



45th Annual AMHE Scientific Program

MEDICINE of Today and Tomorrow »

**This activity is Sponsored by the University of Montreal,
and approved for 24 Category 1 CME credits**

BARU, CARTAGENA, COLOMBIA



July 23rd-29th 2018

President's Message

The theme of this year's convention – Medicine of Today & Tomorrow - could not have been more appropriate to the vision of the AMHE. We are living in a new era of global health and we need to spend time reflecting on where we've been, assessing where we are, and charting our path forward as an organization. The dream that a few young Haitian physicians had when they met in a room at Harlem Hospital in New York some 45 years ago, focusing on “the prevention and treatment of medical conditions in the Haitian community at home and abroad” is still relevant today. I am happy to report that we have kept that dream alive in the past year.

The choice of Haiti as the site of our annual convention in 2017 sent a clear message that we want to be stakeholders in the healthcare system in Haiti. In the past year, we have worked to improve the relationship with our colleagues of the AMH who are on the battlefield, making great efforts to provide care to people who cannot afford it. We have exchanged ideas with the deans of medical schools in Haiti about improving the country's medical education to meet rigorous international standards. We continue to subsidize the student cafeteria at the state medical school, thanks to the dedication of Dr. Fritz Appolon.

Under the leadership of Dr. Louis Joseph Auguste, we had a successful week-long medical mission in February to Hôpital Universitaire Justinien in Cap-Haïtien. A team of over 20 health workers traveled to deliver 20 lectures in different surgical specialties and perform multiple surgical interventions alongside local Haitian doctors.

The AMHE Foundation, under the leadership of Dr. Eric Jerome, has donated two hemodialysis generators to Hôpital de l'Université d'Etat d'Haiti along with two hemodialysis chairs. Dr. Paul Nacier and his team have kept alive the medical externship program that has allowed residents from Haiti to have a three-month rotation at the Brooklyn Hospital. To date, over 70 residents have benefited from this program and have returned to Haiti to apply what they learned in the US. This is a very concrete way to make a difference in the healthcare system in Haiti.

On the local level, different chapters continue to have weekly radio programs and regular health fairs to educate the Haitian community about the value of good health. Different AMHE members have gone out of their way to help young Haitian doctors enter different residency programs. And we cannot forget the tremendous impact of the physicians who have elected to practice in the heart of some Haitian communities.

To expand our impact, our biggest charge is to increase our membership. The reality is that we can be “powerful beyond measure” if the majority of Haitian physicians living abroad become active members. If we combine forces, we can do much more than some international organizations that work to fix Haiti's healthcare system with temporary band-aids vs. sustainable, long-term solutions. Let us continue to work together so that we can proudly say we have left medicine in Haiti better than we found it.

I want to thank the convention team: Dr. Karl Latortue, Dr. Schiller Castor, Dr. Harold Laroche, Dr. Michael Bruno. They have worked tirelessly over the past few months to make this event a great success.

Let us use this convention to network and exchange ideas so that we can keep the dream of the AMHE founders alive.

Have a productive convention!

J. Roosevelt Clérismé, M.D.

AMHE President

WELCOME TO THE SCIENTIFIC PROGRAM

Dear colleagues and friends of AMHE,

I would like to welcome all colleagues and friends of AMHE to the 45th Convention held in Baru, Cartagena, Columbia. This year, the Montreal Chapter of AMHE is responsible for organizing the convention.

The theme of the Congress is : « Medicine of Today and Tomorrow ». The subjects are chosen for the most part according to the theme. The purpose of this scientific activity is to bring participants to reflect on the evolution of medical practice and the way of approaching future changes. Health professionals need to be aware of these new challenges and strategies to deal with them.

First of all, the management of HIV / AIDS and tuberculosis evolved over time. The arrival on the market of new drugs has revolutionized the treatment of these diseases. New techniques for treating advanced prostate cancer have emerged such brachytherapy, an alternative to conventional treatment.

On the other hand, the experts apprehend the arrival of artificial intelligence in medical practice and begin to prepare for it. Artificial intelligence is already raising a lot of hope but also fears for the medicine of tomorrow. Robotic surgery heralds a new era that will help make surgery safer and minimally invasive. The electronic medical record represents a revolution in medical practice. In addition, we are already facing the globalization of information with social media that have its good side to inform the public but with the risk of skidding that we know. All of these changes pose new challenges for health professionals.

The speakers of the 45th AMHE Congress will discuss these upcoming changes in the medical practice of tomorrow. They come from recognized centers across the Canada, USA and Haïti. They will share with us their expertise and experience in their field of specialization.

Family physicians, general practitioners, specialists, nurses, dentists and other health professionals represent the target public for this academic activity.

Accreditation

The activity is accredited by the University of Montreal for a total of 24 category 1 Continuing Medical Education credits. Specialists can claim up to 24 credits approved by the Royal College

of Canada. Family Physicians can claim credits Mainpro + from the College of Family Physicians of Canada, depending on their participation in continuing education activities.

I especially thank the members of the scientific committee who worked tirelessly to make this continuing education activity possible.

I wish everyone a good Congress and hope you enjoy your stay in Baru, Cartagena, Colombia.

Truly yours,

Schiller Castor, MD
Program Director of the
45th Annual AMHE Scientific Convention

Scientific Committee and Commission

Thierry Alcindor, MD, M.Sc, FRCP
Hémato- Oncologist,
Mc Gill University Health Center
Associate professor
Mc Gill University

Schiller Castor, MD, M.Sc, CCMF
Emergency Medicine / Family Practice
Chargé d'enseignement de clinique
University of Montreal

Michèle David, MD, FACP, MPH, MBA
Internal Medicine and Pulmonary Critical Care
MIT medical
Chief of clinical quality and security

Alix Dufresne, MD FACP, FACC
Chief of Cardiology Department
Interfaith Medical Center
State University of New York

Éric L. Jerome, MD, FASN, FACP
Chief of Nephrology Division
Kingsbrook Jewish Medical Center
Medical Director of Brooklyn Dialysis Center
State University of New York

Christian Lauriston, MD
Family Practice
GMF Levasseur
Montreal, Québec

Dre Marie Hélène Lindor,
Family practice
Palliative care
Moniteur adjoint de clinique
University of Montreal

Dre Marie Françoise Mégie
Family practice
Professeur agrégée de clinique,
University of Montreal

Dr Harry Max Prochette
Family Practice
Family Medicine Unit, Pierre Le Gardeur Hospital
Chief of the Regional Department
Of General Medicine of Lanaudière, Quebec, Canada

Dre Élizabeth Rousseau
Pediatrician
CHU Ste-Justine, Montreal
Professeur émérite,
University of Montreal

Dickens St Vil, MD, FRCP, FCAS
Pediatric Surgeon
Professor titulaire
University of Montreal
Chief of Surgery Department
CHU Ste-Justine, Montreal, Canada

SCIENTIFIC PROGRAM

45th AMHE CONVENTION

Monday July 23, 2018

Registration : 07h00

Opening Welcome :

Words of Welcome

07:45 – 08:00 Dr Schiller Castor
President of the 45th AMHE Scientific Convention

and

Dr Karl Latortue
President of the 45th AMHE Convention

Monday July 23

Moderators: Dr Harry Max Prochette and Dr Roger Lahens

8h30-9h00

Hypertension and Diabetes: the bad companions
Eric L Jérôme, MD FASN

9h00-9h30

The diabetic foot:

Dre Marie-Françoise Mégie, family practice

9h30-10h00

Diabete and cardiovascular diseases in Haiti : cultural approach

Dr Nancy Larco, internal medicine

Panel of questions

10h00-10h30

10h30-10h45

Coffee break

10h45-11h15

Hidden Face of Insomnia:

Dr Rony Jean- Mary, psychiatrist

11h15-11h45

Electronic medical record: risks and benefits to your practice

Dr Yvan Ducheine, MD, MBA

11h45-12h15

Medical journalism:

Dr Monique Dieuvil, family practice

Panel of questions

12h15-12h45

Lunch

12h45 – 13h00

Tuesday July 24th

Moderators: Dickens St Vil, MD and Dre Marie Hélène Lindor

8h00-8h30

Robotic abdominal wall hernia repair

Dr Yvan Ducheine, surgeon

8h30-9h00

Pitfalls in the diagnosis of a limping child

Dr Maxime Coles, orthopedic surgeon

9h00-9h30

Medical treatment of Appendicitis: for real or fake news

Dr Dickens St Vil, pediatric surgeon

9h30-10h00

Panel of questions

10h00-10h15

Coffee break

10h15-10h45

Genetic profiling of breast neoplasms and its impact on staging and treatment

Dr Louis Auguste, surgeon

10h45-11h15

New avenues in the treatment of advanced prostate cancer

Dr Marjory Jolicoeur, radiation oncologist

11h15-11h45

Cancer preventive care: A focus on HPV vaccination and gynecologic cancers

Dr Jimmy Belotte, gynecologist

Panel of questions

11h45-12h15

Lunch

12h15 – 13h00

Wednesday July 25th

Moderators: Dre Marie Francoise Megie and Dr Christian Lauriston

8h00-8h30

New approaches in the diabetic treatment

Dr Reynald Altéma, Internal Medicine

8h30-9h00

Sudden cardiac death

Dr Alix Dufresne, cardiologist

9h00-9h30

Chronic obstructive pulmonary disease and Sleep Apnea: the “Overlap syndrome”

