

8.Q. Pitch presentations: Capacity building

Professional education in primary health care: experience and challenges in municipalities of Brazil

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Background

The training of health professionals constitutes a challenge for health systems in many countries. In Brazil, the Family Health Support Centers (FHSC) were established with the purpose of expanding the resoluteness of the Family Health Teams (FHT). Continuing health education is the main strategy for professional education. We analyze how the continuing education of FHT and FHSC professionals is developed in municipalities of Bahia, Brazil.

Methods

Qualitative research conducted in six municipalities of the state of Bahia, Brazil. Information was obtained through semi-structured interviews conducted using a script. In all, 43 workers of the FHT (physicians and nurses) and 40 FHSC professionals were interviewed – a total of 83 interviews. The interviews were recorded and transcribed, and the data were categorized using the Discourse Analysis Technique.

Results

Professionals had a limited understanding of continuing education as a critical and reflective educational process that is developed based on the everyday reality of services. Regarding the educational activities developed, the education process was revealed to be timely, fragmented and based on the vertical transmission model and the biomedical knowledge. The subjects addressed in the training were defined according to the priorities of the central level of government, ignoring local realities. FHSC professionals are little active in the

pedagogical support and training of FHT because they feel unprepared and because of the difficult articulation between the teams.

Conclusions

The educational actions experienced fall short of the professionals' needs. The need for greater awareness of managers and professionals to perceive education as a daily process that needs to be contextualized with the real problems of services and the development of mechanisms for the integration and articulation between teams are evident challenges.

Key messages:

- PHC in Brazil is underlied by a fragmented education model that is decontextualized from the local reality
- Critical thinking about local practices should motivate learning and make it transformative

A guideline on how to synthesize knowledge by reviews at the Public Health Agency of Sweden

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Issue

The merge between the National Institute of Public Health, the Institute for Communicable Disease Control, and parts of the National Board of Health and Welfare into the new Public Health Agency of Sweden (PHAS) in 2014 required a common policy on how to synthesize knowledge from the research literature.

Problem

Three main challenges needed to be considered. First, public health embraces theories and methods from various academic

fields (microbiology, medicine, epidemiology, sociology, psychology, philosophy, etc.). Second, the assignment encompasses quantitative knowledge on trends/distributions, determinants, and interventions, and qualitative knowledge on experiences of phenomena. Third, the time available for production and forming an opinion ranges from a couple of days to several years.

Results

A working group representing various areas was established, and a scoping review performed (Sep 2014-Feb 2016). Scientific studies on procedures (critical review, mixed review, umbrella review, rapid review, etc.) were appraised, existing guidelines (EPPI-Centre, PHI of Norway, Swedish HTA, etc.) scrutinized, and internal experiences (e.g. a pilot study on 20 reviews at PHAS) summarized. This resulted in a guideline following the logic of systematic (specific questions and standardized procedure) and scoping (broad questions and flexible procedure) reviews. Further, prerequisites and methodological steps were divided into comprehensive and limited conduct, and principles on how to consider health equality and cost-effectiveness in reviews presented.

Lessons

PHAS developed and implemented an applied review guideline, acknowledging a spectrum of scientific approaches. Main lesson learned, likely to be relevant for other public health organizations, considers the need of systematics and transparency within a mixed-method framework.

Key messages:

- A policy for evidence-based public health must consider a myriad of knowledge questions and limited resources
- Review guidelines gain from a restricted number of standard procedures permitting flexible utilization

Benchmarking the Charter for International Health Partnerships in Wales

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In 2014, the Charter for International Health Partnerships in Wales (the charter) was launched with support from Welsh Government and pledged to by the Welsh NHS.

The charter aims to strengthen commitment of all stakeholders to evidence-based practice, shared learning and international partnerships based on equality and the pursuit of mutual, tangible benefits, aiming to address the issue of a lack of resources, coordination and limited capacity as well as different policies and practices in place, covered by four foundations: Organisational Responsibilities, Reciprocal Partnership Working, Good practice and Sound Governance. One year after the launch a questionnaire was circulated to NHS Wales to evaluate its status, to learn from experiences of the collaborators responsible for implementation and to explore similar initiatives in Europe.

Questionnaire responses were followed up with telephone interviews to obtain more in depth qualitative information. Results suggest that the implementation process is in an early phase with respondents indicating the barriers to implementation included a lack internal of resources and coordination and the need for leads to have the international aspect of their job description formally recognised. Positive feedback indicated participants felt the charter is encouraging collective movement towards international engagement in Wales. No similar charters were found in other European member states.

