

Over three years the program provided four broad types of CCE; medical courses, behavioral health courses, oral health programs, and health assistant programs. PICCEP carried out the CCE through structured teaching sessions and informal teaching by making hospital rounds with physicians, consulting on problem cases, and visiting and providing seminars for dental and public health clinic staff. PICCEP faculty and staff also worked to build the infrastructure for CCE in each jurisdiction and to promote the importance of disease prevention and primary care by meeting with local and regional health officials, other key political figures, and community members. Insights from these exchanges were incorporated into PICCEP program plans.

To keep current on regional health issues and to solicit input on PICCEP programs, PICCEP faculty participated in health policy and planning forums affecting the region. These included:

- Pacific Island Health Officers Association (PIHOA), (annual meetings at various locations throughout the region)
- Pacific Basin Medical Association (PBMA), (annual meetings at various locations throughout the region)
- American Pacific Nursing Leaders' Council (APNLC), Chuuk (FSM)—*June 2002*
- Medical Officer, Nursing, and Allied Health Sciences Training Project (MONAHP), Port Moresby, Papua New Guinea—*August 2000*
- DHHS Region IX—Public Health Institute, San Francisco—*May 2000*
- HRSA "Primary Care in the Pacific" Conference, Palau—*February 2002*
- Oral Health Summit (jointly sponsored by WHO, South Pacific Commission, Fiji School of Medicine)—*December 2001*

MEDICAL COURSES

During 2000-03, the PICCEP team held medical CCE courses in Palau, FSM (in Yap, Pohnpei, Chuuk, and Kosrae), the RMI (in Ebeye and Majuro), Guam, and CNMI. The curriculum included topics in general internal medicine, obstetrics and gynecology, emergency medicine, pediatrics, and various specialized topics, as well as mental health and oral health (see table, p 14). Courses in Guam and CNMI differed in approach, as described below. Each CCE course engaged participants for 16-20 credit hours. The faculty endeavored to build rapport, conduct themselves in a culturally sensitive manner, and conduct one-on-one instruction whenever possible.



PICCEP workshop, Chuuk, FSM

PICCEP GENERAL COURSE TOPICS BY JURISDICTION AND YEAR DELIVERED

| | FSM | | | | RMI | | Republic of Palau | American Samoa* | CNMI | Guam |
|--|--------|-------|---------|-----|--------|-------|-------------------|-----------------|------|------|
| | Kosrae | Chuuk | Pohnpei | Yap | Majuro | Ebeye | | | | |
| 2001 | | | | | | | | | | |
| Emergency medicine | | | | X | | | X | | X | |
| Rheumatology | | | | | | | | | | X |
| Gynecology | X | X | X | X | X | | X | | | |
| Internal medicine | X | X | X | X | X | | X | | | |
| Obstetrics | | X | X | X | | | X | | | |
| Oral health | | X | X | X | X | | X | | | |
| Pediatrics | | X | X | | | | X | | | |
| Psychiatry/mental health | X | X | X | | X | | X | | | |
| Preventive care | X | X | X | X | X | | X | | | |
| Osteopathy | | | | X | | | X | | | |
| Pre-hospital injury management | | | | X | | | X | | | |
| Reducing medication errors | | | | | X | | | | | |
| Patient consultations/ward rounds | X | X | X | X | X | X | X | | | X |
| 2002 | | | | | | | | | | |
| Emergency medicine | X | X | X | X | X | | X | X | X | |
| Internal medicine | X | X | X | X | X | X | X | X | | |
| Obstetric topics | | | | | | | | X | | |
| Oral health | X | | | | | | | X | | |
| Osteopathy | | | X | X | | | X | | | |
| Pediatrics | X | X | X | X | X | X | X | | | |
| Psychiatry/mental health | X | X | X | X | X | | X | X | | |
| Preventive care/provider-patient communication | X | X | X | X | X | | X | X | | |
| Radiology | | X | X | X | | | X | | | |
| Patient consultations/ward rounds | X | X | X | X | X | | X | | | |
| 2003 | | | | | | | | | | |
| Emergency medicine | | | | | | | | X | | |
| Dermatology | X | X | X | X | X | X | X | | | |
| Hepatology | | | | | | | | | | X |
| Orthopedics | | | | | | | | X | | |
| Psychiatry/mental health | | | | | | | | X | | |
| Preventive care/provider-patient communication | X | X | X | X | X | X | X | X | | |
| Radiology | X | | | | X | X | | | | |
| Rheumatology | | X | X | X | | | X | | X | X |
| Patient consultations/ward rounds | X | X | X | X | X | X | X | | | |

*The 2001 CCE course for American Samoa was cancelled due to the September 11 terrorist attack.

