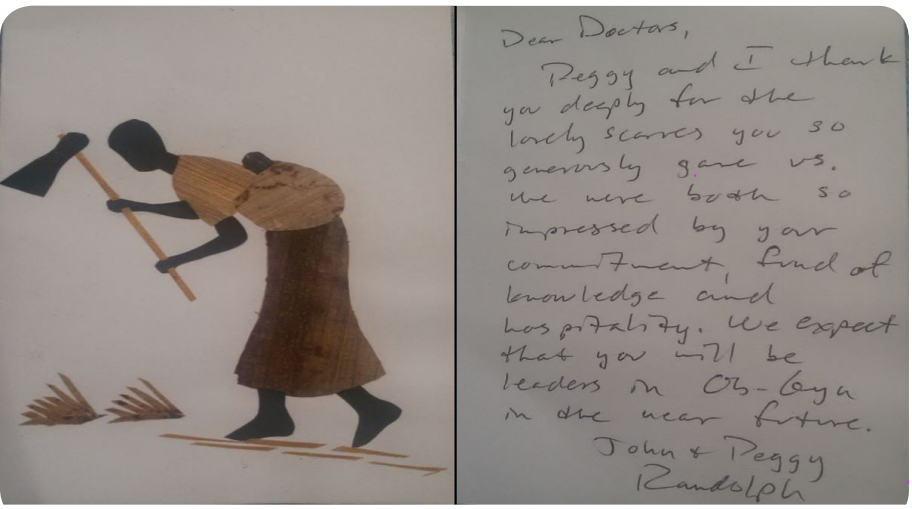
Every one of us have a learning curve and this does not necessarily parallels the number of years in residency. Even though I feel significant improvement in terms of clinical knowledge, skill and confidence throughout the course of the training, I can see there is a lot for me to learn. Being on the verge of completing my residency in the near future, I now understand the need to make continuous effort to improve and master the knowledge and skill in obstetrics and gynecology as I develop my carrier, even after residency.

We all make mistakes and we should regret our mistakes and learn from them, but never carry them forward into the future with us and I am absolutely certain such event will not happen again for the rest of my carrier.

Mini Project







DR. FERID ABBAS

Name: Ferid Abbas.

Undergrad from: Jimma University, School of Medicine, Jimma, Ethiopia.

Served as GP for - 2½ years in Degahbour hospital, Somali region, Ethiopia.

Decided to do residency on OBGYN because my days as a GP in a rural hospital where there was no obstetrician made me realize the difference I can make.

Why St. Paul's?

Even though located in the capital, St. Paul's offers the opportunity to learn, practice and become well versed with a variety of cases and particularly cases common in the rural parts of the country. In addition, the peculiar modular curriculum both in the undergraduate and postgraduate program makes St. Paul's a great destination for the gynecologist to be.

Your role model - Ignaz Philipp Semmelweis.

Most annoying day during your residency

The 42nd delivery of the day at 4:00 a.m., and above all it was Friday.

Happiest moment (s)

A mother walking down the stairs with her newborn and family ready to go home.

A mother transfused with more than 70 units of blood products survived and came for postpartum visit.

Your immediate plan - Engage in clinical, teaching and research activities.

Anticipated challenges/concern -

In your work –

Lack of clean and organized working environment.

The very thin line between bad outcome and negligence.

In your life –

Not much, except starting with a baseline of 56 :-) :-) :-)

How are you going to deal with the concerns?

Constantly advocate the importance of a clean working environment and emphasize its role on patient outcome.

Promote and become an active participant of team work.

Where do you see yourself in 10 years?

Probably celebrating my 10th graduation anniversary. :-) :-) :-)

Not on the weighing scale for sure. lol

Any other comments/ideas/message…..

I would like to thank my family for their prayer, support and unwavering love.

My special gratitude also goes to all faculty members who made this experience what it is. I couldn't have asked for a better program.

To all residents and colleagues, it has been a privilege to learn and grow with you.

I would also like to extend my heartfelt appreciation to Nescafe, TO.MO.CA, Abyssinia coffee, Robera coffee, Yejebena buna, Yejebena buna with Tena-adam and others.

Last words-

It's actually hard to Google for last words than I thought. Wikipedia----"[citation needed]".

DR. HASSEN HUSSIEN

Name: Hassen Hussien Mohammed, MD.

Undergrad from: Jimma University.

