

# Hubert-Yeargan Center Happenings

Fall 2025

## Our mission is...

*to train globally minded, socially responsible clinician-educators and scientists who are dedicated to advancing human health and reducing health disparities both domestically and globally.*

## What we do:

**Inspire** young professionals by exposing them to potentially life changing experiences in resource constrained environments around the world

**Develop** mutually beneficial, collaborative relationships which address the needs of local communities

**Support** global health research efforts while providing clinical care for disadvantaged and vulnerable populations

## HYC Leadership

**Executive Director**  
Chris Woods, MD, MPH

**Associate Director**  
**GHP Program Director**  
Nathan Thielman, MD, MPH



Chris Woods and Nathan Thielman

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## Bilateral Clinical Exchange: Strengthening Global Health Leadership Through Shared Learning

Many in the Duke community are familiar with HYC’s longstanding global health training programs -- most notably the Global Health Pathway (GHP) and clinical elective programs. Over the last 40 years, these programs have supported more than 550 Duke residents and fellows in global health work. Fewer, however, may know about the equally transformative bilateral exchange program that lies at the heart of HYC’s mission.

Rooted in HYC’s commitment to equitable, long-term partnerships, the bilateral exchange program focuses on advancing clinical training, professional and leadership development, and mentored relationships for trainees from our global partner sites. To date, HYC has hosted over 220 international medical students, residents, cardiology fellows, nurses, and other allied health professionals from our partner sites for clinical electives at Duke.

This fall, HYC welcomed four trainees from Moi University in Eldoret, Kenya—two fifth-year medical students and two Internal Medicine residents—for 6-8 weeks at Duke, where they joined HYC faculty and Duke residents on the wards for clinical rotations in General Medicine, Pediatrics, Neurology, Cardiology, Pulmonary, ICU, Infectious Diseases, and Nephrology. For all of them, it was their first time in the United States. They learned about the large burden of chronic disease in the U.S., use of advanced technology and treatment within a highly-resourced academic health system, as well as the culture of U.S. medical training and patient-centered care. In addition to clinical work, they joined Duke residents for didactic sessions on comparative health systems and cultural humility, and sharing experiences and camaraderie around challenges of medical training.

### Personal Transformation and Paying It Forward

These electives provide space for deep personal reflection, that has led to meaningful shifts for international trainees in their clinical practice back home. Dr. Kate Rasowo, an internal medicine resident from Moi University in Eldoret, Kenya who spent 8-weeks at Duke was struck by the strong emphasis on patient-centered care that she witnessed on the wards during her clinical elective; education of patients and families on rounds is rare in the high volume, resource-constrained Kenyan public hospital system. Since returning to Moi Teaching and Referral Hospital, she has intentionally begun to emphasize patient-centered practices in her rounding, now modeling these skills for the junior trainees in Kenya. These small but meaningful and sustained changes reflect the larger ripple effect of the exchange experience.

The impact of bilateral exchange extends far beyond clinical exposure. These electives foster career development, leadership growth, and lifelong professional connections that continue to shape trajectories long after trainees return home. A powerful example is Dr. Victor Mwaka, an Internal Medicine resident from Moi University who completed an 8-week clinical rotation at Duke in fall 2023. With a budding interest in cardiology, Dr. Mwaka rotated in the cardiac ICU with Dr. Chris Granger,

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Group of Duke global health residents and visiting trainees from Moi University in Kenya during a global health curriculum session (October 2025). The GH curriculum is a longitudinal series of didactic sessions for multidisciplinary Duke residents participating in global health electives, led by Dr. Rebecca Lumsden (left) and Jessie Hardison (right).



Beverline, medical student from Moi University (bottom right), and her GenMed team, lead by Dr. Madhuri Gottam (2<sup>nd</sup> from left), a senior resident participating in HYC global health clinical elective this year.

## Bilateral Exchange *continued from page 1*

Duke cardiologist and internationally recognized clinical trialist. Their connection proved pivotal. After returning to Kenya, Dr. Mwaka was invited by Dr. Granger to the Africa STEMI conference in Nairobi— an initiative focused on improving cardiac care delivery in low-resource settings, where he met cardiology leaders from across the continent. Dr. Mwaka now practices in Bomet, Kenya and plans to pursue cardiology fellowship training in Kenya.



