Open Medical Institute at a Glance

Brain drain is the greatest impediment to real progress and many international aid programs inadvertently cause this negative development. Educational programs offering long-term scholarships in Europe or the United States to physicians from developing countries are well-intentioned, but are one of the main contributing factors to the lack of qualified in-country health care workers. The longer the stays abroad the less likely it is that physicians to return to their home countries. Zimbabwe serves as a prime example: Of 1,200 physicians trained within a 10 year period only 360 remained in the country. Canada, for example implemented a targeted recruitment program of qualified workers through its embassies because their healthcare system dependent on an imported workforce. This also applies to nurses and midwives. Many healthcare facilities in Africa, the Middle East, Latin America and the former Soviet Bloc lack equipment, supplies and qualified nursing staff. Physicians do not have access to continuing medical education or state of the art equipment. As a result doctors who want to practice modern medicine leave their countries.

To prevent brain drain and initiate lasting “brain gain”, the American Austrian Foundation (AAF) created the Open Medical Institute (OMI) in 1993 to expose mid-career level, English-speaking doctors from countries in transition to Western medical knowledge and technology through participation in multiple short-term continuing medical educational programs, thereby building local capacity. Since 1993, more than 21,255 fellowships were awarded to young physicians, who have attended a seminar, and 2,514 of them have also participated in one-month observerships in Austrian and American hospitals, where they could observe new treatment protocols and technology and experience health care and hospital management.

The OMI aims to be a mentoring institution and has developed a three-step approach. OMI provides the best possible medical education and at the same time does not keep doctors out of their countries for periods longer than one month. Furthermore, OMI provides multiple educational opportunities, with intervening intervals when they must work in their home countries. OMI’s academic partners are Weill Cornell Medical College and its affiliated hospitals (NewYork-Presbyterian Hospital, Memorial Sloan Kettering Cancer Center, the Hospital for Special Surgery, Methodist Hospital Houston), College of Physicians and Surgeons of Columbia University, The Children’s Hospital of Philadelphia, Cleveland Clinic, Duke University Medical Center and the Medical University of Vienna. All OMI faculty serve pro bono and include more than 1500 enthusiastic academic teachers.

STEP ONE: Knowledge Transfer (Seminars)

- Ongoing Series of Scientific Seminars
- Highly Competitive Selection Process Organized in Cooperation with Open Society Foundations
- World-Renowned Faculty Donate Time and Materials
- American Didactics, English, State-of-the-Art Technology
- Small Working Groups in a Secluded Environment
- Networking Opportunities – Personal Contacts
STEP TWO: Experience Exchange (Observerships)

- Hands-on-Training in Austrian Hospitals for Seminar Alumni
- Learn new Techniques and Treatment Protocols
- Experience Modern Hospital and Health Care Management
- Build Personal and Professional Relationships
- Establish Joint Research Projects and Collaborative Studies
- Learn to cope in another Health Care System/Country

STEP THREE: Capacity Building – Distance Learning

- Open access to state-of-the-art medical information via Medical Handbook Online and Videoconferences
- Support and Improve Local Health Care Systems
- In-Country Satellite Symposia and Conferences
- Second Opinion and Patient Care Without Borders
- Knowledge Transfer Locally
- Attract New Talent
- OMC - Alumni Network

After having successfully completed the first step (medical seminars), fellows return to their home countries. They are now eligible to complete the next steps of the program (Observerships and Satellite Symposia). This method ensures that the fellows do not stay abroad for an extended period of time, but rather take part in several short-term educational activities in Austria and the United States over a number of years. Furthermore, the eligibility of program participants is limited to physicians who are employed in their home countries.

Through the OMI program, physicians from low-income countries stay fully integrated into the international academic and healthcare community. During the seminar, they share their experiences and ideas with an internationally renowned faculty on a level playing field. This mutually beneficial exchange is the basis for successful long-lasting collaborations between the faculty and the participating physicians and their academic institutions and hospitals. When fellows return to their home countries they are “health multipliers” disseminating the knowledge they gained during the seminars or observerships, thereby building significant capacity. Many OMI Alumni are in leadership positions today and become opinion leaders in their home countries. In Macedonia, for example, more than 20% of all seminar participants have been promoted into leadership positions after participating in the OMI-program.

The prospect of making a real difference in their home countries and building a career is the strongest incentive to remain rather than leave. This is confirmed by our career tracking data which confirms that fellows are still in their countries and many in leadership positions. For example, 90% of Latvian OMI-fellows or 94% of all Lithuanian OMI fellows are still in their home country. Especially remarkable is the data in Tanzania: as of December 2017, all except for 1 OMI Alumni have stayed in their country.
According to our experience and testimonials from OMI fellows and observers, reforms of healthcare systems can only be achieved from within the country through dedicated and qualified health care professionals. Therefore, aid programs have to focus on building local workforce capacity and simultaneously improve infrastructure, so the trained workforce is able to apply its acquired knowledge and does not have to leave the country. **The Open Medical Institute could serve as a model.**

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OMI Brain Gain Initiative