Served as GP for -3.5 years in SPHMMC.

Decided to do residency on OBGYN because "paradise lies under the feet of your mothers."

Why St. Paul's- St. Paul's is my home. So, it was a great opportunity.

Your role model – Dr. Catherine Hamlin who came to Ethiopia with her husband to teach midwives but dedicated her life to alleviate the neglected problem of Ethiopian women.

Most annoying day during your residency –I will never forget one of my night duty when we were following a lot of critical patients. Among these, two eclamptic patients had cardiac arrest simultaneously (literally seconds apart) while we were doing hysterectomy in the major OR for another patient with hypovolemic shock due to PPH. At this critical moment I wished I had eight hands that I could stretch from the 4th to the 2nd floor.

Happiest moment (s) – A physician always wants his patients to survive whatever the odds against them. One such survivor is a mother with PPH who survived after five major surgeries and transfusion of more than 70 units of blood and blood products.

Your immediate plan – my immediate plan is to work as a general OB/GYN in my country.

HSTP plans to reduce MM to 199 in 2020, what will be your role? I plan to direct my efforts in line of expanding the RH service, teaching undergraduate and postgraduate students, research activities and leadership role.

Anticipated challenges/concern –

In your work – medico-legal issues and mismatch between quality of care that can be provided and public expectation.

In your life – difficulty in getting financial freedom.

How are you going to deal with the concerns-?

Idiopathic! I will strongly work with the professional associations like EMA, ESOG and the government to teach the public (including the legal and the media peoples) to improve the attitude and knowledge on health professionals and at large health system in Ethiopia.

I also strongly recommend to improve the law of medical practice (like having our own legal system). The government should help us in establishing an insurance system so that we can practice medicine without threat.

Where do you see yourself in 10 years?

FULL PROFESSOR

Prospects of OBGYN in Ethiopia – since it has a lot of attention by now (even if a bit late), it seems a field that grows faster in resource development, service provision as well as research activities.

Any other message….Alhamduli-Allah. "Verily, After Hardship Comes Ease".

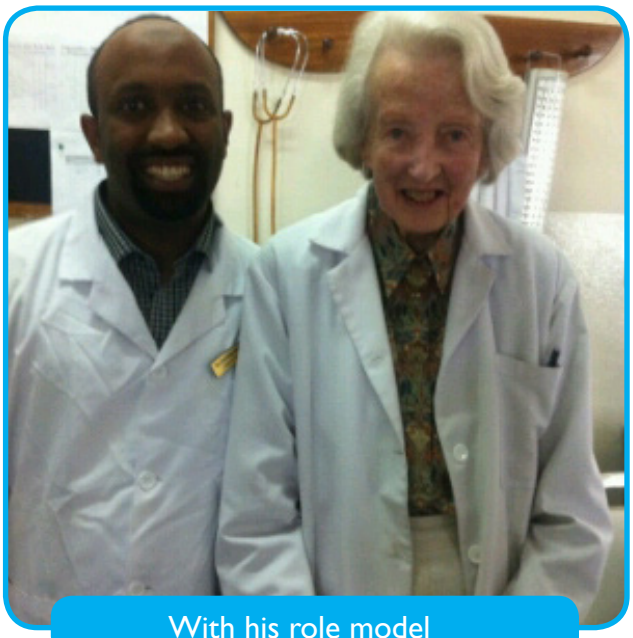
"Love for all fellow humans what you love for yourself".

I would like to thank my family for their support and love.

Special thanks to my dear mother and my beloved wife.