Dr Raymonde Jean, Pulmonologist

9h30-10h00

Panel of questions

10h00-10h15

Coffee break

10h15-10h45

The impact of psychiatry in general medical practice

Dr Roosevelt Clérismé, psychiatrist

10h45-11h15

Physician burnout

Dr Louis Belzie, psychiatrist

11h15-11h45

Suicide Prevention

Dr Marie Daniela Charles- Belzie, psychiatrist

Panel of questions

11h45-12h15

Lunch

12h15-13h00

Thursday 26th July

Moderators: Dr Alix Dufresne and Dr Eric Jérôme

8h00-8h30

The HIV / AIDS, Yesterday and Today

Dr Joseph Paul Hubert, Infectious Diseases

8h30-9h00

Review on Tuberculosis: diagnosis and treatment

Dr Amos Charles, Infectious Diseases

9h00-9h30

Diagnosing pulmonary embolus in the ambulatory clinic

Dr Michèle David, internal medicine

Panel of questions

9h30-10h00

Coffee break

10h00-10h15

10h15-10h45

Ophthalmology and Artificial Intelligence

Dr Lys Montas, ophthalmologist

10h45-11h15

New options in the surgical treatment of glaucoma

Dr Fritz Allen, ophthalmologist

11h15-11h45

Artificial intelligence in neuroimaging: new ways to treat stroke

Dr Ernst Garçon, neuro-radiologist

Panel of questions

11h45-12h15

Lunch

12h15-13h00

Friday July 26th

TOURISTIC VISIT

FREE DAY

Saturday July 27^t

Moderators: Dr Maxime Coles and Dr Pierre Paul Cadet

8h00-8h45

Chronic disease management through the electronic medical record
Paula Reeves Obrien,

8h45-9h30

Role and integration of the matrones in the health care system in Haiti
Dr Weiner Leblanc, pediatrician

9h30-10h15

Challenges in building local capacities in a low resource country : The experience of the integrated Health Program in Haiti
Dr Dickens St Vil, FRCS, FCAS

Panel of questions

10h15- 10h45

Coffee break

10h45-11h00

11h00 -11h45

Focus on medical education in Haiti
Dr Christian Raccurt, MD, PhD
Dean of Quisqueya University, Haiti

11h45 – 12:30

Intervention of the President of the Haitian Red Cross :
Dr Guiteau Jean-Pierre

12h30 -13h15

Intervention of the Minister of the Public Health of Haiti
Dre Marie Greta Roy-Clément

Panel of questions

13h15 – 13h45

PEDAGODIC OBJECTIVES

Monday July 23th

Eric L. Jerome, MD FASN,FACP

Title of the presentation : **Hypertension and Diabetes Mellitus: the bad Companions**

Objectives :

At the end of this presentation, attendees will be able to :

- 1.- Understand the role of the kidneys in hypertension and diabetes Mellitus
- 2.- Review the newest studies in both conditions.
- 3.- Grasp the Clinical Implications

Dr Marie Françoise Mégie

Title of the presentation: **The diabetic foot**

Objectives :

At the end of the presentation, attendees will be able to :

1. Evaluate the feet of a diabetic patient
2. Establish a treatment plan adapted to the needs of the patient
3. Prevent or manage complications (foot of Charcot, Infection)

Dr Nancy Larco

Title of the présentation: **Diabetes and Cardiovascular diseases in Haïti : A cultural approach**

Objectives :

At the end of this presentation, the participant :

1. Will understand the burden of diabete and cardiovascular desease today in Haïti
2. Will discuss the cultural and social approach advocated by Fhadimac to deal with
3. Will be informed of the vision of Fhadimac for the future

Dr Rony Jean Mary

Title of the presentation : **Hidden Face of Insomnia**

Objectives :

At the end of this presentation, attendees will be able to :

1. Define insomnia
2. Understand different stages of insomnia and types of insomnia
3. Apply the appropriate treatment for the different types of insomnia

Dr Yvan Ducheine

Title of the presentation : **Electronic Medical Record : risks and Benefits**

Objectives :

At the end of this presentation, attendees will be able to :

- 1.- Understand the importance of the electronic medical records
- 2.- Establish its effectiveness in medical practice
- 3.- Discuss the impact of EMR on risk management and liability prevention
- 4.- Understand the financial impact of the electronic medical record

Dr Monique Dieuvil

Title of the presentation: **Medical journalism :**

Objectives:

At the end of this presentation, attendees will be able to :

1. Understand the formula of newsworthy content
2. Develop the skills for interfacing with news media outlets
3. Realize the impact of social media as it relates to health literacy and public health

Tuesday July 24 th

Dr Yvan Ducheine

Title of the presentation : **Hernia repair surgery by robotics**

Objectives :

At the end of presentation, attendees will be able :

- 1.- Understand the role of robotics in surgery
- 2.- Realize the benefits of robotic assisted hernia surgery
- 3.- Compare the results of hernia surgeries by robotic to conventional surgery

Dr Maxime Coles

Title of the presentation : **Pitfalls in the Diagnosis of the Limping child**

Objectives :

At the end of this presentation, attendees will be able to :

- 1.- Distinguish the normal from abnormal pediatric gait pattern
- 2.- Determine the different causes of limping child
- 3.- Establish a differential diagnosis of the limping child based on the patient's age.
- 4.- Recognize orthopedic emergencies

Dr Dickens St-Vil

Title of the presentation : **Medical treatment of appendicitis: For real or fake news**

OBJECTIVES :

At the end of presentation, attendees will be able to :

1. Knowledge of indications and contradictions of the medical treatment of appendicitis
2. What are the advantages and disadvantages of the medical treatment of appendicitis
3. Knowledge of outcomes of medical vs surgical treatment
4. Knowledge of the long term outcome of medical treatment

Dr Louis Auguste

Title of the presentation : **Genetic Profiling of Breast Neoplasms and Its Impact on Staging and Treatment.**

Objectives :

At the end of the presentation, attendees will be able to :

- 1.- Understand how different cellular proteins can help predict the outcome of breast cancer
- 2.- Realize that the genetic profiling is a better prognosticator of outcome for breast cancer than the traditional TNM staging
- 3.- discover the impact of the new integrated classification system on the treatment of breast cancer.

Dr Marjory Jolicoeur

Title of the presentation : **New avenues in the treatment of advanced prostate cancer**

Objectives :

At the end of this presentation, attendees will be able to :

- 1.- diagnose an advanced prostate cancer
- 2.- identify the category of advanced prostate cancer that requires radical treatment
- 3.- know new therapeutic attitudes for each category of advanced prostate cancer

Dr Jimmy Belotte

Subject: **Cancer Preventative Care:**

Objectives :

At the end of this presentation, attendees will be able to :

1. –Realize the impact of gynecologic cancer and cancer health disparities
2. –Understand the benefits of gynecologic cancer prevention
- 3.- Discuss the status of the top 3 gynecologic cancers and identify new opportunities to decrease both the burden and disparities for gynecologic cancers.

Wednesday July 25th

Dr Reynald Altema

Title : **New approaches in the treatment of diabetes**

Objectives :

At the end of the presentation, the participant would be able to :

- 1-Understand the new approach of classification of diabetes.
- 2-Use of genetic testing to distinguish various forms of the disease.
- 3-Establish a treatment based on pathophysiology:
 - Insulin resistance.
 - Insulin deficiency.
 - Combination of both.
- 4- Manage the different trends of complications.

Dr Alix Dufresne

Title of the presentation : **Sudden Cardiac Death**

Objectives :

At the completion of the presentation, attendees should be able to:

- 1.- Identify the population at risk
- 2.- Institute prompt treatment when an event occurs
- 3.- Stratify the patients who will require EP evaluation and implantation of a defibrillator

Dr Raymonde Jean

Title : COPD and Sleep Apnea: “Overlap syndrome”

Objectives:

At the end of this presentation, attendees will be able to :

- 1.-Define “Overlap Syndrome”
- 2.-Understand the interacting mechanisms between COPD and OSA in the Overlap Syndrome.
- 3.- Understand the clinical assessment for overlap syndrome, recommended management, and patient outcomes.

Dr Roosevelt Clérismé

Subject : The Impact of Psychiatry in general medical practice

Objectives :

At the end of this presentation, attendees will be able to :

1. Understand how psychiatric disorders like anxiety and depression affect medical care.
2. Use psychiatric screening tests for detecting major psychiatric disorders.
3. Know when to refer their patients to mental health professionals.
4. Apply the integrative approach of wellness in his/her practice.

Dr Louis Belzie

Title of the presentation: Physician burnout

Objectives:

At the end of this presentation, attendees will be able to :

1. Define burnout

2. Identify the causes of burnout
3. Realize the impact of physician burnout on his work environment
- 4.- Advise the physician to ask for help

Dre Marie Daniella Charles-Belzie

Title : **Suicide prevention**

Objective :

At the presentation, attendees will be to :

1. Understand the range of factors that can contribute to suicide
2. Recognize the need for early and accurate diagnosis
3. Review general principles in treating suicidal patients

Thursday 26th

Dr Joseph Hubert Paul

Title of the presentation : **The HIV / AIDS : from Yesterday to today**

Objectives :

At the of this presentation, attendees will be able to :

- 1.- know the tests used in HIV screening
- 2.- know the different classes of antiretrovirals used early in the HIV / AIDS to reduce transmission
- 3.- discuss the role of multi therapy in reducing viral load and in resistance phenomena
- 4.- understand that HIV / AIDS is a chronic disease

Dr Amos Charles, infectiologue

Title of the presentation : **Review on multidrug-resistant tuberculosis : diagnostic and treatment**

Objectives :

At the end of the presentation, attendees will be able to :

1. Understand the global impact of the multidrug-resistant tuberculosis
2. Revise the guidelines of the multidrug-resistant tuberculosis
3. Realize the challenges for the diagnostic and treatment of multidrug-resistant tuberculosis in countries with limited resource.

Dr Michèle David

Subject: **Diagnosing pulmonary embolus in the ambulatory clinic**

Objectives :

At the end of this presentation, attendees will be able to :

- 1.- Review the incidence, symptoms and presenting signs of PE
- 2.- Learn about clinical prediction models
- 3.- Learn about different diagnostic methods and diagnostic algorithms.

