

The University of Washington Pacific Islands Continuing Clinical Education Program (PICCEP): Guam Conference on structure and content of continuing clinical education programs in the U.S.-Associated jurisdictions

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Introduction

On July 20 and 21, 2000 a meeting was convened of individuals from the U.S.-associated jurisdictions of the Pacific region who play key roles related to clinical training institutions, provider professional organizations, and representatives of physicians and health policy leadership. The meeting, held in Guam was organized by the Pacific Islands Continuing Medical Education Program (PICCEP) based at the Center for Health Workforce Studies at the University of Washington in Seattle and funded by the Health Resources and Services Administration's (HRSA's) Bureau of Health Professions and Bureau of Primary Health Care. The overall goal of the meeting was to explore ways of developing a sustainable program of continuing clinical education (CCE) for physicians and other health professionals in the Pacific region. Specific objectives of the meeting included a review of previous CCE efforts in the region, assessment of current CCE needs, and discussion of PICCEP's proposed CCE program. The meeting was also designed to foster further collaborative relationships among the various clinical education programs active in the region.

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Organizations and institutions represented

Organizations and institutions represented at the PICCEP Guam meeting included; Pacific Basin Medical Association, Pacific Islands Health Officers Association, Micronesia Medical Council, American Pacific Nurse Leaders Council, representatives from state medical associations, hospital medical directors, U.S. Department of Health and Human Services, U.S. Council on Graduate Medical Education, University of Guam, University of Hawaii John A. Burns School of Medicine, University of Washington, Fiji School of Medicine, University of Auckland, and World Health Organization.