Dr. Charity (left) and Geogina (right), with Dr. Lumsden (center) in Eldoret, Kenya after returning from their clinical elective at Duke



Dr. Nathan Anjichi, visiting registrar from Moi University, re-connected Drs. Amy Lee (top) and Dan Turner (bottom) during his clinical elective experience at Duke.



### Relationships That Shape a Global Health Community

Perhaps the most enduring impact of bilateral exchange is the lasting personal and professional relationships that develop through the bilateral exchange program. This was more evident than ever this year, as visiting residents and fellows from Kenya re-connected with current and former Duke residents and faculty they had previously worked with in Kenya. Dr. Ethan Eyman, now a chief resident in Neurology who spent a month rotating at Moi Teaching and Referral Hospital (MTRH) in Eldoret, Kenya on his global health elective last year, hosted visiting Kenyan medical students and residents from MTRH who he had worked with in Kenya on his Neurology rounding team this fall. Drs. James Davis and Auston Stiefer, two Duke internal medicine residents who did global health clinical rotations in Eldoret, Kenya welcomed Dr. Edgar Karanga, a visiting cardiology fellow from MTRH who they had worked closely with in Kenya, by helping him explore Durham.

Dr. Nathan Anjichi, a visiting internal medicine resident from Moi University in Kenya reunited with two Duke alumni during his clinical rotation at Duke after they initially met in Kenya many years ago. Drs. Dan Turner (IM) and Amy Lee (Med/Peds) both did global health elective rotations at Tenwek Hospital in Bomet, Kenya during their residency, when they first worked with Nathan who was an intern at Tenwek Hospital at the time. Now many years later, they got to meet again in North Carolina. Nathan will be returning to Tenwek Hospital after he completes his residency training and hopes to work alongside Dr. Turner again soon in Kenya; Dr. Turner, now Pulmonary and Critical Care faculty at Carolinas Medical Center in Charlotte, NC, has continued to return to Tenwek regularly since his elective. These connections demonstrate the profound relational fabric of HYC's global health community—a network that spans continents, specialties, and generations of trainees.



Dr. James Davis (left) and Dr. Auston Stiefer (right), Duke IM residents, with Dr. Edgar Karanga (center), Cardiology fellow from MTRH at a Durham Bulls game in spring 2025.

### Professional Growth and Mentorship, A Model for the Future of Global Health Training

Bilateral exchange is more than a training opportunity; it is a partnership that strengthens health systems, builds leadership, and fosters mutual respect. By welcoming global partners into our own clinical teams, we affirm that learning is bidirectional and that global health is a shared endeavor. This is the mission of the HYC in action.

**If you would like to support HYC's bidirectional exchange program, please consider donating today!**

<https://hyc.globalhealth.duke.edu/giving-back/>

## Advisory Committee Affirms Support of HYC Mission

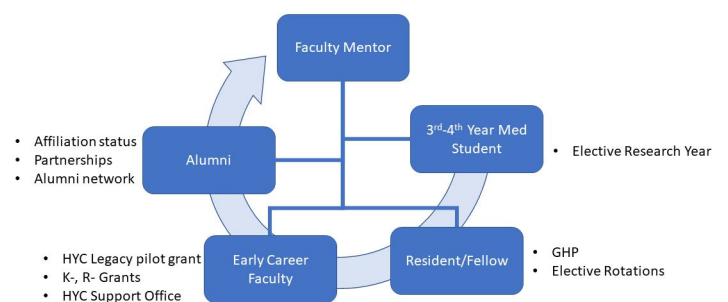
*How can HYC thrive in uncertain times? Our advisory committee weighed in with specific recommendations.*

On November 3, the HYC leadership team hosted its annual meeting with the 12-member advisory committee, which includes leaders from across Duke School of Medicine departments and institutes such as the Duke Global Health Institute, Departments of Medicine, Surgery, Emergency Medicine, Family Medicine and Community Health, and the Duke Clinical and Translational Science Institute.

This year's discussion centered on **mission sustainability and growth amid financial uncertainty**. Following an update on HYC's clinical training and research programs spanning the entire clinical trainee lifecycle (figure), committee members engaged in a dynamic dialogue about strategies to safeguard HYC's work in the face of fluctuating federal and institutional support.

Key recommendations included: Lead with our mission statement; Boost visibility through social media; Prioritize programs given financial constraints; Augment programs through partnerships; and Adapt to changing perceptions of global health. The committee reaffirmed its strong support for HYC's global health mission and recognized the critical impact of its programs.