Dr Lys Montas

Title of the presentation : **Ophthalmology and Artificial Intelligence**

Objectives :

At the end of this presentation, attendees will :

1. Be aware of the arrival of artificial intelligence in the practice of ophthalmology
2. Understand the function and the interest of artificial intelligence in this speciality
3. know the processing algorithms of yesterday and today
4. discuss hopes and fears for medicine of tomorrow

Dr Fritz Allen

Title of the presentation : **New options for surgical treatment of glaucoma**

Objectives :

At the end of this presentation, attendees will be able to :

- 1.- Identify the different stages of glaucoma and anatomical descriptions
- 2.- Understand the existing treatment modalities
- 3.- Discuss old and new surgical techniques of glaucoma
- 4.- Know the indications of the various surgical options

Dr Ernst Garçon,

Title: **Neuroimaging in Haiti and Abroad: The Impact of Artificial Intelligence**

Objectives:

At the end of this presentation, attendees will be able to :

1. Evaluate the current practice of neuroimaging in Haïti and elsewhere in the world
2. Review the imaging tools currently available in the practice of neuroimaging
3. Realize the impact of artificial intelligence on the future of neuroimaging practice

Saturday July 28th

Mrs Paula Reeves O Brien

Title of the presentation: **Chronic diseases management through the electronic medical record**

Objectives :

At the end of this presentation, attendees will be able to :

1. Define the terms : population management and chronic disease management
2. Understand the use of these terms in practice by hospitals and doctor's offices
3. Take advantage of the electronic medical record to create health management programs

Dr Weiner Leblanc

Title of the presentation: **Role and integration of matrones in the health care system in Haiti**

Objectives :

At the end of this presentation, attendees will be able to :

1. Understand the role of matrones in maternal and neonatal health care in Haïti
2. Realize the impact of hospitals with obstetricians versus home births on the maternal and infant mortality rate.
3. Analyse the importance of integrating matrones into the health system as a way to increase the capacity of maternal and child care.
4. Understand the impact of new reimbursement methods on the conceptt of population management.

Dr Dickens St Vil

Title : **Challenges in building local capacities in a low resource country : the experience of the integrated Health Program in Haiti**

Objectives :

At the end of this presentation, attendees will be able to :

- 1.- Understand the integrated Health Program
- 2.- Identify the original partners and their role particularly the CHUSJ
- 3.- Understand the objectives of the IHP
- 4.- Realize the conditions for a successful global health initiative

ABSTRACTS

Dr Nancy Larco

Diabetes and Cardiovascular diseases in Haïti : A cultural approach

Abstract

It is very difficult for many health professionals in Haiti to put into practice what they have learned because of the unavailability of the means of screening and investigation and the impossibility of applying standards of health management as elsewhere for economic reasons.

In our presentation, we will draw a parallel between what should normally be done in the management of today's and tomorrow's non transmissible diseases and what is currently possible in daily medical practice in Haiti.

We will limit ourselves to diabetes and cardiovascular diseases that are in our fields of expertise. In the adult haitian population over 20, two in five haitians are hypertensive and one in thirteen is diabetic. According to the World Health Organization, diabetes ranks fifth among the top ten causes of death in Haiti and Hypertension is number one. Health centers and health professionals across the country do not have the medical resources and equipment to treat and manage these chronic disease. Faced with these burden represented by these pathologies in Haiti, Fhadimac with its experience has proved that multidisciplinary care and culturally appropriate adapted educational are essential to enable better compliance for those affected.

Actually, numerous investigations in the cardiovascular, neurologic and renal fields are necessary to make diagnostic and guide the management. Unfortunately, many therapeutic means are not available in Haiti. Patients with serious complications who are unable to travel to receive appropriate medical treatment have no choice but to helplessly attend to their worsening state of health.

Access to a specialized and integrated medical center is vital to the daily lives of people with chronic diseases such as diabete, hypertension and cardiovascular disease. This referral center

can address primary, secondary and tertiary care of non-communicable chronic diseases such as diabetes and cardiovascular diseases.

This institution will provide all these services under the same roof, thus increasing patient support and promoting appropriate follow-up. It is in this state of mind that Fhadimac is working hard on the construction of this center that will help meet the challenge of outpatients to receive appropriate advanced medical treatment.

Dr Monique Dieuvil

Title of the presentation: **Medical journalism :**

Abstract:

Medical Journalism is a burgeoning field in which clinicians can take an active role in disseminating health information to the public. With any journalism background, the expectation is to continue to be knowledgeable and well-versed on “newsworthy” content. Naturally, as clinicians, we strive to stay up to date on current research and medical information. Working within medical journalism, clinicians have the ability to maintain professional credibility and recognition as well as share condensed health information to the general public.

In higher level education, we have learned the rudimentary skills in analyzing research and use evidence based practices. Medical Journalism takes it one step further: using skill sets to not only digest our new health information but also the responsibility to present concise health information to the masses. There are many ways clinicians can participate in Medical Journalism: press (newspaper, books, journals), blogs, television, podcasts, and radio are just to name a few.

Some clinicians transition to full time Medical Journalism; some clinicians participate in Medical Journalism alongside their clinical practice. Benefits of a career in Medical Journalism include: 1) free publicity for their medical practice 2) opportunities to reach several thousand people in a short amount of time 3) incentives for compensation 4) being part of the solution to dispelling inaccurate health information.

In this presentation, we will also cover an innovative sector in Medical Journalism, social media in Healthcare. With the advent of the World Wide Web, there is a host of opportunities to utilize social media in distributing information which in turn can be used as a great marketing tool.

Dr Maxime Coles

Title of the presentation : **Pitfalls in the Diagnosis of the Limping child**

Abstract-

Pitfalls in the Diagnosis of the Limping child By Maxime Coles MD

It is primordial to differentiate a normal from an abnormal gait to be able to evaluate a child properly. A Limp is a common complaint among a child seeking for medical attention. A complete History and a Physical examination will narrow the causes. Knowledge of orthopedic emergencies like Acute fractures, Septic arthritis, Acute or chronic Osteomyelitis, Vascular compromise, Tumors, Muscular Dystrophies, Compartment Syndrome, Transient Synovitis, Septic arthritis, Slipped Capital Femoral Epiphysis etc. Can prevent further complications.

Dr Dickens St-Vil

Title: **Medical treatment of appendicitis: For real or fake news**

Abstract :

Acute appendicitis is one the most common pathologies in the world with approximately one in ten people having acute appendicitis for the duration of their life. Appendectomy is considered the treatment of choice.

In 2018, laparoscopic appendectomy replaced the open technique as the method of choice and is associated with a minimal morbidity and mortality rate. Over the last twenty years, several studies have shown that surgery may not be necessary for a majority of patients with uncomplicated acute appendicitis that could be treated with only antibiotic therapy.

The majority of published non-operative treatment studies are retrospective case studies, personal experience of an author or expert opinion. The possible benefits of non-operative treatment are lower cost, decreased hospital stay, fewer complications and more accurate return to school or work.

Several randomized studies and systematic reviews of non-operative vs surgical treatment have been published in recent years and conclusions are not always similar. In general, it is accepted that for children the success rate of medical treatment at two weeks varies from 58 to 100 %. But on average 15 to 25 % of them will have a recurrence within 1 year and therefore require surgical intervention. In adults, the effectiveness of medical treatment was 76 % at 1 year with a risk of recurrence of 22 %

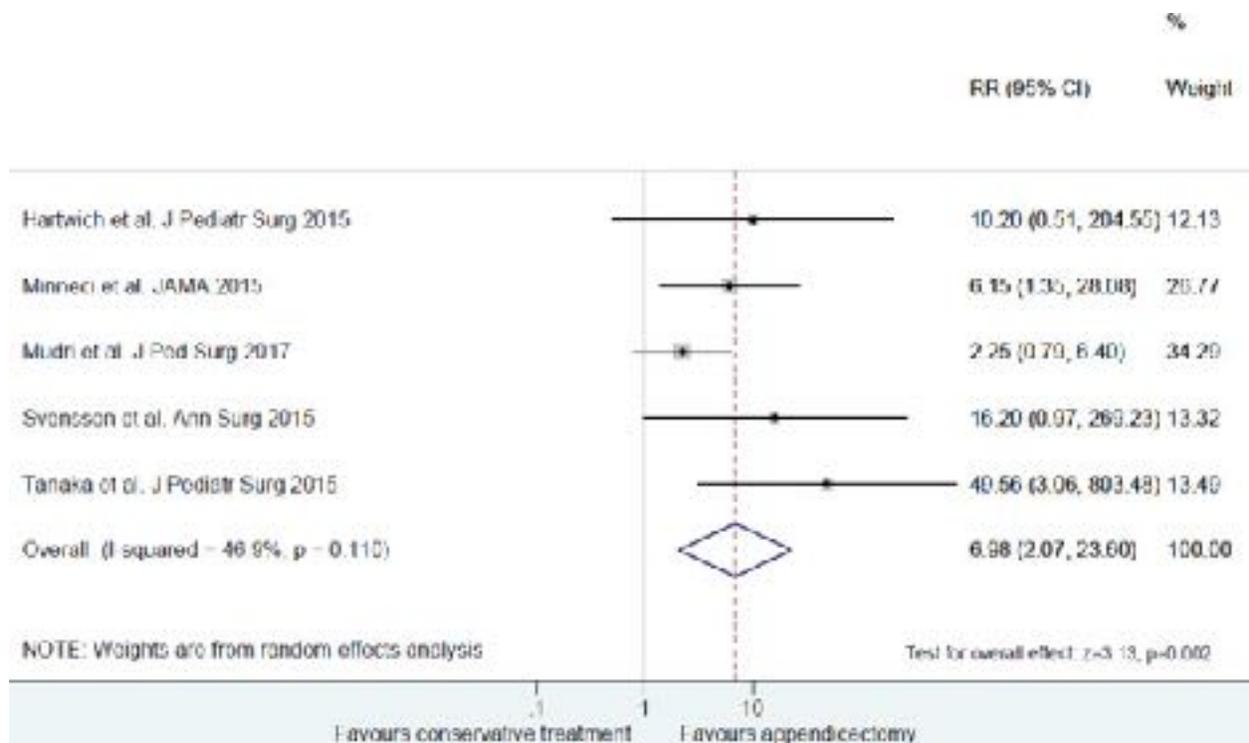
The evaluation of the two treatments according to several authors is presented in the following tables.