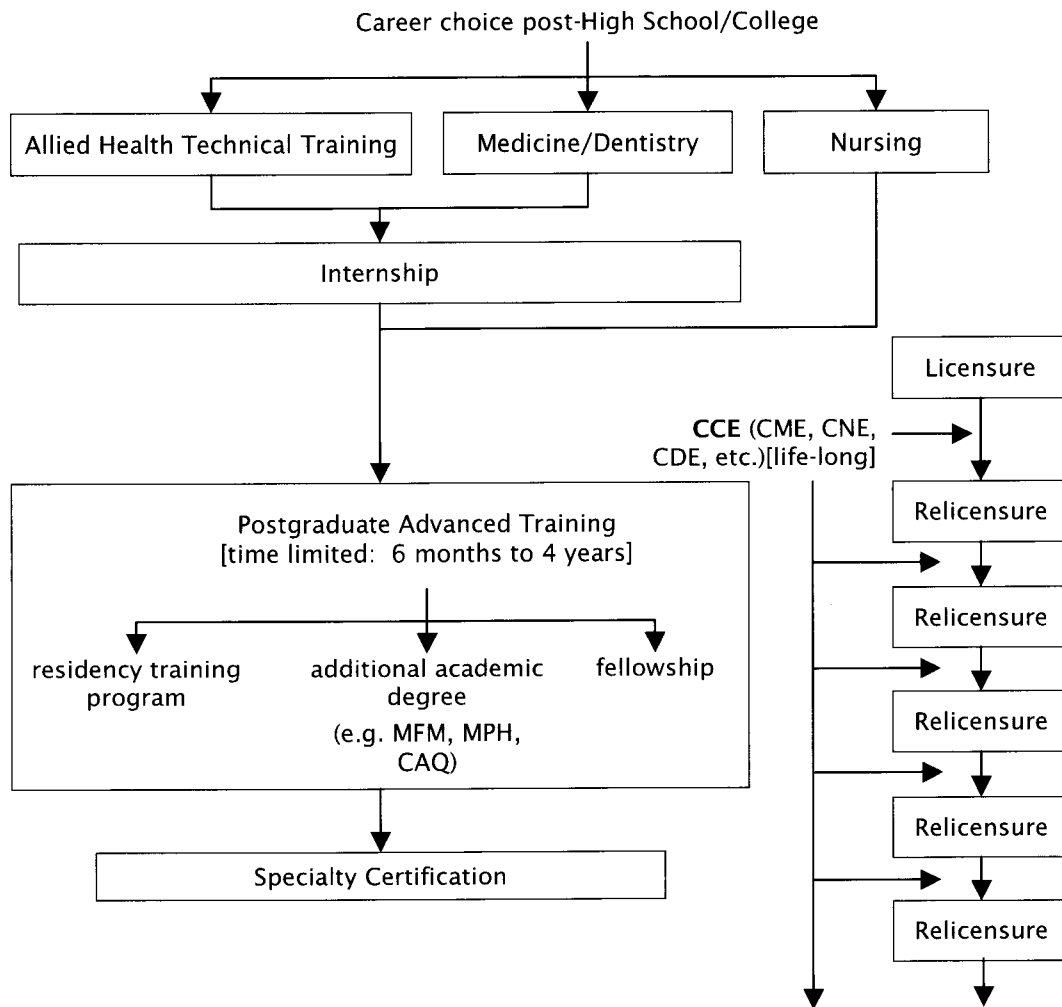
Background

Professional training for physicians ideally progresses in a continuum from medical school through postgraduate training to CCE. Indeed, physicians (as well as all health professionals) should view CCE as a lifelong process, consisting of short term training activities designed to maintain and update their knowledge and skills (see Figure 1). CCE often is a requirement for re-licensure in many countries. PICCEP aims to provide and facilitate CCE, with an emphasis on primary care, for practicing local health care providers in the U.S.-associated Pacific jurisdictions (i.e. American Samoa, Commonwealth of the Northern Mariana Islands, Guam, Republic of Marshall Islands, Republic of Palau, and the Federated States of Micronesia - including Chuuk, Kosrae, Pohnpei and Yap). Central to PICCEP's aim is collaboration with jurisdictions and regional clinical educators to develop locally relevant and sustainable CCE that complements current activities in the region. PICCEP was funded by HRSA in response to jurisdictional interest and the recent Institute of Medicine report that recommended increased continuing education in the region.

Conference discussions

Recent experiences with continuing clinical education
Previous experiences with medical, postgraduate, and continuing education in this region were discussed by conference participants. In general, regional technological resources have proven more valuable as sources of medical referral than as medical education devices. These have included Tripler Army Hospital programs such as the

Figure 1. Health professional education continuum



Picasso still frame demonstration project, and the Akamai telemedicine project. In addition, the Western Pacific Health Net acts as a system of telehealth and operates a listserv for over 300 health professionals in the region. Regional professional organizations were noted to be a source of strength in the region, and include the Pacific Basin Medical Association (PBMA), and the Micronesia Medical Council (MMC). Furthermore the journal 'Pacific Health Dialog' has established a process for communication in health and acts as a vehicle for locally generated research. Distance based nursing education and continuing nursing education programs, based at the University of Guam School of Nursing, have operated in several jurisdictions for a number of years. Finally, various categorical programs offering education for public health providers, and to lesser extent clinicians, have been funded by a variety of U.S. federal and multilateral agencies such as the World Health Organization. These programs have included training on TB, HIV, diabetes, immunization, mental health, maternal child health and family planning.

Specific continuing clinical education needs in the region

An assessment of physicians' and other health professionals' specific CCE needs was recently completed by the PICCEP. This included site visits to all nine jurisdictions to meet with medical, nursing and public health providers, professional organizations and government representatives. In addition, a survey of all physicians in all nine jurisdictions was recently completed to seek information on preferences for CCE content and methods of delivery. Responses to the survey were obtained from 143 physicians. Topics noted by respondents to be of highest priority included communicable diseases such as tuberculosis, HIV/AIDS, tropical diseases, and hepatitis. Non-communicable topics noted by respondents included diabetes, hypertension, myocardial infarction, and renal failure. Detailed results of this needs assessment are presented elsewhere in this journal.

Table 1. Factors of successful CCE programs

- Positive incentives: financial (promotion), release time/coverage to attend sessions, etc.
- CCE required for re-licensure or certification
- Local determination of priorities
- Available resources for local coordination of the CCE
- Courses facilitated by the learners themselves, relevant to their expertise, local conditions and resources
- Build on courses already in progress
- Create culture of life-long learning
- Effective teaching methods
- Scheduled and structured (e.g. weekly rounds)
- Lectures involve both local and distant/visiting consultants
- Have support of administration
- Can be modular, to achieve a further qualification

PICCEP plans for CCE

Conference participants were given the opportunity to discuss and critique the PICCEP group's draft plans for delivery of CCE in the region for the coming year. A central core of PICCEP's plan is to deliver continuing medical education events on-site to physicians within all 9 jurisdictions, basing content on the learning needs identified by each jurisdiction. These 2-3 day problem-based, interactive teaching sessions are being developed in collaboration with partners at the University of Hawaii and other regional educational bodies. Additional PICCEP plans include providing CCE for nurses and other non-physician health care providers, updating each jurisdiction's medical references, as well as providing education for oral health providers. Considerable discussion of these plans confirmed the pressing need for CCE in the region. Participants also highlighted the need to create sustainable systems of locally relevant CCE in the region, as well as greater coordination among various visiting groups and federal agencies. Participants also stressed the need to embark on capacity-building ventures, to make provision of CCE an expected, accepted and supported func-

tion of the health care system.