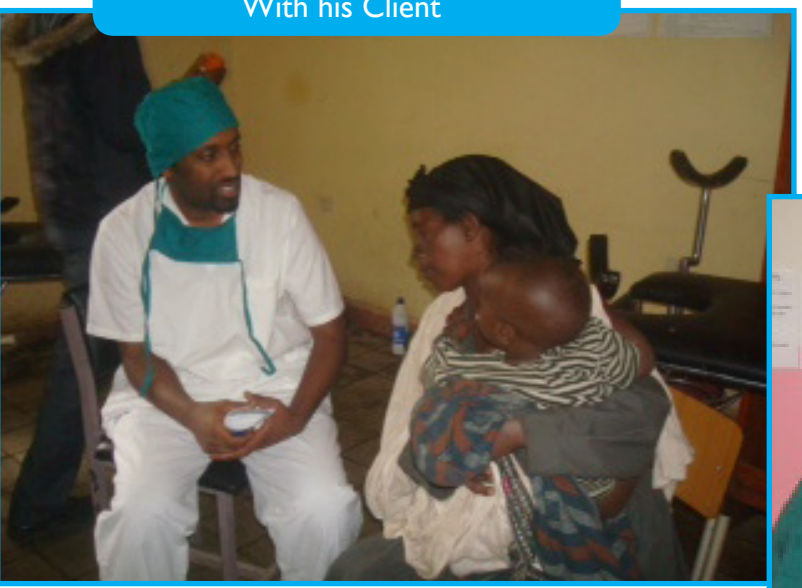
FP Conference

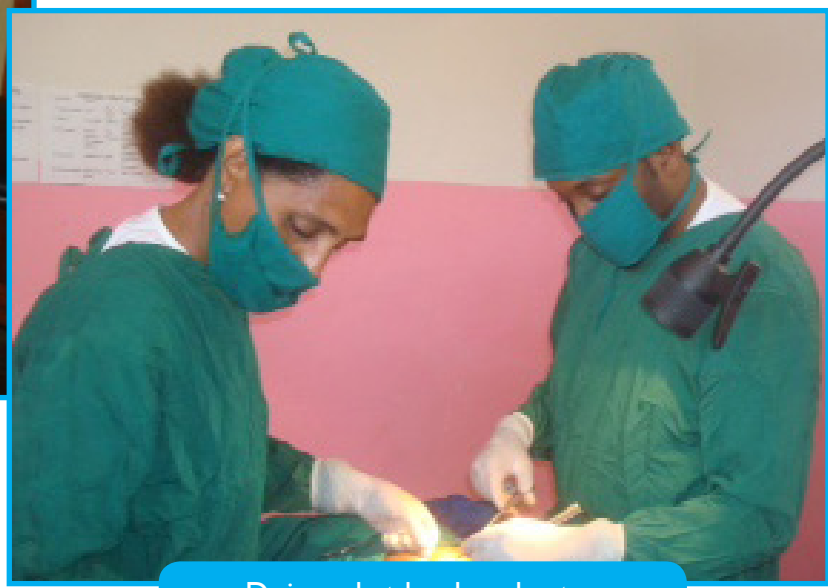
The first Yekatit 12 Hospital Team



With his role model

With his Client





Doing what he does best

DR. MATIYAS ASRAT

Name: Matiyas Asrat.

Graduated from: Jimma University.

Served as a GP for two and half years.

Happiest moments: seeing a critical patient getting improved.

Annoying moments: misunderstandings and misinterpretation.

Immediate plan: to have fun.

I want to participate in research activities that may help in making sound decisions to improve the reproductive health of our society.

"It is better to light a candle than curse the darkness."

History of Cesarean Delivery

By Dr. Ferid Abbas

Myth and Legend

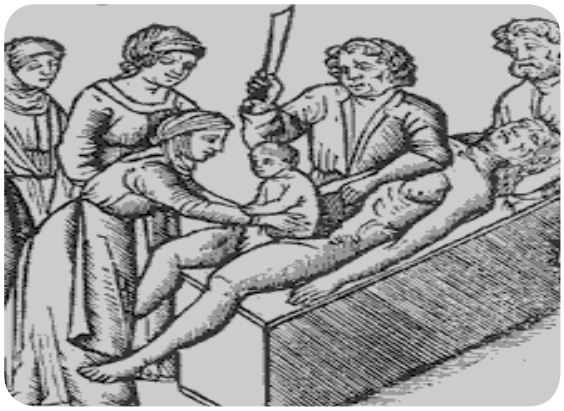
The extraction of Asclepius from the abdomen of his mother Coronis by his father Apollo. Woodcut from the 1549 edition of Alessandro Beneditti's De Re Medica.

Reports of the surgical removal of the fetus from the mother are common in history and legend. There are many folktales from all over the world that tell of people or characters being born in this manner. Such tales figure in the origin myths for important personalities from many cultures. For example, Indian religious tales describe the birth of Buddha (around 506 BC) through his mother Maya's right flank. According to Greek mythology Apollo removed Asclepius, founder of the famous cult of religious medicine, from his mother's abdomen.