Conservative treatment vs surgery for uncomplicated appendicitis in children : a systematic review and meta-analysis

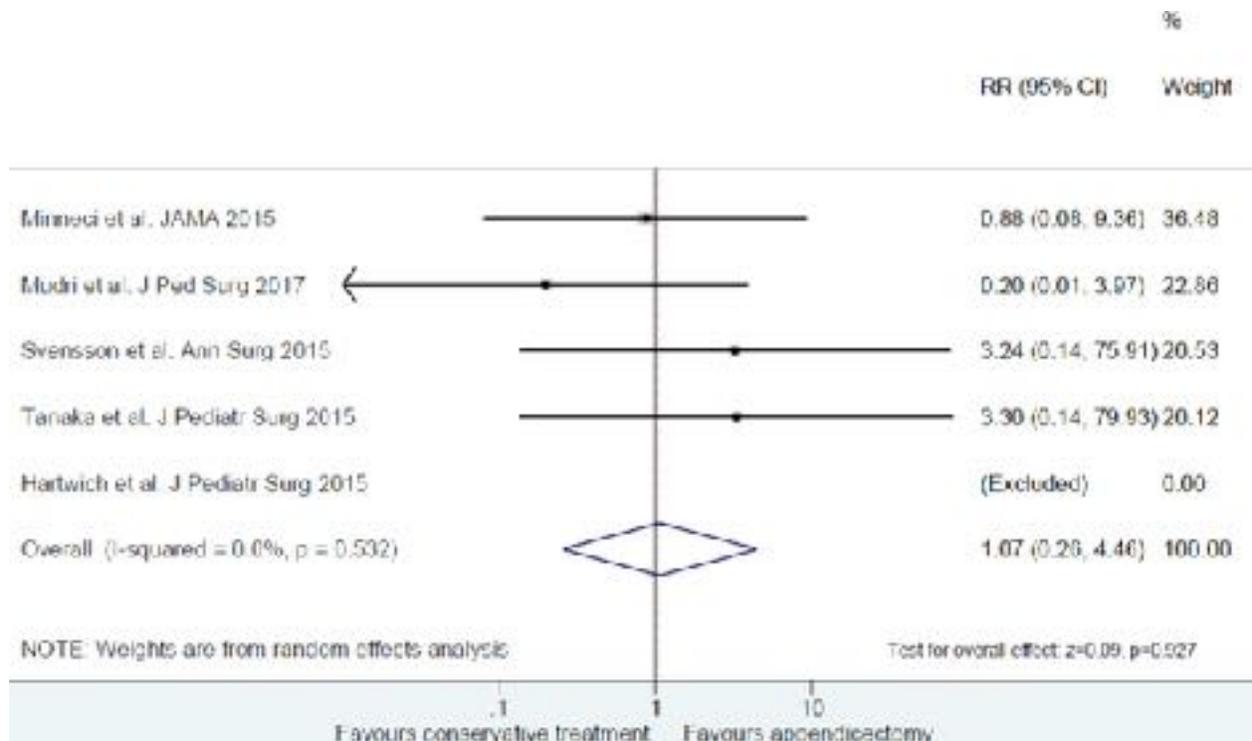
ULF Kessler and associates

Arch Dis Child, 2017;102 :118-1124

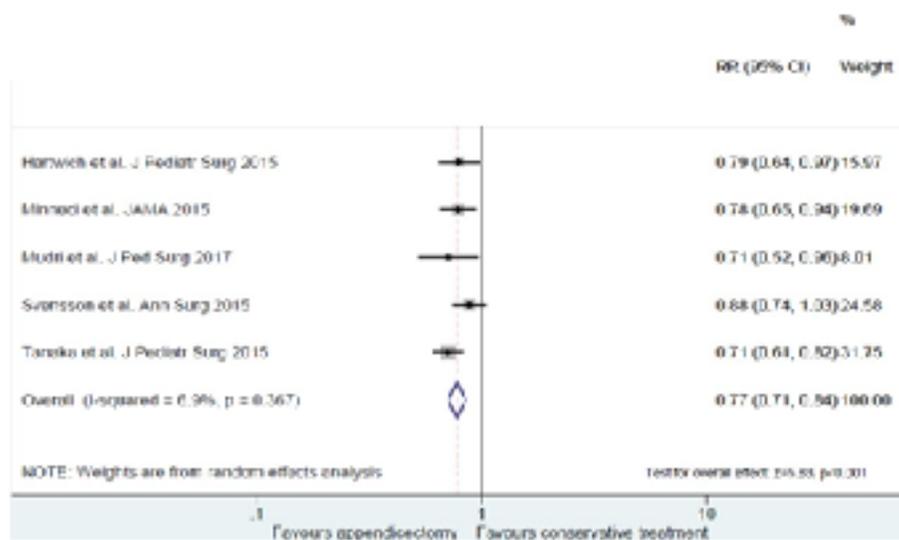
Conservative treatment versus appendicectomy: forest plot for readmission. RR, relative risk in children



Conservative treatment versus appendicectomy:
forest plot for complications in children. RR, relative risk.



Conservative treatment versus appendectomy: forest plot for treatment efficacy: RR, relative risk.



UpToDate article: Arch Dis Child 2017; 92:1122-1124



In this systematic review and meta-analysis, treatment efficacy rates were higher in surgical patients compared with the conservatively treated patients (98% vs 74%). The risk of readmission was sevenfold greater for patients treated conservatively. The positive effects of medical treatment were in fewer disability days, an improved quality of life and lower health related costs.

Conclusion : Conservative treatment was less efficacious and was associated with a higher readmission rate. Early appendicectomy should in the present still be considered to be the treatment of choice for the management of uncomplicated appendicitis in children

Meta-analysis of antibiotics versus appendicectomy for non perforated appendicectomy for non-perforated acute appendicitis

V. Sallinen et Al

BJS 2016 ; 103 : 656-667

Conservative treatment versus appendicectomy: forest plot for readmission in adults. RR, relative risk

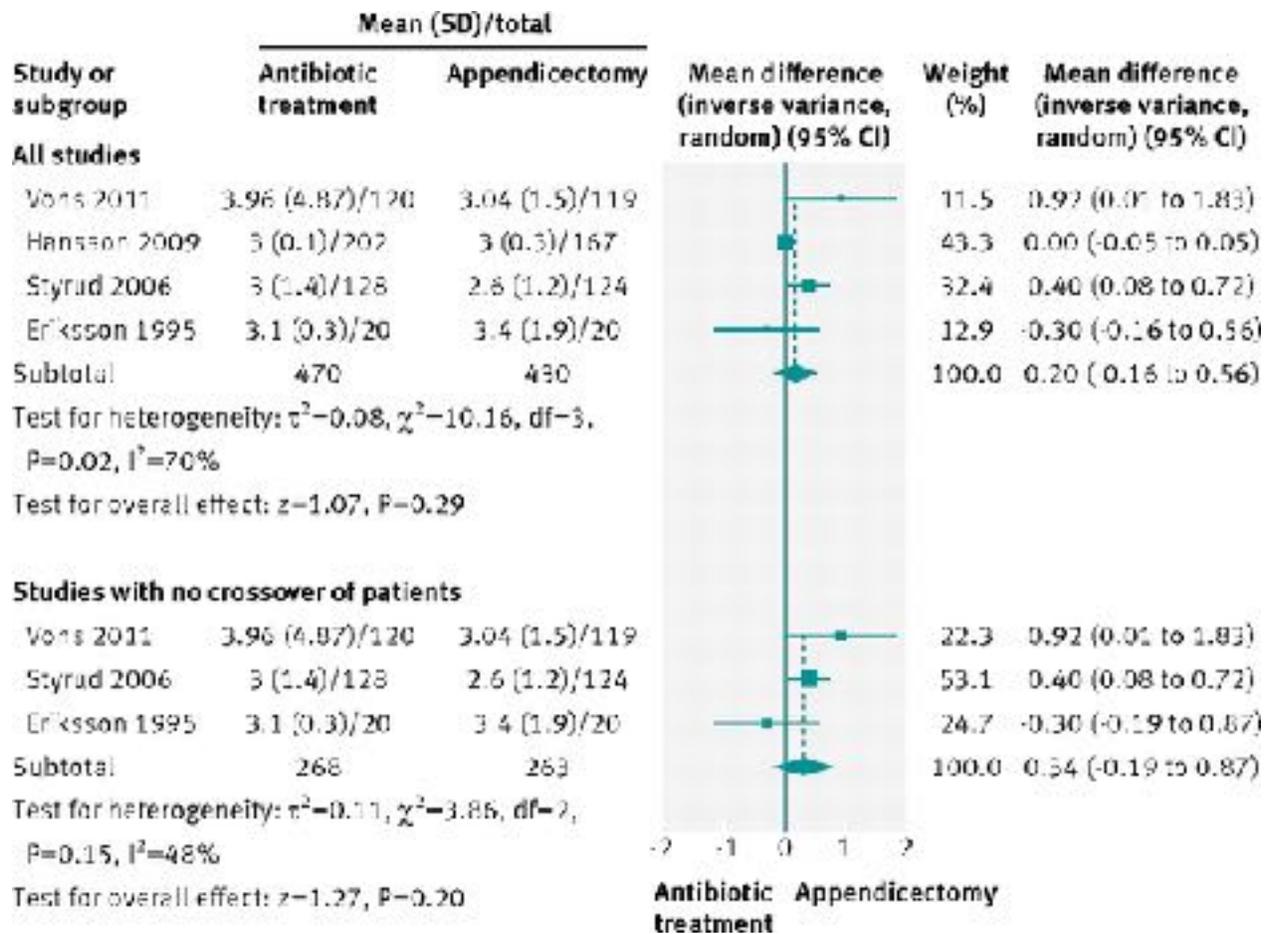


Fig 4 Antibiotic treatment versus appendicectomy for uncomplicated appendicitis: forest plot for complications.