### HYC Support across the Clinical Trainee Lifespan



## Global Health Pathway Trainee Highlights

### Dr. Lana Abusalem, Global Health Infectious Diseases Fellow

Dr. Lana Abusalem is an Infectious Diseases and Global Health Pathway fellow and second-year MS-GH student conducting a mixed-methods study on Carbapenem-Resistant Organism (CRO) infections in three hospitals in Southern Sri Lanka. With support from the Global Health Pathway and mentorship from Dr. Gayani Tillekeratne, Dr. Chris Woods, and Dr. Subodha Wickramasinghe, and in collaboration with the Duke–Ruhuna Collaborative Research Center, she is quantifying the prevalence and microbiology of CRO infections across blood, urine, respiratory, and sterile-site cultures. The study integrates laboratory surveillance, antimicrobial susceptibility testing, and clinical data extraction to evaluate treatment patterns and regimens including Colistin-, and Aminoglycoside-based combination regimens and their association with outcomes such as length of hospital stay, adverse events, and mortality.

The project includes qualitative interviews with local Sri Lankan physicians and microbiologists to document how diagnostic uncertainty, drug availability, and resource constraints influence antibiotic selection. The project will also include a cost-analysis component to quantify the financial burden of CRO infections on patients and hospitals and to evaluate how regimen choices impact overall resource use.

In addition to this work, Lana contributes to the rapid diagnostic testing in lower respiratory tract infections project in Sri Lanka, supporting improvements in diagnostic interpretation and respiratory pathogen detection. She extends her sincere thanks to her mentors and the Duke–Ruhuna team for their ongoing collaboration and guidance. Her goal is to strengthen infectious disease research capacity and produce locally actionable evidence that can improve care and stewardship in resource-limited settings.



Lana Abusalem with mentor Gayani Tillekeratne



Members of the Duke-Ruhuna Center for Infectious Disease Research including project coordinator (Senali Weerasinghe), senior research scientist (Dr. Ruvini Kurukulasooriya), project manager (Anuththara), laboratory manager (Dilshan), and research assistants (Dr. Tharuka Madushan, Dr. Sewwandi Senarath and Dr. Nipunika Udugama).

### Dr. Sheena Song, Global Ophthalmology Fellow

My interest in global eye health began serendipitously in college, when I joined a group of optometrists on a mission trip to Nicaragua. There, I saw firsthand the extraordinary impact of treating the world's leading cause of reversible blindness: refractive error—a problem often solved with something as simple as a pair of glasses. That experience sparked a commitment to global eye care that has since taken me around the world. Last year, I chose to pursue a fellowship in Refractive, Cataract, and Cornea Surgery to gain the skills needed to address the most prevalent causes of blindness globally. I can't imagine a more fitting way to conclude my ophthalmology training than by returning to the inspiration that started it all—as a global ophthalmology fellow at Duke.



OR team after a full day of corneal transplant collaboration at University Eye Clinic, Skopje, North Macedonia



Screening pre-operative patients for cataract surgery at Sitagu Buddhist Monastery Eye Hospital, Kaytumati, Myanmar

As a global ophthalmology fellow, I spend half the year abroad and half the year at Duke. While at Duke, I focus on advancing my clinical and surgical training and work closely with our local eye bank, Miracles In Sight, to gain a comprehensive understanding of eye banking. So far this year, my fellowship has taken me to Guyana, Indonesia, and North Macedonia, where our efforts have centered on corneal transplant collaborations. This involves bringing donor corneal tissue to teach and perform transplants alongside local ophthalmologists. Our trips—led by my fellowship director, Dr. Lloyd Williams—include lectures, wet lab sessions, live surgical teaching, and precepted surgical cases with our local partners. The curriculum is designed to build progressively, and my favorite part of every trip is watching the local ophthalmologists perform the procedures completely independently by the end.

As I write this, I'm in Myanmar and preparing to travel next to South Sudan for cataract surgery camps. Although global ophthalmology emphasizes skills transfer and local training, many regions—including Myanmar and South Sudan—still face a significant backlog of untreated surgical need. In Myanmar, I have been working with Dr. Bidya Pant, a renowned Nepalese ophthalmologist, to learn and perform manual cataract surgery. This technique offers a safe, efficient, and cost-effective approach to restoring sight in low- and middle-income countries, making it an essential tool in addressing the global cataract burden.