Authentic reports from rural settings also describe traumatic deliveries when milkmaids were gored by cattle, the earliest dating back to 1647. In some of these latter cases, the mother, the infant, or both apparently survived.

Derivation of Term *Cesarean*

The origin of the term *cesarean* is obscure. Three principal explanations have been suggested. In the first, according to legend, Julius Caesar was born in this manner, with the result that the procedure became known as the Caesarean. However, it is virtually certain he was *not* delivered surgically from his mother, since the mother of Julius Caesar, Aurelia, lived for many years after his birth in 100 BC, and as late as the 17th century, the operation was almost invariably fatal. Her knowledge of her son's invasion of Europe many years later indicates that she survived childbirth. Finally, Aurelia is known to have lived until 54 B.C., when Caesar, who was then more than 40 years old, attended her funeral. In Caesar's time, surgical delivery was reserved for cases when the mother was dead or dying.



Detail from a 1506 woodcut allegedly portraying the birth of Julius Caesar, a live infant being removed from the womb of a dead woman.

The second explanation is that the word *caesarean* was derived sometime in the Middle Age from the Latin verb *caedere, to cut.* This explanation seems most logical, but exactly when it was first applied to the operation is uncertain.

The third explanation is that the name of the operation is derived from a Roman law, supposedly created in the 8th century BC by Numa Pompilius. This *lex regia*-king's rule later became the *lex caesarea* under the emperors, and the operation itself became known as the caesarean operation. This law specified surgical removal of the fetus before burial of deceased pregnant women.

Nonetheless, even if the etymological hypothesis linking the caesarean section to Julius Caesar is false, it has been widely believed. For example, the *Oxford English Dictionary* defines Caesarean as "the delivery of a child by cutting through the walls of the abdomen when delivery cannot take place in the natural way, as was done in the case of Julius Caesar". *Merriam-Webster's Collegiate Dictionary* leaves room for etymological uncertainty with the phrase, "from the legendary association of such a delivery with the Roman cognomen *Caesar*".

Cesarean Delivery in the Historical Record

Owing to the state of development of surgical technique, a cesarean was a virtual death sentence for both mother and infant until the early 19th century. If early literature rarely mentions the mothers, it's because they died. The first written report of a mother and child surviving finally comes in 1500 when Swiss pig gelder Jacob Nufer operated on his wife. She is supposed to have not only survived the operation but also have subsequently delivered normally to five children, including twins. Since this story was not recorded until 82 years later historians question its accuracy.

In Western society women for the most part were barred from carrying out cesarean sections until the late 19th century, because they were largely denied admission to medical schools. The first recorded successful cesarean in the British Empire, however, was conducted by a woman. Sometime between 1815 and 1821, James Miranda Stuart Barry performed the operation while masquerading as a man and serving as a physician to the British army in Cape Town, South Africa.

Successful Cesarean section performed by indigenous healers in Kahura, Uganda. As observed by R. W. Felkin in 1879 from his article "Notes on Labour in Central Africa".

Africa is also the source for a report of another successful cesarean delivery performed by an unknown indigenous surgeon. In 1879, R. W. Felkin, a Scottish medical traveler in what later became Uganda in East Africa, witnessed and later published his observations concerning a cesarean delivery. Preoperatively the surgeon cleansed his hands and the mother's abdomen with banana wine. The same fluid was administered orally to the mother before the surgery began.

After the delivery, which the surgeon performed through a midline incision, the uterus was not sutured. The abdominal incision was pinned together with iron needles and then secured by a string. Bleeding was controlled by cautery. Felkin claimed that the woman made a full recovery and noted the apparent expertise of the surgeon, concluding that the procedure was well established in that part of Africa.

During the 19th century, however, surgery was transformed-both technically and professionally. Medical application of anesthesia rapidly spread to Europe. In obstetrics, though, there was opposition to its use based on the biblical injunction that women should sorrow to bring forth children in atonement for Eve's sin. This argument was substantially demolished when the head of the Church of England, Queen Victoria, had chloroform administered for the births of two of her children (Leopold in 1853 and Beatrice in 1857). Subsequently, anesthesia in childbirth became popular among the wealthy and practical in cases of cesarean section.

While doctors and patients alike were encouraged by anesthesia to resort to cesarean section, mortality rates for the operation remained high. Primitive surgical techniques and lack of antisepsis clearly contributed to such outcomes.