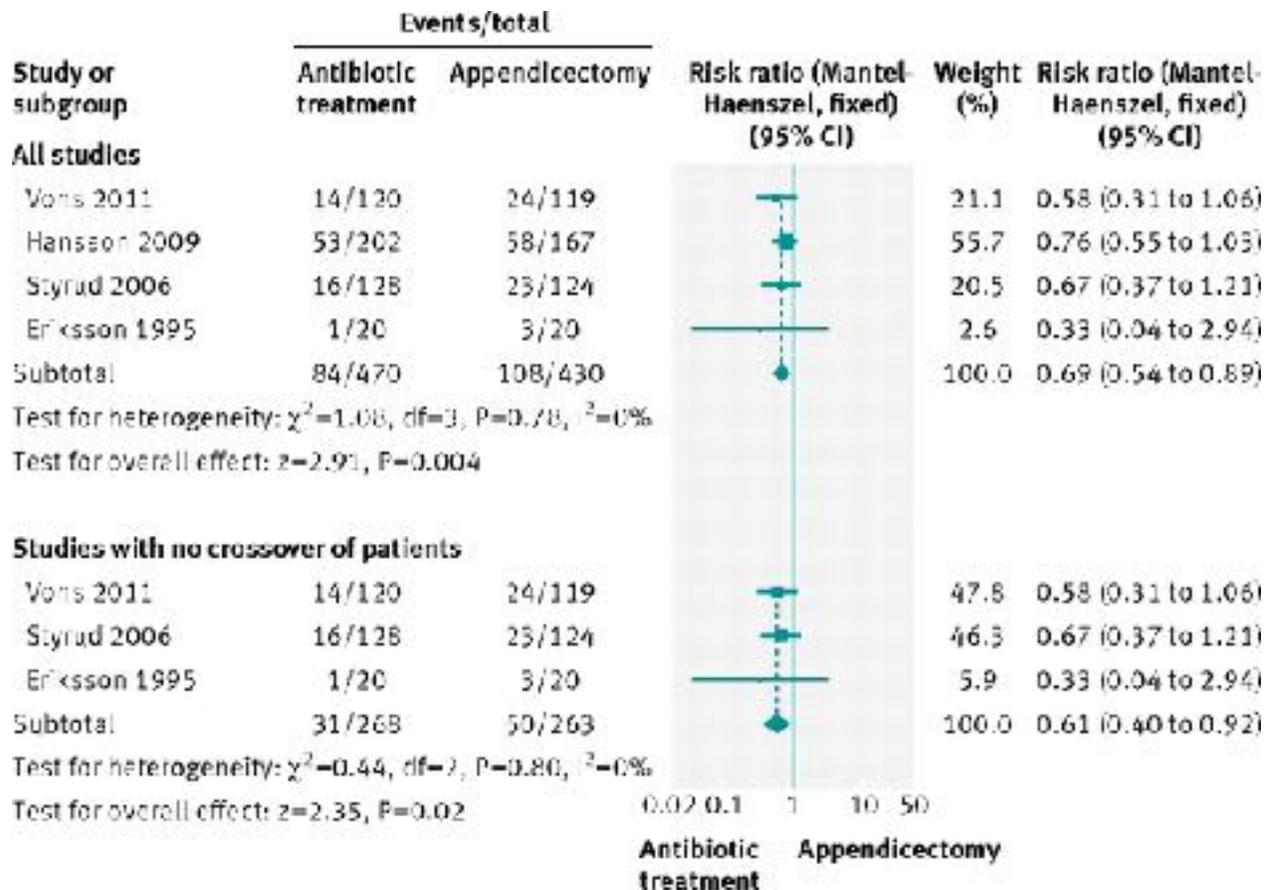
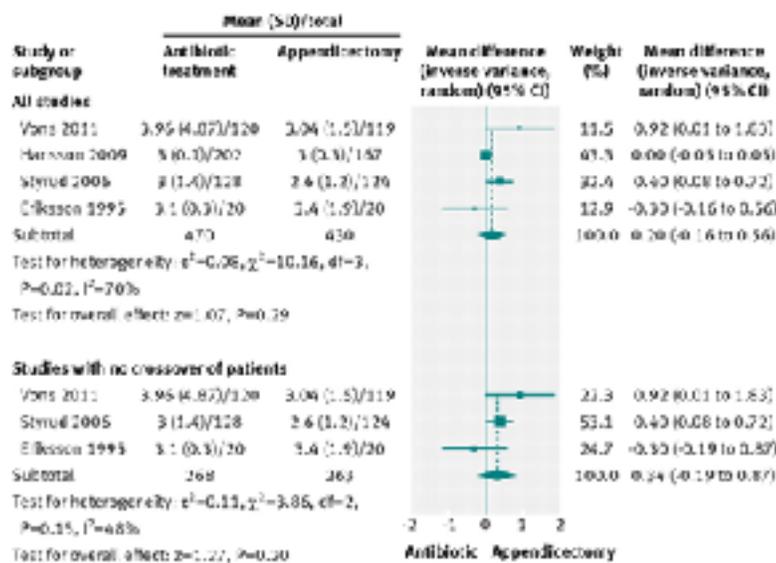


Fig 5 Antibiotic therapy versus appendicectomy for uncomplicated appendicitis: forest plot for length of primary hospital stay.



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In this study only 22% of the surgical procedures were performed laparoscopically and it is well accepted that the laparoscopic approach is associated with reduced wound infection, a lower rate of bowel obstruction and decrease sick leave.

Advantages of the antibiotic regimen include a potentially lower rate of major and minor complications, shorter sick leave. These advantages need to be traded off against a 23 % incidence of recurrence of appendicitis at 1 year and longer hospital stay.

Conclusions : The choice of medical vs surgical management in patients with clearly uncomplicated appendicitis is value and preference dependent suggesting a change in practice toward shared decision making is necessary

It could be argued that with a higher rate of efficacy and a lower rate of complication, laparoscopic appendectomy remains the treatment of choice for any patient with uncomplicated acute appendicitis.

Dr Louis Auguste

Title of the presentation : **Genetic Profiling of Breast Neoplasms and Its Impact on Staging and Treatment.**

Abstract :

Breast Cancer has plagued mankind from the dawn of times. Attempts at treatment by hot cautery, by excision or by more radical procedures or simple observation are well documented. However, it was clear even then that not all cancers behave identically. Clinicians sought to identify features capable of predicting the outcome of the disease and guiding the physicians in their selection of therapeutic approaches. The first staging system was elaborated in Germany by Steinthal in 1904. It included: Stage I for small tumors limited to the breast, Stage II for tumors extending to the axillary nodes and Stage III for locally advanced tumors extending into the chest wall. In 1942, Pierre Denoix was the first to use the TNM system, based on the size of the tumors, the number and size of involved axillary lymph nodes and the presence or absence of distant metastasis. The first official clinical classification was released in Europe in 1958 by the UICC. The AJCC followed suit and after amending the UICC system, published its first staging system in 1977. These initial classifications were strictly based on the clinical features of the tumor at presentation and endeavored to match the stages with the patients' survival. Since then, the AJCC/UICC has updated the staging system nearly every 5 years. The two main engines for these improvements were the creation of the National Cancer Database and the evolution of the statistical methods, that allowed to better define sub-categories within each stage. The universal adoption of these staging systems made it possible to conduct trials of single and/or combined modality therapies as well as adjuvant therapies that could be applied across the continents. It

also allowed a better assessment of health care priorities, as well as the impact of different educational or screening interventions in given communities.

Starting in the 1980s, it became evident that some intrinsic cellular and molecular characteristics could play a major role in tumor behavior. The assessment of Sex Hormones status was the first break through. Their identification was greatly facilitated by the hybridization techniques, leading to immuno-histo-chemistry, FISH and CISH. At the same time, the Human Genome Project allowed to identify a whole array of genes, like HER2neu, whose expression or inhibition controls the tumor biology. The automatization of the process of sequential gene analysis led to a quicker analysis and reporting of the genetic profile of the tumors. These developments drew attention to the potentials for commercial exploitation of these advances. Among others, Genomics created Oncotype Dx® and Agendia, MammaPrint®, using respectively panels of 21 and 75 genes that have been found to predict outcomes in breast cancer more accurately than the traditional TNM system. The use of these gene panels has been integrated in the Eight edition of the AJCC Staging Manual which will establish the standards for the use of adjuvant hormonal, chemo and/or radiotherapy and the choice of agents, ushering in the era of so-called target therapy, where the therapeutic regimen will be specifically tailored to the individual patient or tumor. Unfortunately, it leaves out all the less developed countries where these diagnostic modalities are not yet available.