A vision for continuing clinical education in the region

Conference participants summarized factors that appear to contribute to (Table 1), or present barriers to (Table 2) the success of CCE programs in this region.

Conference conclusions

Specific recommendations for CCE in the U.S.-associated Pacific jurisdictions that arose during the 2-day conference are outlined below. Overriding principles that should guide the development and implementation of CCE efforts within the region include the need for local involvement in designing and implementing programs, the need for content to be relevant to local clinical problems, the inclusion of all health care professionals in CCE activities and the development of each jurisdiction's capacity to sustain CCE programs.

Table 2: Barriers to successful CCE programs

- Lack of resources
- Lecture-only format
- Clinical responsibilities interfere with attendance
- Distance too great to CCE venue
- No reward (no recognition of CCE participation in promotion or career path)
- Confusion about what CCE actually is (e.g. is it morning report?)
- Poor logistic support (timing, scheduling, publicity)
- Inadequate reference resources or library support
- Assuming that love of knowledge is sufficient motivation for successful CCE
- Lack of local control
- Lack of coordination among visiting consultants/programs
- Topics and methods not relevant to local situation

Greater coordination among organizations involved in CCE

Organizations that currently support the education of health professionals in the region should be encouraged to coordinate their activities and share experiences, when possible and reasonable.

Develop a consortium of educational providers

A consortium of regional clinical education providers should be developed with the purpose of sharing the knowledge and costs required to develop clinical educational resources, develop generic models for CCE, and provide a central store of CCE resources. At present several regional institutions offer postgraduate training programs, such as the Fiji School of Medicine, the University of Guam, the University of Auckland. The recent collaborative educational efforts centered in the Republic of Palau are also of great interest. It is hoped that the community colleges that are present in all jurisdictions may be able to take on an expanded role as centers of excellence and coordination within the jurisdictions for both postgraduate training and CCE for a variety of health professionals.

Assist with information support

The relatively poor state of medical reference materials available in many of the jurisdictions was concerning for many of the clinicians at the conference. They felt that updating such resources was a critical need in order to maintain standards of clinical care.

Improve tele-resources available

In general meeting participants felt that email and fax are currently the optimal sources of communication with physicians in the region. Other modalities, such as satellite, Internet, two-way audio/video, mail services, and couriers present various problems at this time. Indeed, it was felt that increased reliance on distance based education and CCE will require improvements in the communication technologies available and connectivity costs.

Re-licensure

The requirement to obtain and document CCE activities in order to maintain professional licensure is already standard in some jurisdictions. Recently, assistance was provided to Palau to develop medical licensure legislation, which may be a model for other interested jurisdictions. Conference attendees generally felt that this requirement was beneficial to the health care professionals in many jurisdictions.

Provision of resources

Resources need to be allocated to increase the ability of health care providers to attend regional conferences, and to attend conferences held locally. This might involve arranging clinical coverage, providing incentives for providers who maintain certain hours of CCE, and re-examining the career path for some providers, as well as providing resources for local staff to develop and maintain CCE programs.

Inclusion of physicians and other health professionals

Continued education is important for all clinicians including physicians, nurses and dentists, as well as laboratory staff, radiographers, pharmacists and others. Efforts need to be made to develop systems of continued education for such personnel, who are critical to the provision of health care in these jurisdictions, yet are often overlooked in current educational activities.

Pressing need for CCE activities

Physician representatives were particularly keen to see CCE efforts in the region become more available as soon as possible to practitioners. There was general agreement that CCE had been relatively neglected in many jurisdictions and that efforts should be made to commence CCE activities in the near future.

Capacity development

It is vital to assist jurisdictions to develop and sustain their own capacity for CCE. An overriding principle of the PICCEP should be to focus on helping jurisdictions develop systems to coordinate and deliver CCE.

Organizations represented

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