By the century's close anesthesia, antisepsis and asepsis were firmly established. Obstetricians then were able to concentrate on improving the techniques employed in cesarean section. As gynecologic surgeons performed more cesarean deliveries and the outcomes improved, greater attention was placed on technique, including the site of uterine incision.

On March 5, 2000, in Mexico, Inés Ramírez performed a Caesarean section on herself and survived, as did her son, Orlando Ruiz Ramírez.

Cesarean Delivery in modern obstetrics

An operation that virtually always resulted in a dead woman and dead fetus now almost always

results in a living mother and baby. In recent decades, additional modifications in cesarean operative technique have been introduced. Perhaps the most marked change in cesarean practice in the last 75 years has not been in surgical technique, however, but in the remarkable reduction in serious maternal morbidity and mortality associated with the operation by the administration of prophylactic antibiotics, the rapid development of medical therapies to treat complications, and general improvements in anesthesia.

While the operation historically has been performed largely to protect the health of the mother, more recently the health of the fetus has played a larger role in decisions to go to surgery. The fetus has then become a patient. As a result of the ability to detect signs of fetal distress, many cesarean sections are swiftly undertaken to prevent such serious problems as brain damage due to oxygen deficiency. This has resulted in increased rates of cesarean delivery.

The global rate of CS is estimated to be 15% and is increasing in both developed and developing countries. Many institution based studies form developed countries showed that high rates of cesarean delivery do not necessarily indicate better perinatal care and can be associated with harm. Furthermore, high rates of cesarean delivery do not necessarily indicate good quality care or services. Indeed institutions that deliver a lot of babies by cesarean should initiate a detailed and rigorous assessment of the factors related to their obstetric care and the perinatal outcomes achieved vis-a-vis the case mix of the population they serve; at present their services might cause (iatrogenic) harm.

Hence, when performed at the proper time and for proper reasons cesarean section is such an admirable operation that it is a pity to employ it, in unsuitable cases. It should not be used as a last resort or as a way of escape for incompetent obstetricians. It is advisable that the operator should be an obstetrician skilled in vaginal delivery, since only one obstetrically-well trained can properly assess the relative difficulties and risks of vaginal and abdominal delivery in a particular case. In general it may be said that the more highly trained and adept the obstetrician, the more jealous will he be of the indications for the cesarean sections he undertakes but the lower will be his mortality and morbidity rate in such operations. Too often in difficult obstetrical emergencies one is reminded of the famous aphorism of Hippocrates: "Art is long, time is short, the occasion perilous, opportunity transient, judgment difficult and experience fallacious", but the better the obstetrical training and the stricter the obstetrical conscience, the fewer will be the errors of execution or of reasoning.

The story of the caesarean section certainly does begin in the "mists of antiquity" it appears that it was known to and practiced by many ancient civilizations including the ancient Greco-Roman world from which the modern day Western operation stems. In modern times, this operation could be argued to be "without doubt the greatest" operation in medicine as it is "the only operation in which two lives are concerned". A statement of this nature could only be given based on the fact that in today's society this operation is capable saving both the lives concerned.

DR. MESERET ANSA

Name: Meseret Ansa Giweta.

Undergrad from: Hawassa University.

Served as GP for almost a year in SPHMMC.

Decided to do residency on OBGYN because: I decided to join OBGYN during my internship because I have seen mothers coming from remote areas with complications which could have been avoided if they had access to OB/GYNs and I noticed it is the carrier where one can make difference in the lives of patients.

Why St. Paul's - I decided to join St. Paul's when I was an intern because I heard that the school was about to come up with noble curriculum which is distinctly separate from other schools.

Your role model: with respect to my carrier; my instructors; the devoted OB/GYNs of SPHMMC.

Most annoying day during your residency: there were moments when I second guessed why I joined OBGYN. Hectic duties, unexpected losses, but it's not an easy task to deal with two lives.

Happiest moment (s): during my residency? Sounds simple but weekends following smooth Friday night duties; going home anticipating peaceful and deep sleep.

Your immediate plan -I have a basket full of plans but for now to have normal sleeping pattern.

HSTP plans to reduce MM to 199 in 2020, what will be your role?

I will be part of the solution by creating awareness about maternity care and using my skills whenever and wherever necessary.

Anticipated challenges/concern -

In your work – am concerned, the media is forwarding information related to medico-legal issues to the public as if physicians are trained to hurt patients.

