

# Sustainability

As PICCEP identified during its initial needs assessment, for CCE to be effective in improving the clinical skills of health providers, it must be ongoing. A sustainable model of CCE, especially in areas with very limited resources and where the health care systems are closely tied to political systems, must recognize several key insights developed in the course of PICCEP's tenure:

1. Local incentives, such as connection to licensure, must be in place to encourage participation in CCE.
2. Local health leaders—the “higher-ups” such as politically appointed health officers and other health policy makers—must recognize and endorse the value of CCE for clinicians who are often overworked and underpaid.
3. Once local clinicians and health leaders accept the value of CCE, affordable models are needed that can be locally maintained and replicated. These models would reflect the success factors identified at the Guam meeting.
4. New resources from the U.S. government, combined with rational priority-setting among the region's health policy makers, will be needed to address diminishing health budgets in the Pacific.

During its fourth year of operation in 2002-03, PICCEP faced a 50% budget reduction, after which funding ended altogether. The University of Washington's PICCEP partner, the University of Hawaii, has since been awarded a four-year HRSA contract to deliver CCE to the U.S.-associated Pacific jurisdictions. In keeping with the PICCEP team's original and continuing views that the CCE for the Pacific jurisdictions should be controlled from the Pacific region, the University of Washington supported Hawaii's application, and faculty from the PICCEP team served on the new program's advisory committee.



Chuuk, FSM



National Day Parade, Kosrae, FSM

# Notes for Future Programs

The hope of any CCE program imported to the U.S.-associated Pacific region should be to present models of CCE that each jurisdiction can replicate—at least in part. This region likely will be plagued by a shortage of CCE resources for years to come. But nonetheless, CCE programs designed with significant input and direction from the health professionals of each site are more likely to be sustained than those imposed without such input. A CCE program should recognize the expertise and skills of professionals in the region by inviting them to plan and teach courses, thereby modeling local resources that may be tapped in the future. CCE programs designed around the priorities of each jurisdiction are also more likely to attract participants than those based on priorities set an ocean away.

Information technology can overcome the barriers of expense and time required to bring faculty and consultants to the islands. But access to the internet and video conferencing are still expensive, and many of the Pacific jurisdictions lack adequate telecommunications infrastructure to support use of these resources in a practical way. The challenge of using telecommunications effectively for teaching is especially formidable in regions, such as the Pacific, where health professionals come from many different cultures and speak different languages. Any CCE program that mobilizes information technology should include evaluation components to assess the success with which various approaches overcome these

challenges. But, while telecommunications can contribute to CCE in the region, it cannot substitute for the learning that takes place informally on-site through faculty participation in hospital rounds, discussing patient issues during lunch, and first-hand experience with different cultures.

## A FINAL THOUGHT

PICCEP's CCE program consistently built on face-to-face interaction between its program faculty (primarily from resource-rich institutions) and the health professionals at the health care institutions of the Pacific jurisdictions (which have much more limited resources). Both parties benefited from the program. Faculty from the University of Washington and other institutions who led the PICCEP courses honed their professional skills and brought back lessons that will be incorporated into teaching curricula and clinical practice. Many of the PICCEP team's personal and professional relationships with the islands' health professionals and general populations have continued long past the course contact. In several instances, island physicians have contacted PICCEP faculty to consult on difficult cases. Future CCE programs in the region should recognize the power of in-person communication and how it can amplify learning experiences, and they should encourage as many face-to-face instruction opportunities in their programs as resources allow.

