

# Clinical Reference Materials Supplementation

During its initial site visits and needs assessment, the PICCEP team discovered that the region's health care providers lacked up-to-date clinical reference materials. Existing resources were dated and in poor condition. Most facilities lacked libraries or librarians and had limited, slow, and expensive internet access, making use computerized medical databases impractical.

PICCEP concluded that ready access to medical reference materials could greatly assist providers practicing in isolated settings. But such book donation programs often fail in the face of challenges including materials failing to reach their intended audience, placed where few potential



Pohnpei, FSM

Dear Professor,

It is great help for us through your effort we got PICCEP. The books are very useful, and all main reference books are placed within reach of all medical & other providers at the hospital nurses' station, which is opened and manned 24/7!...

Thanking you again,

—from a health official of a recipient jurisdiction

users know about them, and simply going missing. PICCEP resolved to design its program to ensure the long-term access and usefulness of the references.

PICCEP modeled this effort roughly on the World Health Organization's Blue Trunk Program in Africa. During 2000-01, the program's budget included \$40,000 for a "reference materials supplementation program" that targeted the region's hospitals, where most physicians are based. PICCEP sought to involve each hospital in the selection of suitable materials, so a clinician-staff team developed a "catalog" of core and specialized references that would suit the needs of a variety of health professionals in different clinical settings. It identified a key contact at each hospital who communicated the reference material preferences of their clinical colleagues. The team categorized the resources by topic, asked the hospitals to rank the priority of each item in the catalog, and invited them to request resources in addition to those listed.

Not surprisingly, the requests from the jurisdictions far exceeded the project budget. PICCEP staff analyzed each hospital's choices and prioritized core items and materials most relevant to its resources and community. PICCEP

provided medical reference resources (books, CD-ROMs, journals, posters, etc.) to hospitals in Palau, the four states of the FSM, the RMI (Majuro and Ebeye), American Samoa, Guam, and the CNMI (Saipan and Rota). It purchased most selections through the

University Bookstore, which offered a discount as well as free shipping. The American Academy of Family Physicians International Fund, which channels donations of medical reference resources to needy hospitals around the world, contributed additional materials.<sup>4</sup>



Pohnpei, FSM

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<sup>4</sup> Johnson KE, Skillman SM, Ellsbury KE, Thompson MJ, and Hart, LG. Updating hospital reference resources in the U.S.-associated Pacific Basin: Efforts of the Pacific Islands Continuing Clinical Education Program (PICCEP). *WWAMI Center for Health Workforce Studies Working Paper #81*. 2003 (September).

# Other PICCEP Activity

## ASSESSMENT OF CONTINUING EDUCATION NEEDS OF NURSES IN THE PACIFIC BASIN

More than 100 nurses from all six jurisdictions attended a meeting of the American Pacific Nurse Leaders Council in Chuuk during June 18-22, 2001. PICCEP faculty took this opportunity to interview key informants about the continuing nursing education (CNE) needs in the region.

Nursing shortages afflict the entire region. In the CNMI, for example, the shortage is so acute that retirees have been called back to keep the jurisdiction's hospital open. The nurses expressed the need for CNE that addresses patient communication and decision-making and organization skills—especially for those who have been promoted to positions that require leadership skills for which they have had no training. They also mentioned the need for training in HIV/AIDS (which is just making its way to the region), chronic disease management, infection control, pediatric care, Vitamin A deficiency and other nutritional issues, and CPR training and recertification. The nurses mentioned the need for CNE in helping patients manage substance abuse and domestic violence issues. All of the PICCEP's core and behavioral health CCE courses included nurses among the participants.



PICCEP course, Majuro, RMI

## PHARMACY NEEDS ASSESSMENT

PICCEP faculty studied pharmacy needs during site visits to the RMI (Majuro) and FSM (Pohnpei and Chuuk) during July 2001. They found a general need for better integration of pharmacy and medical services, for timely reference texts, for refill protocols, and for pharmacy computers with prescription-dispensing software. In addition, pharmacists were needed at hospitals in Pohnpei and Chuuk. The contribution of volunteer pharmacists under AusAid, who spent two years on site, has greatly improved pharmacy services on Palau and Majuro.

## VIDEO TELECONFERENCE TEST

The PICCEP team tested the utility of video teleconference technology (VTC) to communicate CME lectures to broader audiences. A test, conducted in September 2002 at a Pacific Basin Medical Association meeting in Kosrae, was not successful because it was complicated by intermittently poor audio quality and interference. Similar problems with videoconferencing efforts were observed throughout the region over the course of the PICCEP program. The PICCEP team concluded that the best use of VTC would be as a “store and forward” approach for presentations, augmented by live long-distance telephone connections, until the telecommunications infrastructure becomes more reliable.

## LABORATORY AND RADIOLOGY

During its needs assessment and CCE delivery, the PICCEP team had numerous opportunities to observe lab and radiology resources in the jurisdictions. They found that these resources ranged from nearly non-existent in some areas to reasonably adequate in others. In nearly all the program sites, laboratory and radiology staff need CCE in their fields, and in some cases, retraining as well. This situation undermines the success of CCE, because without reliable laboratory and radiology services, clinicians cannot effectively practice their skills. Despite its view that this was a major impediment to effective health care delivery in the region, PICCEP was unable to secure funding (sought from several potential sponsors) to support additional laboratory and radiology CCE.



## STUDENT PROJECTS

During the four-years of PICCEP, the program provided opportunities for several University of Washington student research projects. Among these efforts was the work of two University of Washington medical students, who spent a summer quarter in Kosrae during the summer of 2002, and another two who spent a quarter in RMI in 2003 to assess knowledge and cultural beliefs

surrounding prevention and treatment of Type 2 diabetes and to assess prevalence of diabetic peripheral neuropathy. The findings of this research are expected to inform culturally appropriate CCE planning. The students presented their study results at the Carmel Western Research Forum, and one received an honorable mention.



Chuuk, FSM