How are you going to deal with the concerns- I believe it is wise to have proper communication with patients and attendants to avoid unnecessary litigations.

Where do you see yourself in 10 years? I see myself living my best dreams and working with passion in the field of either uro-gynecology or reproductive endocrinology.

Prospects of OBGYN in Ethiopia: it is going to revolutionize. Looking towards pain free labor, quality maternity care, well organized reproductive health care service and advanced and quality care for patients with gynecologic oncology.

Any other comments/ideas/message…..

Thank you my families and friends for being by my side.

Thank you my instructors, it has been a privilege to have you as my mentors.

DR. THOMAS MEKURIA

NAME- Thomas Mekuria.

Undergraduate study- at Black Lion Hospital (AAU-MF)

Served as GP- for 8 months

Decided to do residency in OBGYN because- I really don't know why I joined. I have always liked the field but I also liked surgery. What I can tell you for sure is I am very happy and proud of the professional I have become.

Why St. Paul's- it was not a difficult choice for me. Everyone wants to leave his/her mark in this world. To do that, you need opportunities to grab and make something of yourself. I believe our institution provides health professionals exactly with that.

Most annoying day during residency- I try not to dwell on bad memories so I forget.

Happiest moment- The day my daughter was born.

Immediate plan- residency was a tough time. You neglect many of your personal needs to get through it. My immediate plan is to work and get financial security.

In 10 years- I plan to fulfill my dream of being a great professional at the fore-front of change in Ethiopia. I also see myself as a happy family man giving advice about puberty to my then adolescent daughter.

Advice to Ethiopian government- although a lot of steps are being taken to improve our health care, much is to be done on the quality of care given. A number of factors can be cited for this but the most important in my eyes is health care providers' job satisfaction. I dare to say we are the most over-utilized, and underpaid workers in the world. That is why so many great minds are either fleeing or quitting the field. What we do is more than work, it is life itself. Every effort should be made to improve this fact and inspire future generations to join this sacred profession.

Prospect of OBGYN in Ethiopia- maternal and child care is getting a lot of attention over the years. I believe we will accomplish a lot in the coming 10 to 15 years.

Last words- I would like to extend my deepest gratitude to all my consultants for making us competent physicians. I would particularly like to thank Dr. Abdulfetah Abdulkadir (my mentor) for his humility, unwavering support and wisdom. I also thank Dr. Balkachew Nigatu (our residency coordinator) for finding that delicate balance between a boss and a friend. None of us could forget Dr. Seniat Fisseha without whom our dreams wouldn't have been realized.

Lastly, I thank my mother, father, brothers, sisters, friends and of course my beloved wife for being with me through thick and thin.

Faculty

OBGYN residency coordinator

Inauguration of MICHU clinic

Inauguration of MICHU clinic

Inauguration of MICHU clinic

The future of Obstetrics and Gynecology practice in Ethiopia: ESOG's perspective

By Dr. Dereje Nigussie, Dr. Mengistu Hailemariam

Ethiopia has implemented successive Health Sector Development Plans (HSDPs) since 1997 in four phases. During this period, our country has made huge strides in improving access to health services and improvements in health outcomes.

Ethiopia's health indicators have been remarkably improved from one of the worst in Sub-Saharan Africa to amongst the stand out performers in just two decades. All this was done while building a health system that can sustain the gains over the long term.

However, despite the impressive progress made, Ethiopia still has high rates of maternal morbidity and mortality and new born mortality from preventable causes.

There is also disparity in uptake and coverage of high impact interventions amongst different regions and woredas. The quality of health care in terms of improving patient safety, effectiveness, and patient-centeredness, in both public and private facilities, is often inconsistent and unreliable.

The health sector transformation plan, in line with our country's second growth and transformation plan (GTP-II), has set ambitious goals to improve equity, coverage and utilization of essential health services, improve quality of health care, and enhance the implementation capacity of the health sector at all levels of the system.

Reproductive, maternal, newborn, child, adolescent health and nutrition will continue to be top priority for the next 5 years. As indicated in the sustainable development goals (SDG), Ethiopia will intensify RMNCAH interventions to end preventable maternal and child deaths by 2030. The targets set in the HSTP are in line with the global aspirations.

A focus in quality requires a shift in the status quo to drive improvements at national scale over the next five years.

