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Project Globe Country Assessment Results

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THE RUSSIAN FEDERATION

VENEZUELA



PROJECTGLOBECONSORTIUM
FOR CONTINUING PROFESSIONAL DEVELOPMENT

OVERALL ASSESSMENT PURPOSE

Assist Project Globe leadership globally and within each country to plan, develop and gain support for the implementation of CPD programs most relevant to primary care physicians and targeted to the improvement of public health within those countries.

ASSESSMENT PURPOSE--DETAIL

✓ Determine:

1. Participating country mortality and morbidity challenges
2. Current country primary care delivery system and approach to/ support for CPD
3. Why physicians undertake CPD
4. Barriers to undertaking CPD
5. Factors impacting the selection of a CPD program
6. The clinical subject matter about which physicians feel the most need for additional education
7. The educational delivery methods (e-learning, face-to-face etc.) physicians feel are most effective in delivering CPD content
8. The activities physicians currently use to improve their knowledge and skill
9. Physicians' preferred CPD program format

ASSESSMENT METHODS

- ✓ Country Assessment Questionnaire: completed by Project Globe Country Leaders (Dr. Felix Vartanyan, Dr. Ada Vedilei) plus literature search
- ✓ Online/paper and pencil standard questionnaire
- ✓ Questionnaire pilot tested in Colombia and modified based on pilot test results
- ✓ Standard questionnaire administered to all physicians meeting the inclusion criteria for the Project Globe Pilot Study as tailored to meet individual country requirements in Venezuela and Russia

DESCRIPTIVE SAMPLE

Country	N/Response Rate	% Male*	% Female*	Mean Yrs in Practice
Russia	76/68%	21	79	20.6
Venezuela	625/83.2%	18	52	16

* In some cases, gender data was missing.

MORTALITY & MORBIDITY



RUSSIA



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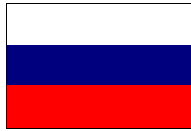
Population	143	million	27
Life expectancy at birth M · F	60 · 73	both sexes, 2006	71 · 78
Probability of dying under 5	13	per 1000 live births, 2006	21
Probability of Dying between 15 and 60 years of age M · F	432 · 158	per 100,000 , 2006	187 · 95
Maternal Mortality ratio	28	per 100,000 live births, 2006	57

Causes	Deaths
Ischaemic Heart Disease	30%
Cerebrovascular Disease	22%
Poisonings	3%
Self Inflicted Injuries	3%
Trachea, bronchus, lung cancers	2%
Violence	2%
Road Traffic Accidents	2%
Stomach Cancers	2%
Colon, Rectum Cancers	2%
Cirrhosis of the Liver	2%

Causes	Deaths
Ischaemic Heart Disease	16%
Violence	8%
Cerebrovascular Disease	8%
Diabetes Mellitus	6%
Road Traffic Accidents	6%
Hypertensive Heart Disease	3%
HIV/AIDS	3%
Chronic Obstructive Pulmonary Disease	2%
Trachea, bronchus, lung cancers	2%

Source: World Health Statistics 2008, WHO

COUNTRY SYNOPSIS



RUSSIA

- ✓ **Primary Care Delivery**
 - Government supported ambulatory polyclinics
- ✓ **CME/CPD Delivery**
 - Provided by Russian Academy of Advanced Medical Science and 70+ supported institutes



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- ✓ **Primary Care Delivery Setting**
 - Government supported ambulatory polyclinics (one physician/250 families [1,250 persons])
 - Some private clinics
- ✓ **CME/CPD Delivery**
 - Provided chiefly by medical associations and medical schools often with the support of pharmaceutical companies