Marjory Jolicoeur, M.D, FRCPC

New avenues in the treatment of advanced prostate cancer

Abstract

Treating man with prostate cancer is a challenge, the diagnosis is increasing due to the aging population and the diagnosis continues to be associated with a high rate of cancer death. Improving the outcomes of patient with aggressive disease is important. Advance prostate cancer can be divided in 3 groups: locally advanced, oligometastatic and metastatic disease. Also, patients with advanced prostate cancer are usually treated with androgen deprivation they can be further categorized as sensitive or resistant to such therapy. We will start by defining each category. Then through a review of the past 2 years literature, we will focus on recent accomplishments in treatment of each category of advanced disease. Most of the studies are changing the standard of care and they are offering new challenges and opportunities for man with advanced prostate cancer.

Dr Jimmy Belotte

Subject:

Cancer Preventative Care: A Rare Opportunity to Reduce Both The Cancer Burden and Cancer Health Disparities. A Focus on HPV Vaccination and Gynecologic Cancers”

Abstract: For several decades, the two most common causes of death in the United States include heart diseases and cancer. While the prevalence of heart disease is declining, the cancer incidence is increasing and expected to top heart disease in the next few decades if the current trends continue. The overall cancer incidence in 2018 is expected to be 1,735,350 cases compared to 1,685,210 and 1,688,780 in 2016 and 2017 respectively, a consistent increase. Another troubling statistic is the increasing cancer health disparities. Disparities exist when a particular group and social class of the population is adversely and disproportionately affected by a particular health issue compared to the mainstream. It is a complex and multifactorial problem that includes interrelated social, economic, cultural, environmental, and health system factors. One way to address both the cancer burden and cancer health disparities is through *cancer preventative care*. Disease prevention relies on proactive actions aimed at mitigating disease and its impact on the individual, a group, the healthcare system or society at large. The objectives of this review is to examine the impact of cancer and cancer health disparities; highlight the benefits of cancer prevention with a focus on the top three gynecologic cancers; and identify new opportunities to decrease both the burden and disparities for gynecologic cancer

Reynald Altema, MD

Abstract.

Diabetes complications vary among patients. Some are more prone toward retinopathy and others toward nephropathy, while others seem to have a more indolent course. Using genetic testing once diagnosis of Diabetes is established is a new tool available to characterize the different subgroups according to main deficiency. Treatment can then be designed according to identified pathology of Insulin deficiency, resistance or any fluid situation with a goal of reducing aforementioned complications. Genetic testing remains a research tool but in the foreseeable future when the cost of testing is reduced, it should become commonplace.

Dr Alix Dufresne

Title: **Sudden Cardiac Death**

Abstract

Sudden cardiac death (SCD) occurs unexpectedly within 1 hour and due to cardiac causes. This is a global issue and in the USA, about 300.000 cases are recorder annually. Signs and symptoms can be related to underlying conditions, but complaints can at times be non specific. In the adult population in the USA, coronary artery disease is the most commonly associated clinical condition, but different forms of cardiopathies play also an important role. In the younger population and mostly in athletes, hypertrophic cardiopathy should be excluded. Different channelopathies including but not limited to the Long QT syndrome, and Brugada's syndrome. In the African American population, the risk associated with sickle cell trait should not be underestimated.

In the appropriate setting, implantation of a defibrillator may be life-saving, but as in other pathologies, early detection and prevention remain of paramount importance in susceptible persons.

Dr Raymonde Jean

Title : **COPD and Sleep Apnea: “Overlap syndrome”**

Abstract

Chronic Obstructive Pulmonary Disease and Obstructive Sleep Apnea “Overlap Syndrome”

Abstract:

Chronic obstructive pulmonary disease (COPD) and obstructive sleep apnea (OSA) are common respiratory diseases. The co-existence of both disorders, termed the overlap syndrome affects about 1% of the adult population. It is increasingly appreciated that subjective and objective sleep disturbances are common in COPD. The combination of wake and sleep disordered breathing can create a syndrome with unique pathophysiological, diagnostic and therapeutic concerns. The overlap syndrome is associated with more frequent cardiovascular morbidity, poorer quality of life, more frequent COPD exacerbation and increased medical costs. Management of sleep disorders in patients with COPD will not only offer symptomatic relief of OSA but also will improve healthcare resource utilization.

Dr Roosevelt Clérismé

Subject :

The impact of psychiatry in general medical practice

Abstract :

The focus of subspecialties in medicine has caused certain physicians to move further away from the biopsychosocial aspect of health. Some healthcare professionals would focus mainly on the organs of their specialties and feel uncomfortable addressing the effects psychiatric disorders may have on the outcome of medical treatment. The reality is that the human body functions as a whole. Emotions affect physical health and vice-versa. Certain psychiatric disorders like depression and anxiety can mimic physical illnesses and have caused physicians to order unnecessary tests that have increased the cost of medical care. The order aspect is that certain psychiatric disorders may caused the patient to neglect his/her physical health or not comply with the medical treatment. The future of medicine lies in the integrative approach of wellness.

Dr Louis Belzie

Title of the presentation: **Physician burnout**

Abstract Physician burnout is characterized as an emotional condition marked by feeling tired, loss of interest in regular activities, or feelings of frustration that interferes with job performance. Burnout is regarded as the result of prolonged stress at work. The definition of burnout includes the following: "A syndrome characterized by a loss of enthusiasm for work (emotional exhaustion), feeling of cynicism (depersonalization), and a low sense of personal accomplishment." Burnout is the inevitable consequence of our medical system and the subsequent behaviors that are reinforced in the healthcare system. Few studies have reported on the relationship between burnout and medical errors, which suggests there is evidence that burnout is associated with physician self-perceived medical errors and suboptimal patient care. There has been a tendency to view burnout from a pathogenic perspective which has lead to solutions that seek to "treat", rather than cause and effect which requires modifications in the work environment to prevent it. The impact of this chronic condition is particularly important

given that physician's actions are directly linked to the mortality and morbidity of their patients. As physicians play an integral role in the healthcare system, the effects of burnout are not just limited to the physicians experiencing it alone. Rather, physician burnout impacts the entire healthcare system. The purpose of this presentation is to conduct complete literature review to identify the reasons for burnout and the necessary steps required for physician's well-being which directly correlates to patient safety.

Dr Marie Daniella Charles-Belzie

Title : Suicide Prevention

Abstract :

. Suicide and suicide attempts are important public health concerns, currently accounting for 40,000 deaths per year in the United States. It is the tenth (10th) leading cause of death for Americans and has been among the top twelve (12th) leading causes of death since 1975 in the United States. With respect to youth, the incidence of suicide noticeably increases in the late teens and continues to ascend until the early twenties. Suicide is the second (2nd) leading cause of death among older adolescents and young adults under 25 years of age. People of all gender and ethnicities can be at risk.

According to a 2017 CDC's report (Center for Disease Control and Prevention): "Many more people survive suicide attempts than actually die. In 2015, More than half a million people (505,507) received medical care for self-inflicted injuries at emergency departments across the United States. Almost 1.4 million adults self-reported a suicide attempt and 9.7 million adults self-reported serious thoughts of suicide.

Researchers identified some of these risk factors:

- Depression, other mental disorders, or substance abuse disorder
- Certain medical conditions / Chronic pain
- A prior suicide attempt
- Family history of mental disorder or substance abuse
- Family violence, including physical or sexual abuse
- Having guns or other firearms in the home
- Having recently been released from prison or jail
- Exposure to others' suicide behavior, such as that of family members, peers, or celebrities

Despite significant precursors and risk markers for suicide attempts and completed suicides, the management of suicide risks is a formidable challenge. Treatment and carefully designed prevention remain powerful tools for reducing suicide.

References:

1. New York State Office of Mental Health (NYSOMH) / National Institute of Mental Health Suicide Prevention (NIMH)/ Center for Disease Control and Prevention (CDC)
2. “Suicide and Attempted Suicide” (Keith Hawton and Kees van Heeringen)

Dr Michèle David

Subject: **Diagnosing pulmonary embolus in the ambulatory clinic**

Abstract –

Ambulatory management of pulmonary embolism.

Pulmonary Embolism is a major cause of admission to hospital. Its symptoms are neither specific nor sensitive. The diagnosis of pulmonary embolism can be very difficult and elusive. It depends greatly on the use of diagnostic tests, which are in turn interpreted according to a pre-test clinical probability. The diagnosis of pulmonary embolism has undergone several fundamental changes in the past decade. The combination of D-dimer and clinical probability now replaces ventilation-perfusion scanning as first line testing. The condition is potentially fatal, and it is important to try and find the patient at risk who presents in primary care clinic.

Best Practice Advice 1:

Clinicians should use validated clinical prediction rules to estimate pretest probability in patients in whom acute PE is being considered.

Best Practice Advice 2:

Clinicians should not obtain D-dimer measurements or imaging studies in patients with a low pretest probability of PE and who meet all Pulmonary Embolism Rule-Out Criteria.

Best Practice Advice 3:

Clinicians should obtain a high-sensitivity D-dimer measurement as the initial diagnostic test in patients who have an intermediate pretest probability of PE or in patients with low pretest probability of PE who do not meet all Pulmonary Embolism Rule-Out Criteria. Clinicians should not use imaging studies as the initial test in patients who have a low or intermediate pretest probability of PE.

Best Practice Advice 4:

Clinicians should use age-adjusted D-dimer thresholds ($\text{age} \times 10 \text{ ng/mL}$ rather than a generic 500 ng/mL) in patients older than 50 years to determine whether imaging is warranted.

Best Practice Advice 5:

Clinicians should not obtain any imaging studies in patients with a D-dimer level below the age-adjusted cutoff.

Best Practice Advice 6:

Clinicians should obtain imaging with CT pulmonary angiography (CTPA) in patients with high pretest probability of PE. Clinicians should reserve ventilation-perfusion scans for patients who

have a contraindication to CTPA or if CTPA is not available. Clinicians should not obtain a D-dimer measurement in patients with a high pretest probability of PE.