A general implementation framework including phases, strategies and goals facilitating further implementation in a coordinated way is warranted. The charter has the ability to increase the quality of International Health Partnerships and

fits well within current European Public Health values and priorities and is therefore possibly transferable. A framework and toolkit for implementing the charter will be presented.

Key messages:

- The charter has the ability to increase the quality of International Health Partnerships fits well within current European Public Health values and priorities and is therefore possibly transferrable
- An implementation framework and toolkit is needed to ensure a consistent approach

You don't know what you don't know: a Skills Assessment to identify public health competency gaps

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Background

This tool was designed to help public health practitioners assess their knowledge regarding evidence-informed decision-making (EIDM) and their ability to incorporate research evidence into decisions. It is available through the National Collaborating Centre for Methods and Tools (NCCMT) website. The Skills Assessment tool may increase the uptake of EIDM in public health by identifying areas for improvement and offering appropriate resources for learning. It is an online resource that can be accessed by public health practitioners globally. The tool was launched in April 2016.

Objectives

The aim of the Skills Assessment is to provide a free, online tool that assesses strengths and weaknesses in knowledge and skills related to EIDM. The questions were developed by the NCCMT team, and are applicable to EIDM globally. There are three versions of the assessment each with 20 questions that are randomized, so that each time a user initiates the tool a different set of questions will be asked. Once the assessment is complete, there are suggestions for free online resources that target identified areas of weakness.

Results

Web analytics will be used to understand how the Skills Assessment is used, and by whom. Some basic demographic information is collected from users, and data such as number of users, attempts/user, completions, will be tracked as well as scores and time for completion. Data from the first six months will be presented.

Conclusions

The Skills Assessment was developed for public health practitioners and decision makers to understand individual strengths and weaknesses related to EIDM knowledge and skills. This is applicable for public health practitioners globally, and can be a useful tool for self-assessment for professional development and orientation for new employees.

Key messages:

- The EIDM Skills Assessment can identify areas of strength and improvement for using research evidence in public health decision making
- Accompanying resource suggestions can assist in knowledge and skill development

Outlook for future public health and health care in the Netherlands

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Issue

To provide a solid basis for policy making, every four years, the National Institute for Public Health and the Environment (RIVM) carries out the Dutch Public Health Status and Foresight Report. The seventh edition compiles an outlook on future public health and health care in the Netherlands. How do we do now and where should we prepare for?

Description of the problem

How healthy will we be and how healthy will we feel in the future? How will health expenses develop? To provide a plausible, integrated and consistent image of the future, we develop a trend scenario under the assumption of no new public health policies. This Trend scenario is the result of a step-wise scenario approach. The most important driving forces, key determinants of health and broad health impacts are systematically analyzed and projected until 2040 making use of various projections methods. The Trend scenario will be published in November 2016.

Results

The results of the Dutch Public Health Status and Foresight Report feed directly in the national and local policy cycles. Preliminary Trend Scenario results show that in 2040 40-50% of the Dutch population will be facing one or more chronic diseases. Coronary heart disease, diabetes mellitus, COPD, lung cancer and dementia will cause the highest burden of disease regarding Disability-Adjusted Life Years (DALY). However, the population living in good perceived health shows only a slight increase, while the population living with activity limitations remains stable, despite the ageing of the population. In 2040, health expenditures will have more than doubled compared to 2013.

We do not know how the future will unfold. Therefore we should explore developments based on past trends and explore uncertainties. This health outlook helps policymakers anticipate for the future. It provides a sound basis to facilitate and structure discussions about priority settings in public health.

Key messages:

- Identifying challenges for future public health and health care improves the public health policy making
- The Netherlands will face multiple future challenges regarding public health and health expenses

Using GRADE to develop the WHO guideline on verifying elimination of human onchocerciasis

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Issue

The Grading of Recommendations Assessment, Development and Evaluation (GRADE) approach was initially developed to support guideline development for therapeutic decisions and recently was expanded to address diagnostic questions. We used GRADE for a guideline on the decision to stop mass drug administration (MDA) and to verify elimination of a disease. This is the first documented use of GRADE for this type of guideline.

Problem

Human onchocerciasis is caused by the parasitic worm *Onchocerca volvulus* and causes skin disease and “river blindness”. Several previously endemic countries have

implemented MDA with ivermectin and successfully achieved elimination. Recently, the World Health Organization (WHO) updated its 2001 guidelines for the verification of elimination of onchocerciasis.