As part of the above, external and internal pressures are causing rapid changes to the delivery of health care that markedly will influence the practice of obstetrics and gynecology in Ethiopia. These changes can be divided into three broad categories:

1. Increasing the number of specialists,
2. Increasing the number of sub-specialists
3. Improving the quality of the manpower and service provision

Quality improvements in the practice of Obstetrics and gynecology primarily involves:

1. Improved quality of ambulatory reproductive health care including FP and safe abortion care service provision,
2. Improved quality of pregnancy care, and
3. Improved quality of surgical correction of conditions.

As a result, there is a need both for Obstetrician-gynecologists to provide more generalist care, especially to the rapidly growing need for skilled labor and delivery care, and also to invest more intensively in training at sub-specialty areas, be it oncology, maternal-fetal-medicine, reproductive endocrinology and infertility, or Uro-gynecology. Guiding standardization of curriculums and exams for OBGYN residency training, providing CME and certificates will fall under the professional association's mandate.

Moreover, there will be a need to work on the development of some specialists to take a leadership role of the reproductive health issue by specializing on public health aspects.

Why you should consider doing research?

By Alula M. Teklu

Well, you are now a specialist; an authority of OBGYN, with many more answers to questions in the field, capabilities and of course many questions.

The World Health Organization defines health research as "a course of critical inquiry leading to the discovery of fact or information which increases our understanding of human health and disease." If you critically inquire, and discover the information that leads to betterment of our understanding and share what you have found, you are doing research!

As new graduates who will be dedicatedly providing care…who will be taking history, doing physical examinations, doing/ordering laboratory investigations, doing imaging, operating on patients…you will have a lot of questions, and of course research starts all from a question.

Why is this happening? How common is this problem? Who is being affected more? What determines the likelihood of a better outcome? The moment you ask these and many other questions - the inquiry starts! It is now a matter of how you deal with the inquiry.

If you write your question down, discuss that with colleagues, consult the World Wide Web and review the literature – you are now one step forward! Then try to answer the following: Is the question appropriate for a research in clinical setting? Evidence-gap: is there a real gap in evidence in the area? Would the research fill the gap? Interesting: would getting the answer intrigue investigators, peers and the community? Novel: does it confirm, refute or extend previous findings? Ethical: is it amenable to a study that institutional review board will approve? Relevant: it is relevant to scientific knowledge, OBGYN and the current situation and future research? There are a lot of guides that you can use to evaluate your question. [1],[2],[3] It is always good to remember that not all questions should be answered by doing research.

1 Sadaf Aslam and Patricia Emmanuel; Formulating a researchable question: A critical step for facilitating good clinical research, 2010

2 Patricia Farrugia, BScN, Bradley A. Petrisor, MSc, MD, Forough Farrokhyar, MPhil, PhD, and Mohit Bhandari, MD, MSc; Research questions, hypotheses and objectives

3 Rudan et al: Priority Setting for Child Health Research, Croat Med J. 2008;49:720-33, doi:10.3325/cmj.2008.49.720

Soon, you will realize that there is a huge gap…we have so many unanswered questions, how common is gestational diabetes among Ethiopian pregnant women? Among which group is it more common and why? Do the blood pressure cut offs to determine severity of preeclampsia work for Ethiopian women? Should we consider a different category/value? How common is a given complication after surgical management of a gynecological tumor? We have a lot of questions that are worth answering. You have a big menu of areas and questions that you can choose from. Not many researchers in the rest of the world have that opportunity, hence another reason for you to consider research.

We have a large population of patients and a large amount of poorly reviewed data. If you could review the existing data, just observe patterns and distributions you will come across questions that you can answer using that very data. By looking at the existing data, you can also promote evidence based practice and optimize efficiency.

You have the professional responsibility of sharing knowledge with fellow professionals and not doing that is going to prove to be a missed opportunity.

As a 21st century professional, you have to be visible, and one of the best ways to remain visible is publishing your findings on peer reviewed journals. Yet, another reason to do research! Just a piece of advice consider publishing your graduation paper.

You can do research for various reasons; here are some of the reasons: to gain familiarity with a phenomenon or to achieve new insights into it (exploratory or formative research study), to portray accurately the characteristics of a particular individual, situation or a group (descriptive research), to determine the frequency with which something occurs or with which it is associated with something else (diagnostic research) or to test a hypothesis of a causal relationship between variables (hypothesis-testing research).