SAMPLE PICCEP MEDICAL COURSE TOPICS

Dermatology

- Skin infections
- Pediatric dermatology
- Biopsy workshop

Emergency medicine

- “All Stings Considered” update on marine injuries
- Advanced cardiac life support
- Ciguatera poisoning
- Diving medicine emergencies
- Wound management

General internal Medicine

- Asthma management
- Trends in diabetes management
- Update on management of hypertension
- Updates in stroke management
- Pneumonia
- Renal failure

Obstetric topics

- Update on STDs
- Diabetes in pregnancy
- Obstetric emergencies

Oral health

- Preventive oral health for non-dentists

Pediatrics

- Adolescent depression and suicide
- Newborn care

Psychiatry/mental health

- Depression and anxiety: medications and counseling

Radiology

- Reading X-rays: common errors
- Radiology of common fractures

Rheumatology

- Gout and crystal arthritis
- Osteoarthritis and diabetic musculoskeletal problems
- Joint aspiration workshop

Faculty from the University of Hawaii, with long-standing relationships throughout the region, were part of the PICCEP team and participated in CCE in American Samoa, Chuuk, Kosrae, Pohnpei, and the RMI. In 2003, the University of Hawaii subcontracted to conduct all of the PICCEP CME in American Samoa.

The courses were well-received by physicians, almost all of whom attended in each jurisdiction, as well as by clinical and public health nurses, certified nurse midwives, health assistants, nursing assistants, community health aides, and other staff. “A key component of the success of the PICCEP program,” the team wrote its funding agency in a report on the program’s first year of CME activities, “has been building the trust of the local physicians and health system leaders.”

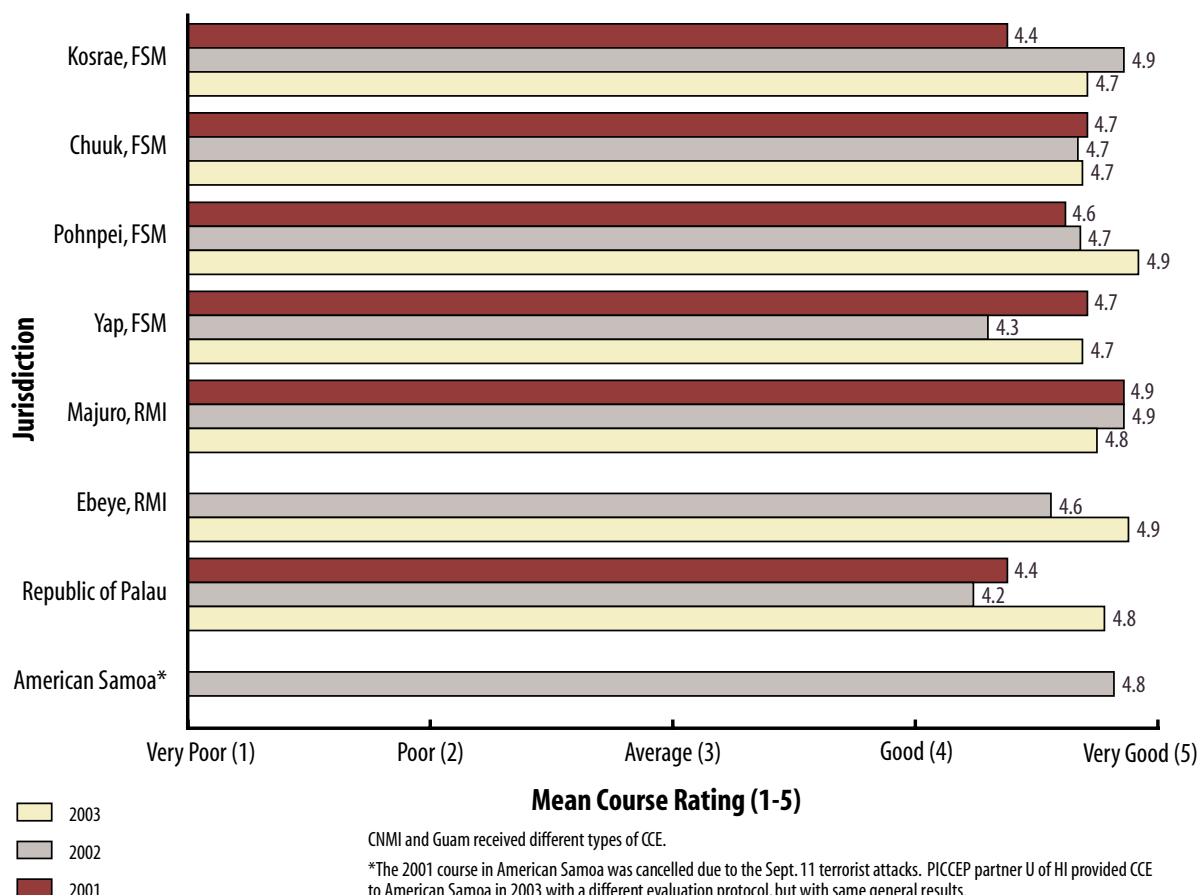
“Excellent. An intimidating course
made very user friendly.”