We developed an analytic framework to describe the pathway from MDA to surveillance and verification of elimination of onchocerciasis. We systematically searched for published and unpublished studies and constructed a “linked evidence” chain. We combined evidence from diagnostic accuracy and observational studies and judged the certainty of the evidence using the applicable GRADE method. We then developed GRADE decision tables to summarize all the evidence for benefits and harms, cost, feasibility, equity, and acceptability.

Effects

In a face-to-face meeting, the guideline panel used the decision tables to make either strong or conditional recommendations for or against each test under consideration. Where available evidence was of very low certainty the panel members relied on their personal knowledge of data that were not publically available (e.g., internal government or WHO field office reports).

Lessons

Using an analytic framework and GRADE allowed us to present diverse evidence to the guideline panel in a structured manner; however personal knowledge of programme data played a role in panel decisions although it was not captured in the GRADE evidence summaries.

Key messages:

- Providing evidence support for a WHO guideline on elimination of a disease required us to construct an analytic framework and combine multiple study types in a linked evidence chain
- The role of regular programme generated data (cf published studies) in informing WHO guidelines developed using the GRADE approach should be explored/defined

Training of students for the use and critical evaluation of mobile applications for health

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Background

Health and social care systems are facing an upsurge in chronic diseases and multi-morbidity as a consequence of population ageing as well as a growing need for supportive tools and practices affording elderly people active and independent living. Mobile applications for health (mHealth apps) undoubtedly carry large potential to improve health and wellbeing through empowerment of patients in taking responsibility for their own health while reducing the ever-growing healthcare costs. Likewise, mHealth apps also hold promise for innovative interventions and health promotion activities targeted at younger generations. Therefore, health professionals and students need to be educated and trained to identify and take into account advantages and limitations of mHealth apps, as well as to recognise the need for evaluation and certification of these applications.

Objectives

To train medical and nursing students in critical evaluation of mHealth apps in order to prepare them for advising patients about using such tools. Also, to make students aware of the great potential of eHealth apps but also the need for validation and certification.

Results

Fifth-year medical students were asked to download and test on their smartphone, then report about the features and limitations of different mHealth applications. Similar tasks

were given to the Master degree nursing students and first-year medical students. All students proved capable of testing mHealth apps and understanding the need for evaluation, validation and certification. Students successfully presented their findings and evaluation results, as well as critically analysed and discussed features of different mHealth apps during seminars within a Medical Informatics course.

Conclusions

Testing and evaluating mHealth apps are appropriate tasks for medical and nursing students, both undergraduate and graduate, that enable them to understand the need for validation and certification of such applications.

Key messages:

- Medical and nursing students need to be trained in critical evaluation of mHealth applications in order to envisage their potential and to understand the need for their validation and certification
- Students should develop positive attitudes but also critical views of new tools and technologies in order to be prepared for responsible and ethical use of mHealth apps in future professional practice

The Impact of Conflict on Medical Education: Institutional and student insights from Iraq

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This study surveyed all Iraqi medical schools and a cross-section of Iraqi medical students regarding their institutional and student experiences of medical education amidst ongoing

conflict. The objective was to better understand the current resources and challenges facing medical schools, and the impacts of conflict on the training landscape and student experience, in order to provide evidence for further research and policy development. Deans of all Iraqi medical schools registered in the World Directory of Medical Schools were invited to participate in a survey electronically. Medical students from three Iraqi medical schools were invited to participate in a survey electronically.

Of 24 medical schools listed in the World Directory of Medical Schools, 15 replied to an initial email sent to confirm their contact details, and 8 medical schools responded to our survey, giving a response rate from contactable medical schools of 53% and overall of 33%. Five (63%) medical schools reported medical student educational attainment being impaired or significantly impaired; 4 (50%) felt the quality of training medical schools could offer had been impaired or significantly impaired due to conflict. A total of 197 medical students responded, 62% of whom felt their safety had been threatened due to violent insecurity. The majority (56%) of medical students intended to leave Iraq after graduating.

Medical schools are facing challenges in staff recruitment and adequate resource provision; the majority believe quality of training has suffered as a result. Medical students are experiencing added psychological stress and lower quality of teaching; the majority intend to leave Iraq after graduation.

Key messages:

- A total of 197 medical students responded, 62% of whom felt their safety had been threatened due to violent insecurity
- Iraqi medical students are experiencing added psychological stress and lower quality of teaching; the majority intend to leave Iraq after graduation