My experiences this year so far have only strengthened my conviction to pursue a career dedicated to helping eliminate blindness globally. As I continue this fellowship, I am deeply grateful to the global community, my mentors, and especially my patients who continue to shape the dream that started many years ago.

## Donations

The Hubert-Yeargan Center for Global Health is sustained by generous donations from our donors. We value the collaborations we've built with individuals, organizations, and other academic medical centers dedicated to dramatically improving the healthcare and lives of people around the world.

Your donations directly support our training programs. On behalf of our trainees, and everyone whose lives their work has touched, thank you for supporting our programs!

To donate directly to the Hubert-Yeargan Center, visit [hyc.globalhealth.duke.edu/giving-back/](https://hyc.globalhealth.duke.edu/giving-back/) or scan the QR code below.

To mail a donation, please contact us at [Hubert-Yeargan@duke.edu](mailto:Hubert-Yeargan@duke.edu) for more information and to ensure the check is received by our office.



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In Memory of our  
Founding Director  
G. Ralph Corey, MD

## Ralph Corey Legacy Award Project Spotlight

### Safety and Feasibility of the use of High-Dose Methotrexate in the Treatment of Pediatric Burkitt Lymphoma in Mwanza, Tanzania by Dr. Hutton Chapman

Despite the excellent outcomes for pediatric Burkitt lymphoma in high income countries (HICs), survival remains very poor, often <40%, in low middle-income countries (LMICs). This is notable as Burkitt lymphoma is one of the most common pediatric cancers seen in sub-Saharan Africa. While the etiology of this survival disparity is multifactorial, one of the contributing factors is that one of the most effective chemotherapies for Burkitt lymphoma, called high-dose methotrexate (HD-MTX), has not been frequently used in low-resource settings. Giving HD-MTX has typically relied on the availability of serum methotrexate levels and an involved supportive care protocol, neither of which were available or feasible in many low resource cancer centers. Subsequently, learning how to adapt and implement this highly effective regimen, which historically doubled the event free survival when used to treat Burkitt lymphoma, remains a key priority for LMIC cancer care.

To address this gap, at our partner site, Bugando Medical Centre (BMC), located in Mwanza Tanzania, we leveraged implementation science methodology to adapt and safely introduce the use of high-dose methotrexate for the treatment of these patients. In this multifaceted work, funded by the R.C. Legacy award, we first analyzed historic outcomes of pediatric Burkitt lymphoma at BMC, confirming the significantly disparate survival and highlighting the need for change. These results were published in the journal of Pediatric Blood & Cancer (Chapman et al., 2024). We then utilized tools from the Active Implementation Frameworks (AIFs) to adapt a HD-MTX supportive care protocol that was not reliant on the availability of serum methotrexate levels or advanced supportive care resources. We then engaged a team of key stakeholders and developed an implementation team at BMC to work on the safe and sustainable introduction of HD-MTX. This work included the development of a robust educational strategy and protocol fidelity monitoring. Simultaneously, we opened an observational study, documenting the treatment associated toxicities of chemotherapy, capturing both provider and patient reported outcomes (PROs). This work involved performing the psychometric validation of a Swahili translated pediatric PROs survey, the efforts of which were published in the journal of Measurement and Evaluations in Cancer Care (Chapman et al., 2025).

As a result of these efforts, we were able to begin treating pediatric patients with Burkitt lymphoma with a HD-MTX containing chemotherapy regimen, beginning in October 2024. To date, 10 patients have received this new regimen with over 30 cycles of HD-MTX given. The details of these implementation efforts have recently been accepted for publication. Toxicity assessment and protocol fidelity efforts remain ongoing. Future efforts include increasing the dose of HD-MTX used at BMC and expanding the diseases it is used for, as other cancers such as osteosarcoma are typically treated with HD-MTX containing regimens.



Hutton Chapman with one of the clinic coordinators (left), Judie, and our research coordinator, Jacque (right), in our outpatient office at Bugando Medical Centre



Bugando Medical Centre is a tertiary referral, consultant, and teaching Hospital in the Lake and Western zones of the United Republic of Tanzania. It is located along the shores of Lake Victoria in the City of Mwanza. Bugando has more than 1000 beds.



Sign at Bugando Cancer Centre which lists the services offered.