Raja AS, Greenberg JO, Qaseem A, Denberg TD, Fitterman N, Schuur JD, et al. Evaluation of Patients With Suspected Acute Pulmonary Embolism: Best Practice Advice From the Clinical Guidelines Committee of the American College of Physicians. *Ann Intern Med.* 2015;163:701–711.

Submitted by Michele David, MD, MPH, MBA, FACP

Dr Lys Montas

Title of the presentation : **Artificial Intelligence and ophthalmology**

Abstract-

Artificial Intelligence is a set of concept and technologies able to simulate human intelligence. It uses BIG DATA with mathematical and computer logic to solve some problems with high complexity via algorithm.

The potential of this new technology in the computer world is enormous, with a lot of hope and a lot of apprehension. In the field of ophthalmology, decisions are already supported by increasingly sophisticated instruments from artificial intelligence. We are expecting developments that will allow a better understanding of certain disease to the discovery of other ones, less invasive, safer and more effective therapeutic gestures for the patient.

Dr Fritz Allen

Title of the presentation : **New options for surgical treatment of glaucoma**

Abstract :

Definitions : What is Glaucoma? Criteria for diagnosis and stages, clinical evaluation of Glaucoma and tests done for glaucomatous patients : Visual field testing and nerve analysis testing

Description of different stages of Glaucoma and criteria for medical treatment and surgical interventions existing now at the disposal of ophthalmic surgeons.

Description of traditional glaucoma surgeries including videos

Description of new devices (MIGS) minimally invasive glaucoma surgeries available on the market and under investigation, indication and results and description of complications from those devices including videos

Comparison between full thickness glaucoma surgery (traditional) and the MIGS

Indication and limitation for each type of surgery including combined Cataract and glaucoma surgery.

Dr Weiner Leblanc

Title of the presentation: **Role and integration of matrones in the health care system in Haïti**

ABSTRACT:

Haiti has the highest Maternal mortality rate (359/100,000 Live Births) in the Latin America Caribbean Region (LAC) . Three countries outside the Sub-Saharan Africa region have a high MMR : Afghanistan (395), Yemen (385) and Haiti (359).

The high mortality rate is due in large part to deliveries at home by unskilled matrones.

They have played an important role in the maternal and neonatal care in many areas of Haiti particularly in the vulnerable communities of the rural areas where access to medical care is limited.

Studies have shown that the presence of a Skilled Birth Attendant during labor, child birth, immediate post natal period is considered with delivery in health facility as a key strategy to reduce maternal mortality in developing counties.

According to the 2017 EMMUS VI (Enquete, Morbidite,Mortalite and Use of Services 2012-2017), 60% of deliveries were at home by unskilled matrones compared to only 39.5% deliveries in a health care facility. The presence of a skilled birth attendance at delivery was 42%.

There has been considerable interest in the integration of the Matrones in the Health care System to help alleviate the shortage of health workers (Physicians, Nurses, Midwives, Community Health workers) in Hait m

CONCLUSION:

Well trained, supervised and integrated in the health care system, the matrones constitute a human resource pool that can be used , teamed with the Community health workers, to improve access to care and services where women particularly in the rural areas do not have access to those services.

THE SPEAKERS

Dr Reynald Altéma,

Dr Reynald Altéma is board certified in internal medicine. He received his medical degree from SUNY-Downstate Medical School, Brooklyn, N.Y in 1980. He completed his postgraduate training in internal medicine at UMDNJ, University Hospital, Newark, N.J in 1983. He worked in private practice at Irvington, NJ from October 1984 to present including outpatient, inpatient and ICU patient care from 9-1984 to 7-2014.

He is currently an attending physician at Martin Memorial Hospital in Stuart, FL and maintains a private practice in New Jersey.

Louis Joseph Auguste, M.D.

Dr Louis-Joseph Auguste graduated Doctor in Medicine at the State University of Haiti in August 1973. He completed a surgical residency at the State University of Haiti from 1973 to 1975, he continued his surgical residency at Long Island Jewish Medical Center, New Hyde Park, NY. He went for a fellowship in Surgical Oncology, Head and Neck Surgery, Endoscopy at Roswell Park Memorial Institute in June 1982.

He received Honors and Awards, Honorable Mention from "Annual Scientific Essay Contest at Long Island Jewish Medical Center in June 1979; He received the "First Prize" and "Best of all categories" Annual Scientific Essay Contest Long Island Jewish Medical Center June 1980" and nominated for "Physician of the Year 2010" by EMGHLTH Foundation in June 19, 2010. He was the Outstanding Teacher of the Year 2014-2015 in Surgery from North Shore/LIJ Health System, The Feinstein Institute for Medical Research. May 28, 2015. He is a Clinical Director, A-Service / Department of Surgery at Long Island Jewish Medical Center from 2011 to 2017.

Louis R. Belzie, MD, MPH, FAPA

Dr Belzie graduated Doctor in Medicine in 1979 at the State University of Haiti. Then, he received a Masters Degree in Public Health Sciences at the New York Medical College, Valhalla, N.Y in 1989. He completed a fellowship in Psychiatry in 1993 at New York Medical College / Lincoln Hospital and a Geriatric Psychiatry in 1994 at Hillside Hospital / Long Island Jewish Medical Center. He is currently the director of Behavioral Services, Long Term Care at Schulman and Schachne Institute at Brookdale Hospital, Brooklyn, N.Y from 1994 to present.

Jimmy Belotte, MD, Ph.D, F.A.C.O.G

Dr Jimmy Belotte graduated Doctor in Medicine in 2003 at the University Notre Dame in Haiti. He continued a residency program in Obstetrics and gynecology at Nassau University Medical Center and Wayne State University School of medicine. He completed a fellowship in Gynecology Oncology in 2010 at MD Anderson Cancer Center, Houston, Texas and continued a training in Women's reproductive health Research at Wayne State University School of Medicine from 2011 to 2016.

He received Honors and Awards from the Center Of Excellence Minimally Invasive Gynecology designee, Surgical Review Corporation, from America's Top Obstetricians and Gynecologists , Consumers' Research Council of America. He is teaching undergraduate students at Wayne State University School of Medicine. He is a Associate Professor, Medical Director in Generalist Division, Department of Obstetrics and Gynecology, Albert Einstein College of Medicine.

Marie Daniella Charles-Belzie, MD

Marie Daniella Charles-Belzie, M.D., is a Board Certified Psychiatrist with added qualifications in Child and Adolescent Psychiatry. Dr. Charles-Belzie received her medical degree at the State University of Haiti Medical School.

She has served for the past 14 years as the Clinical Director of New York City Children's Center, Brooklyn Campus and Queens Campus, New York State Office of Mental Health. She is currently a Clinical Assistant Professor of Psychiatry at SUNY Downstate Medical Center.

Dr. Charles-Belzie has a long standing interest in child development and the treatment of children and adolescents in need of mental health services.. Her major professional activity is the provision of training for SUNY Downstate Child Psychiatry Fellows and consultation on Clinical Services for physicians at New York City Children's Center, Queens and Brooklyn Campus She received the prestigious award of "TEACHER OF THE YEAR, CHILD AND ADOLESCENT PSYCHIATRY FELLOWSHIP PROGRAM" for the 2015-2016 academic year.

Dr. Charles-Belzie is a member of several professional organizations. As the President of the Haitian-American Psychiatry Association, and member of the Association of Haitian Physicians Abroad, she works with other community leaders to provide resources for provision of medical services for the Haitian Community.

Marie-Nancy Charles Larco, MD

She graduated doctor in medicine at the State University of Haïti in 1987. She completed a training program in internal medicine at the State University of Haïti and a fellowship in Diabetology and Endocrinology at Montpellier, France.

She is in private practice in internal medicine and Diabetology. She is author of scientific publications and lecturer at training activities focusing on diabete and Endocrinology. She is the coordinator and executive director of FHADIMAC, Fondation Haïtienne de Diabète et de Maladies Cardiovasculaires from 1989 to the present day.

She is decorated in 2011 by the Rotary Club for the enormous work done for Haïtian people affected with diabete and cardiovascular disease.

Joseph Roosevelt Clérismé, MD

Dr Roosevelt Clérismé graduated in 1976 Doctor of Medicine at the State University of Haiti. He completed a residency in Psychiatry at Mars and Kline Psychiatric Center in Port-au Prince, Haiti from 1996 – 1997, He continued a residency in Psychiatry at Creedmoor Psychiatry Center in Queens, N.Y with clinical fellowship at Payne Whitney Clinic, Cornell University from 1980 to June 1982 and at the Psychiatric Institute, Colombia University from July 1982 to June 1983. He is Unit Chief of Psychiatry at Mercy Medical Center. He is currently President of the Association of Haitian Abroad.

Maxime Coles, MD, FICS, FRCS, FAANOS-C

Dr Maxime Cole sis board certified in orthopedic surgery. He received his medical degree from the State University of Haïti in 1976. He completed his postgraduate training at the State Université d’Haïti in Orthopedic and Trauma Surgery in 1979, followed by a felloship in Hand and Trauma. His postgraduate training in general surgery continued in the USA at Prince George’s Hospital, Baltimore in 1981 and Howard University, Washington, DC in 1983. Dr Cole sis currently an Orthopedic Surgeon and Traumatologist in Cofffeyville, K.S and maintains clinical privileges at Day Kimball Hospital in Putnum, CT.

Michèle David, MD, MBA, MPH, FACP

Dr David is a critical specialist and is board certified in internal medicine and pulmonary / critical care medicie. She received her medical degree from the University of Chicago – Pritzker School of medicine in 1988 and her MBA in 1985. She received a MPH from Harvard University School of Public Health in 1994. She completed her postgraduate training at Columbia University College of Physicians and Surgeons in 1992 followed by a felloship in pulmonary and critical

care medicine at Brigham Women's Hospital in Boston., M.A. Dr David is currently an attending physician at Mount Auburn Hospital in Cambridge, M.A. She is often invited as a speaker for local, regional and international lectures and presentations. She is the author of numerous scientific articles, case reports, text book chapters and editorials.