—course participant

Clinicians in Guam and the CNMI requested a somewhat different approach to the CCE provided by PICCEP. For Guam, where the Medical Association supports a more developed CME program and physicians are required to obtain CME credits annually as a condition of licensure, PICCEP identified specialists in rheumatology and hepatology for grand rounds presentations and specialized consultations, which were provided in 2001 and 2003. CNMI was most interested in obtaining Advanced Cardiac Life Support (ACLS) credentialing for its providers, and in 2001, PICCEP contracted with qualified Guam instructors to provide that course. In 2003, PICCEP arranged for a consultant in rheumatology to provide CCE updates and consultation support to CNMI, at the jurisdiction’s request.

PICCEP asked participants to evaluate all medical CCE courses. The evaluation questionnaire included satisfaction ratings on course organization and the match of content with educational needs, the likelihood that the course would improve clinical skills, and an opportunity to provide comments on all aspects of the program. Participants gave favorable reviews on all components, as summarized in the chart on page 16.

EVALUATION OF PICCEP CCE COURSES (MEDICAL TOPICS): 2001-2003



BEHAVIORAL HEALTH COURSES

PICCEP recognized that most physicians trained in the resource-limited Pacific Islands had little exposure to behavioral science concepts that had been only recently introduced in medical schools in North America and Europe. As is common in most of the developing world, the region's providers lacked training in patient-centered care, effective and sensitive patient-provider communication, shared decision-making about case management, and ways to promote patients' autonomy so they engage in healthy behaviors and seek preventive health services. Adding to this problem are issues of cultural sensitivity in a region with a large share of non-native physicians and other health care providers.

Training and awareness of behavioral concepts has particular applicability to the Pacific region. High rates of suicide, substance abuse, violence, and other conditions with behavioral components indicate the burden of behavior-related problems in many parts of the region, as was confirmed during the PICCEP site visits and initial

"I liked the role-acting very well. It demonstrated very clearly what we need to know."

—course participant

needs assessment. Other conditions common to the Pacific Islands—hypertension, diabetes, and obesity—have behavioral components that require patient compliance to medical regimens. Many physicians were frustrated by their lack of training and tools to deal with patient mental health and psychiatric problems.

PICCEP worked collaboratively with other faculty from the University of Washington Department of Family Medicine, the Northwest Frontier Addiction Technology Transfer Center, and faculty from the University of Hawaii School of Medicine to develop a behavioral health