A quick review we did with OBGYN specialists revealed that most OB/GYN don't do research and some of the reasons/excuses include being busy, lack of knowledge on research methods, lack of finance and lack of collaboration.

If you look into the very reasons, most are things you can tackle, provided you decide to engage yourselves in research as soon as you join the work force. If you do not have time, you have to make time. For shortcomings in research methods, use people around you or get the training and for resources, most can be done with limited resource (financial and time).

So, dear new graduates, considering research in your practice is not something you want to have in the list of missed opportunities! Do use the opportunities to do research for betterment of health status of the public in OBGYN.

Congratulations!

Hand over of the year

Survivor

Residents

PCOS defined

Cervical Cancer Prevention

By Dr. Thomas Mekuria

A few years ago, if someone told you a person died of cancer you would be shocked. Those days are gone now; cancer is being recognized as a common cause of death in this country. There are different reasons for the ever rising incidence of cancer in the developing world. Affluent life style, obesity, intake of processed foods or may be because we just have better diagnosing modalities. Whatever the reason, cancer is fast becoming a major public health issue in our country.

Among the different types of cancer, the most common in low resource countries is cancer of the cervix. More than 70% of the 7.5 million cases worldwide occur in low and middle income countries; and out of the 270,000 women dying of cervical cancer globally, 85% are in these same parts of the world. This inequitable difference in the incidence and mortality of the disease is mainly attributed to ineffective or nonexistent screening programs for pre-cancerous cervical lesions in developing countries.

Cervical cancer is a disease commonly affecting women in their late 40's. It is unique from other cancers in that almost all cases are caused by human papilloma virus (HPV) infection; with precursor lesions that can be effectively screened and treated. These precursor lesions occur 10 to 20 years before the occurrence of cancer, making this time ideal for early recognition and management. It can also be prevented by utilization of vaccines before or around sexual debut.

In the 1940s, pap (Papanicolaou) smear was introduced in clinical practice. This simple cytological examination of the cervix has led to dramatic decrease in the incidence and mortality of the disease. This is mainly because of the effective recognition and treatment of pre-cancerous lesions occurring

in the cervix. Sadly however, pap smear and adjunct colposcopy are not readily available in low resource settings. For this and many other socioeconomic reasons, more than 95% of women in developing countries have never been screened for cervical dysplasia. This figure rises to 99% in our country. Apart from the screening modalities, the advent of HPV vaccine in the last decade is expected to reduce its incidence dramatically.

Now that we have underlined the importance of the disease, let's cut to the bronze tax. What should we do about it? In developed countries like the USA, it is recommended that screening start by the age of 21 regardless of time of onset of sexual intercourse. The screening is based on results of pap smear examinations and subsequent HPV typing and/or colposcopy. Due to the limited access to cytology laboratory facilities in developing countries, other acceptable alternatives for detection of pre-cancerous cervical lesions (e.g. VIA) are recommended.

The WHO recommends initiation of screening with VIA (visual inspection with acetic acid) in all women more than 30 years of age in resource limited settings. Because of this, our hospital (SPHMMC) has implemented cervical cancer screening program (VIA) for clients on routine HIV care since 2002 E.C. A year later, it was expanded to incorporate all patients coming to OBGYN regular OPD department. Since this program doesn't include all women, a nationwide initiative to incorporate these screening programs at all health facilities is needed.

In conclusion despite having effective means of prevention, cervical cancer remains a major detriment in women's health in Ethiopia and other developing countries. Women should be made aware of the various risk factors for acquiring the disease including multiple sexual partners, HIV infection and smoking. The public should also be aware of the need for routine checkups by a qualified physician. In addition, it is high time for the ministry of health and other health organizations in Ethiopia to prepare guidelines for well-women visit and incorporate various preventive strategies for cervical cancer and other common diseases.

Pledge of Residents

I will maintain the traditions, the dignity, the standards, and the ethics of women's and newborns' health care services.

I will devote myself to those medical activities which properly come within the scope of obstetrics and gynecology. I will follow those methods of diagnosis and treatment, which according to my judgment, are consistent with the principles of women's and newborns' health care services. When in doubt, I will seek the counsel of my colleagues.

I will willingly assist others and advance knowledge in obstetrics and gynecology to the best of my ability.

Its about to end

THE END!

The Audacity to challenge the status quo

Making change through pre-service integration of Reproductive Health training….