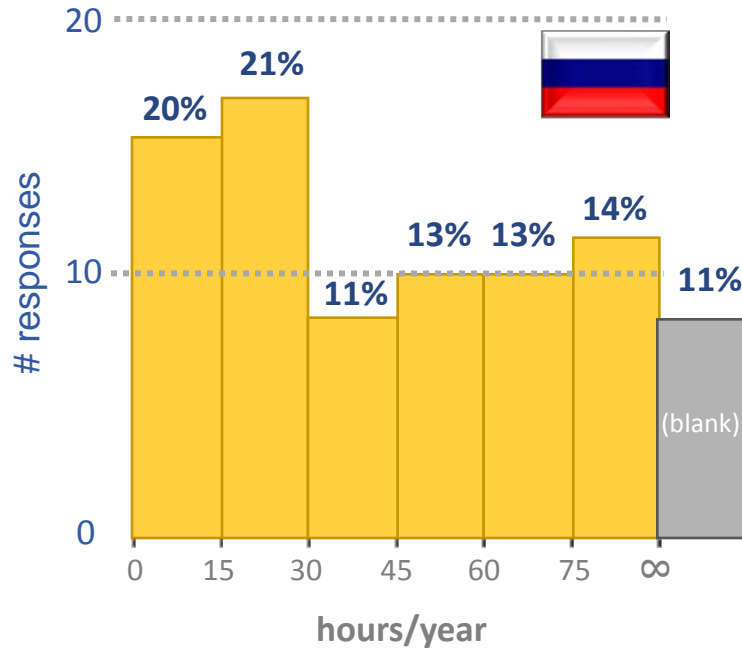
ANNUAL HOURS OF STRUCTURED CPD



RUSSIA*

Average hours/year: 39

$SE_{\bar{x}} = 3.31$



* Russia = Moscow only

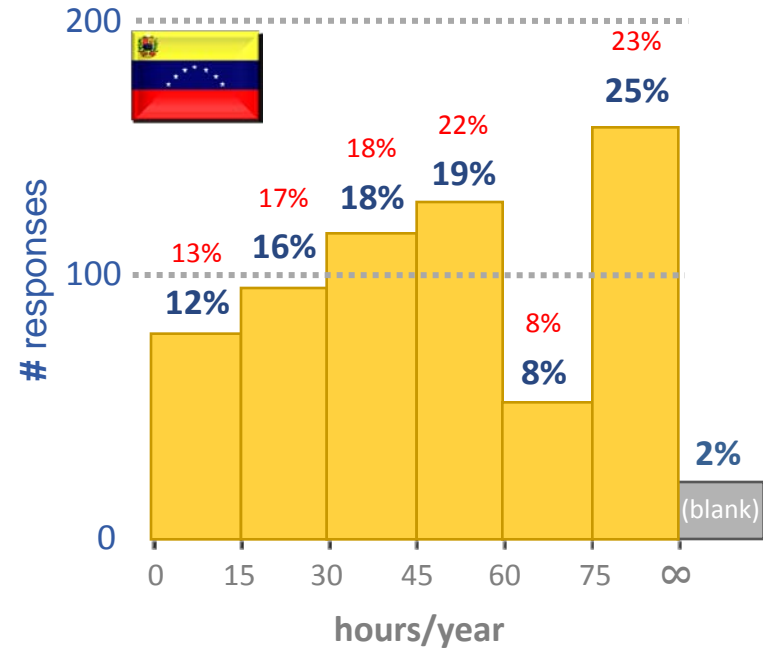


VENEZUELA

Average hours/year: 50 / 49*

$SE_{\bar{x}} = 1.07 / 1.62$

p = 0.02



*Red = Caracas only

PRIMARY CLINICAL LEARNING NEEDS--RUSSIA



		Extent Prevalent in Population	Extent CPD Needed	Response %
Genitourinary Diseases		3.0	4.5	43%
Skin diseases		3.1	4.7	39%
Endocrine disorders		2.4	3.6	61%
Neoplasms		2.7	3.8	53%
Vision / hearing		2.3	4.2	54%
Parasitic / infectious diseases		2.9	4.2	42%
Emergencies		2.5	3.6	55%
Gynecologic Pathology	4.2	4.0	22%	
Psychiatric disorders	2.9	3.4	38%	
Digestive diseases	2.7	3.2	39%	
Musculoskeletal diseases	2.1	2.8	58%	
Respiratory obstructive diseases	2.5	2.9	42%	
Neurological diseases	2.2	2.5	47%	
Cardiovascular diseases	3.2	2.0	30%	

Scale Anchors:
1= No Extent
5=To a very great extent

PRIMARY CLINICAL LEARNING NEEDS--VENEZUELA



		Extent Prevalent in Population	Extent CPD Needed	Response %
Respiratory obstructive diseases		4.8	4.8	82%
Parasitic / infectious diseases		4.8	4.7	82%
Cardiovascular diseases		4.7	4.8	82%
Digestive diseases		4.5	4.8	83%
Genitourinary Diseases		4.3	4.7	82%
Musculoskeletal diseases		4.3	4.6	82%
Skin diseases		4.2	4.7	82%
Emergencies	4.1	4.6	82%	
Endocrine disorders	3.9	4.6	82%	
Gynecologic Pathology	4.0	4.5	81%	
Vision / hearing	3.7	4.3	82%	
Neurological diseases	3.3	4.4	81%	
Psychiatric disorders	3.3	4.2	81%	
Neoplasm	2.6	3.7	81%	

Scale Anchors:
1= No Extent
5=To a very great extent

COMMON THEMES*

Primary Reasons for Undertaking CPD	▶	Improve Diagnostic/ Therapeutic Knowledge
Primary Factors Influencing Attendance	▶	Quality, Relevance and Advancement
Primary Impediments to Engaging in CPD	▶	Time, Lack of Relevant Programs, Cost
Educational Methods Judged Most Effective	▶	Face-to-Face Workshops, Reading, E-learning
Current Self-Directed CPD Activities	▶	Journals, Colleagues, Computer searches
Preferred CPD Educational Methods	▶	Blended
Internet Availability	▶	More Widely Available at Home than Practice Setting
Desired Recognition	▶	Diploma
Language	▶	Native



*The pilot test in Colombia yielded similar results

PRELIMINARY CONCLUSIONS

- Morbidity and mortality data supports Project Globe's pilot program addressing cardiovascular risk factors. (*WHO and other global data on disease burden also supports this conclusion.*)
- Russian physicians (*in the four polyclinics involved in the assessment*) do not perceive cardiovascular disease as a high priority educational need.
- Primary care physicians share a great deal in terms of their reasons for attending/not attending CPD programs, their estimation of the most effective methods of CPD and the type of recognition they would like to receive for participation.
- There is a need to increase e-learning resources in primary-care physician settings
- Project Globe's focus on developing blended learning approaches (e-learning combined with face-to-face seminars/practicums) is very much in line with physician preferences.