PACIFIC ISLANDS CONTINUING CLINICAL EDUCATION PROGRAM (PICCEP)

Final Report • December 2003

CENTER FOR HEALTH WORKFORCE STUDIES

UNIVERSITY OF WASHINGTON

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This report was written by Alice Porter, Susan M. Skillman, Karin Johnson, Ronald Schneeweiss, and L. Gary Hart, with significant contributions from Matthew Thompson, Ruth Ballweg, Peter Milgrom, and Heather Deacon. Catherine Veninga was the cartographer. Alessandro Leveque designed the report.

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The PICCEP team would like to acknowledge the contributions of all who helped to make this program successful, including the Ministers and Directors of Health of the six U.S.-associated Pacific jurisdictions, Julie Stellman-Moreno (HRSA), Nancy Knight (HRSA), Lynette Araki (HRSA), Paul Nannis (HRSA), and David Sundwall (American Clinical Laboratory Association).

The team would like to make special acknowledgment of the support and guidance provided by the late John Rodak, HRSA, who was PICCEP's project officer during the first years of the program. John was instrumental to PICCEP's ability to implement the program. The team is deeply saddened by his recent death, and miss his contributions.

The program could not have had such great success without the eagerness and hard work of the clinicians in the Pacific jurisdictions who participated in PICCEP's CCE programs.

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Overview

Continuing medical education (CME) must be required for all levels of practitioners and incorporated into each jurisdiction's health care workforce training plan.

Institute of Medicine, 1998

When the Institute of Medicine recommended a new course for U.S. involvement in the health workforce needs of its affiliated jurisdictions of the Pacific Basin, the federal government responded in part with the Pacific Islands Continuing Clinical Education Program (PICCEP). Financed by the U.S. Health Resources and Services Administration (HRSA) and implemented by the University of Washington Center for Health Workforce Studies, PICCEP provided continuing clinical education in a region that encompasses six jurisdictions, 104 inhabited islands, and nearly a half-million residents dispersed across an expanse of the Pacific larger than the continental United States.

The six jurisdictions—the U.S. flag territories of American Samoa, the Commonwealth of the Northern Mariana Islands (CNMI), and Guam, and the independent countries, "freely associated with the United States," of the Federated States of Micronesia (FSM, including Chuuk, Kosrae, Pohnpei and Yap), the Republic of the Marshall Islands (RMI), and the Republic of Palau—have both an economic and political relationship with the United States. A trade partner since the mid-19th century, the United States today serves as the region's primary funder of social and health services as well as its United Nations-recognized "trust administrator." Acknowledging these strong connections, the Institute of Medicine in 1998 examined health services in the region and found a wealth of challenges: deteriorating health system infrastructure, costly health care provided in hospital and off-island settings, serious health problems on some islands such as vitamin deficiencies, low immunization rates, high rates of substance abuse and infant mortality, and particularly, "shortages of adequately trained health care personnel." Since the 1980s, the region also had a sad history of visitors attempting to modernize and reform its health services delivery system—efforts that were characteristically short-term and unsustainable.

Ebeye, Republic of the Marshall Islands

PICCEP responded to a specific recommendation of the IOM report to provide postgraduate and continuing medical education (CME) programs —short-term training activities that are designed to maintain and improve the skills of health care professionals. The Institute found that such training in the Pacific region was "provided in a rather haphazard fashion or not at all." It expressed particular concern for maintaining the "clinical skills and knowledge" of graduates of the Pacific Basin Medical Officers Training Program (PBMOTP), a U.S.-financed regional training program based in Pohnpei (FSM) that, during 1986-96 and at a cost of nearly $15 million, graduated 70 students from a rigorous five-year curriculum and two-year internship. Particularly in Palau and the FSM, reported the IOM, the PBMOTP graduates represent the "mainstay of the physician workforce….But they will still need continued education and training."

This report recounts the activities that the PICCEP organized to address this need. During the program's four-and-a-half years, the project team (see box, p 6) facilitated or provided regional continuing clinical education (CCE)[1] in the course of nearly 30 site visits, involving about 35 clinician-instructors and attracting as many as 500 attendees per year (see box, p. 14). Each course provided 16-20 hours of formal CCE and additional time in consultations and ward rounds. Altogether, the program provided more than 15,000 structured CCE contact hours and many more informal

[1] *CCE is the general term used by PICCEP to refer to continuing clinical education across multiple health professions. Continuing Medical Education (CME) is used in this report only when referring to continuing education specifically targeted at physicians.*