Monique Dieuvil, MD

Dr Monique Dieuvil graduated Doctor of Medicine in 2010 at the University of Florida College of Medicine – Gainesville, Florida. She completed an Obstetrics and Gynecology Residency Training Program from July 2010 - June 2013 at Temple University Hospital - Philadelphia, Pennsylvania. She continued a Family Medicine residency training program in July 2014 - June 2017 at the University of Florida Health/Shands Hospital – Gainesville, Florida. She received Award in 2010 - 2011 for Temple Hospital Best Teaching Resident and Award for creation of standardized patient system in 2010 from University of Florida College of Medicine Chapman. She is currently associate professor at the University of Florida.

Yvan Ducheine, MD, MBA

Dr Yvan Ducheine graduated Doctor of medicine in 1990 at the UMDNJ – New Jersey Medical School. He completed his General surgery internship and residency in 1995 at Sound Shore Medical School at New York. He completed an Executive Master Business Administration in 2016 at Rutgers Business School. He work at East Orange General Hospital and Newark Beth Israel Medical Center from 1998 to present. He received Honors and Award from Association of Haitian Physicians in 2009 and from Business Startaegy Excellence Award in 2015. In 2004, he was President of the New Jersey Chapter Association of Haitin Physician Abroad. He is currently a Physician Advisor at East Orange General Hospital.

Alix Dufresne, MD, FACP, FACC, FESC

Dr Alix Dufresne graduated Doctor in Medecine at the University of Montpellier and Lyon, France in 1975. He completed a residency program in internal medicine at Mount Sinai School of Medicine Affiliate at North general Hospital, New York from 1980 to 1983. He continued for a fellowship in Cardiology at the Brooklyn Hospital Center from 1983 to 1985. He was in charge on developping curriculum for cardiology fellow from 1990 to 2004. He is currently the Director of Cardiology and the Chairman Code Committee at Interfaith Medical Center. He received Honors and Awards as Attending of the Year at the Interfaith Medical Center. His research interest is in Heart failure. He is the author of numerous scientific publications.

Ernst Garçon, MD

Dr Ernst Garçon is board certified in radiology and neuroradiology. He received his medical degree from the State University of Haïti in 1990. He completed a postgraduate training at the Long Island College Hospital in 2003 followed by a fellowship in Neuroradiology at Columbia University Medical Center in 2005. He is currently assistant professor of radiology at Columbia University College of Physicians and Surgeons.

Rony Jean Marie, MD

Dr Rony JeanMarie is board certified in family medicine and psychiatry. He received his medical degree from the State University of Haïti in 1986. He completed a postgraduate training in psychiatry from 1992 – 1996 at Columbia University College of Physicians and Surgeons / Harlem Hospital followed by a family medicine residency from 1996 – 1999 at the Catholic Medical Center in Jamaica, N.Y. Dr Jean Marie serves currently as an attending psychiatrist at Samaritan Medical Center in Watertown, N.Y.

Raymonde E. Jean, MD, FCCP, FAASM

Dr Raymonde Jean graduated Doctor in Medicine at the University Del Noreste, Tampico, Mexico in 1986. He completed an internship and residency in Internal Medicine in 1993 and a fellowship in pulmonary and Critical Care Medicine in 1997 at St. Luke's-Roosevelt Hospital Center. He did a special training in Sleep Medicine in 1999 at Sleep Disorder Institute New York, N.Y. He received the housestaff Award for Outstanding Teaching at Mount Sinai St. Luke's and Mount Sinai West Hospital in 2016 and was nominated for teacher of the year in 2017. His research interests primarily focus on investigating clinical outcomes in critical illness, as well as the impact of sleep quality on patient well-being and recovery in the ICU. As a clinical investigator, He has produced several first and senior author publications in high impact peer reviewed journals including Journal of Critical Care. He published in over 60 scientific articles and abstract presentations in national and regional meetings.

Eric Louis Jerome, MD, FASN, FACP

Eric L. Jerome graduated Doctor in medicine from the State University of Haiti. He completed a training residency program in internal medicine at the HUEH, then in the US at the North General /Mount Sinai School of medicine. He finished his fellowship in Nephrology at Maimonides Hospital State University of New York.

He is Board certified in Internal Medicine and Nephrology.

Actually, he is an Assistant Professor of Clinical Medicine at SUNY Health Sciences Center, Chief of Nephrology, an ACGME Program at Kingsbrook Jewish Medical Center in New York. He is also Director of Brooklyn Dialysis Center an affiliate of the Rogosin Institute.

A member of the Administrative Council of SFNDT (Societe Francophone de Nephrologie, Dialyse et Transplantation), he oversees the activities of the "societe" including the organization of the Annual Reunions at different cities in France.(This year is Lille)

As a member of the AMHE Scientific Commission he also helped in their CME endeavors. He directed a 30 CME credits program with SUNY at Upstate in July 2017 for AMHE (Association Medicale Haitienne a l' Etranger.)

His research interests remain Hypertension and Clinical Nephrology: Lupus Nephritis and Focal Segmental Glomerulosclerosis (FSGS) in Blacks.

Last case report with Dr.Uri Goldberg IGA Nephropathy in an African-American male.

Marjory Jolicoeur, MD, FRCPC

Dr Marjory Jolicoeur is a radiation oncologist specialized in brachytherapy. After completing a radiation oncology training in 1996 at « Université de Montréal », she went for a full fellowship specializing in brachytherapy at the « Centre George-François Leclerc » in Dijon, France. In 1997, she started a clinical and teaching career at the department of Radiation Oncology of « Université de Montréal », where, as of today, she still holds a position of Professor. In 1999 she was appointed to the planning and construction of a new Radiation Oncology department for the « Hôpital Charles Lemoyne ».

As a brachytherapy specialist, she is active in the treatment of gynaecological, genitourinary, breast, head and neck and soft tissue tumour.

As a professor, she has been teaching brachytherapy techniques and application to residents of radiation-oncology program uro-oncology and in gynaecologic-oncology Fellowship program of several universities. She also trained practicing radio-oncologist to brachytherapy and help was the expert contact for some centers to help them start their prostate brachytherapy program.

She has 14 publications, fifty abstracts and oral presentation. She also was an invited speaker for forty-nine times. Most of her presentations are on brachytherapy.

Weiner Leblanc, MD, FAAP

Dr Leblanc received his medical degree in 1956 at the State University of Haïti. He completed a pediatric residency program at Sainte Justine Hospital, Montreal, Canada in 1964. He went for a fellowship in pediatric pathology at the NYU Bellevue Medical Center in N.Y.

In 1964, he joined the Faculty Staff of Columbia University College of Physicians and Surgeons at Columbia University/ Harlem Hospital Center Affiliation in NY where he serves as an Attending Physician, Coordinator of the Pediatric Residency program, Senior Associate Director and Clinical Professor of Pediatrics until 1998 when he retired as an Emeritus Professor. Since his retirement, he has joined the Herbert Wertheim College of Medicine at Florida International University (FIU) as a Voluntary Faculty Staff. Dr Leblanc is a Fellow of the American Academy of Pediatrics, a member of its different sections (Perinatal, International Child Health, Senior section) He is also member of several professional Organizations including the Florida Pediatric Society, a member of the AMHE Medical Relief Mission Task Force.

Marie Françoise Mégie, MD

Dr Marie-Françoise Mégie is a general practitioner, recently retired. She worked for several years in a community clinic at the CLSC du Marigot in Laval, Canada in the home care program. She developed an expertise in care for the elderly, palliative care and bioethics. She is often called to present lectures on various topics concerning these fields of expertise.

She was an Professeur agrégé in the Department of Family Medicine at the University of Montreal. She is a co-author of the «Précis pratique de soins médicaux à domicile» and author of several other publications (articles and chapters of book).

She was President of the association «Médecins Francophones du Canada and Past President of Montreal AMHE from 2009 to 2015.

She is currently Senator in the Parliament of Canada.

Lys Montas, MD, FMSQ, CSPQ, FRCSC

Dr Lys Montas is ophtalmologist. He graduated Doctor in Medicine at the University of Paris. He completed a fellowship in Ophtalmology in Paris, France and continued his training in Ophtalmology at the University of Montreal. He was chief of Ophtalmology Department at the Honoré Mercier Hospital, Montreal, Jean Talon Hospital, Montreal and Fleury Hospital, Montreal, Canada.

He is currently in practice at the ophtalmologic clinic Bellevue at Montrea, Canada.

Paula Reeves OBrien,

Paula Reeves O'Brien has a career in finance and management and she has over twenty years of experience in the field. Her extensive background includes billing management, practice plan management, business analyst and project management. She received her bachelor of sciences degree from Wheelock College in 1992. She worked at Partners Healthcare in Boston, M.A for twenty years. She is currently the owner operator of OBR Investment LLC.

Dickens St Vil, MD, FRCS, FACS

Dr Dickens St- Vil graduated from Mc Gill University, Montreal, Canada in 1984. He obtained his certificate of speciality in General Surgery in 1989 at Mc Gill University. He completed a fellowship in pediatric surgery in 1991 at the University of Montreal , Canada. Dr St Vil is a fellow from College Royal of Canada (FRCP) and American College of Surgeons (FACS). He graduated from the American Board of Surgery.

He works as a surgeon at Ste Justine Hospital. He has an interest in pediatric traumatology, humanitarian medicine and medical pedagogy. He published more than fifty articles in peer-reviewed journals. He is presently professor of the department of surgery, University of Montreal and head of the departmenet of surgery at Ste Justine Hospital.