

PROJECT **GLOBE** CONSORTIUM
FOR CONTINUING PROFESSIONAL DEVELOPMENT

President's 2007 Report

Global Excellence for GPs/FPs in Primary Care Services

*A Partnership of Thought Leaders in
Continuing Professional Development
From Around the World*

February 25, 2008

Submitted by:
Pablo A. Pulido M., MD

Mission

To promote life long learning through continuing medical education (CME) and continuing professional development (CPD) among family physicians and general practitioners in the emerging world by developing programs, standards, resources and partnerships that foster quality care for patients and communities.

Vision

- *To impact global health by assisting generalist doctors (GP's and FP's) around the world in **delivering high quality health care , by making available evidence based CME and CPD opportunities.***
- *Create an **innovative template** to analyze problems, propose and implement educational solutions for the medical education of generalists*

Introduction and Reason for Being

Project Globe is a partnership of physicians, medical education professionals, associations and clinical practitioners created to bring the best evidence-based CME/CPD to the improvement of health outcomes in emerging countries. The Consortium serves the needs of family and general physicians by providing high quality, unbiased and engaging CME/CPD programs directly related to the prevention and treatment of disease categories most relevant to participating countries.

Project Globe is a non-profit and non-governmental partnership that works collaboratively with country-based medical educators, leaders and associations in implementing its programs¹. Project Globe is funded principally by charitable grants and donations from foundations, corporations and individuals.

The Consortium is governed by a Board of Directors made up of internationally respected leaders in global medical education concerned with the practice of family and general medicine around the globe. Board members are also active in their organizations like WFME, WONCA, AAMC, AMEE/IIME, WHO, PAFAMS and others.

Reason for being

To assist generalist doctors General Practitioners and Family Practitioners (GP's/FP's) in primary care health care services, together with their organizations, in providing the best possible patient and health care services, thus participating in orienting health policies

¹ Incorporated as a non-profit charitable corporation in the State of Connecticut, USA 2006

Ongoing Five-phased Development Process

The Consortium continues to follow a five-phase development process:

- I. Building Pilot Countries Relationships through local leadership
- II. Identifying the Needs and Demands of Physicians as well as Priority Diseases and Disease Categories in Pilot Countries
- III. Proving the Concept and implementing educational instruments
- IV. Spreading the Word and Expanding the Service
- V. Institutionalization and Ongoing Refinement

While each of these phases is a discrete, sequential activity, in practice the implementation of the plan will require the stages to overlap one another appropriately. 2007 concentrated actions in the first two phases and begun phase III with presentations and meetings pertinent to phase IV.

Progress by Phase in 2007

I. Building Pilot Relationships.

In 2007 the first task for the Consortium concentrated in developing partnership relationships with medical educators, academics and institutions in the 4 pilot countries, (Egypt, Turkey, Russian Federation and Venezuela_plus Colombia where a team is following closely the actions in the latter country), where these individuals share Project Globe's philosophy about the potential CME/CPD to assist General and Family physicians to sharpen and use their skills. The formation of solid partnership relationships required visits to each of them with follow-up permanent dialogue to work out the details of the relationship formalized by a **Memorandum of Understanding** between the Consortium and the participating county.

II. Identifying Needs and Demands from Physicians and Priority Disease and Disease Categories.

During 2007 Project Globe Consortium worked closely with pilot countries to develop an accurate picture of the professional development needs of country physicians. A survey analysis instrument was carefully reviewed and applied in Russia and Venezuela., Turkey and Egypt are preparing to implement this survey in the spring of 2008. Data from Colombia obtained in 2006 as a testing ground was consolidated in 2007 and serves as an additional basis for the strategies to follow. Country Leadership Members of Project Globe are taking the lead in conducting this needs analysis and

identifying appropriate existing courseware and assisting in the process of developing courseware where none exists. Project Globe would use its technical infrastructure and LMS strategic alliances to house and deliver courseware as well as provide record keeping and data management service to member countries with the valuable collaboration of the Li Ka Shing Institute at Toronto and Hibernia College from Ireland.

III. Proving the Concept and Implementing Educational Programs.

While blended online CME has the potential of becoming a vital continuing medical education and professional development tool, to date there have only been a few studies that demonstrate its effectiveness in changing physician behavior and consequent health care outcomes.^{2 3} Much evidence-based CME/CPD has the potential of being shared to meet the emerging needs of different countries via a blend of new technology and traditional means. The WHO in May of 2006⁴ passed a resolution encouraging increased investment in information communication technology in part to support such sharing. Nonetheless, solid empirical data about the effectiveness of CME/CPD in changing physician behavior and patient outcomes in emerging countries remains lacking.

Project Globe's purpose is to offer pilot countries the opportunity to participate in a study to test the efficacy of blended CME/CPD learning solutions in changing physician behavior and patient outcomes. As an initial step, Project Globe is offering a CV Risk Factor (CVRF) Practice Improvement Course for three principle reasons:

1. The high prevalence of CV disease globally and its related health care burden-- (*WHO data indicates that 29.2% of deaths globally can be attributed to CVD and 80% of the disease burden of CVD comes from developing, low and middle-income countries*)
2. The Availability of widely agreed upon surrogate makers for CV health (blood pressure and lipid level) and
3. The clinical capability to positively impact these markers in a relatively short time frame.

² Fordis, *et al*, "Comparison of the Instructional Efficacy of Internet-Based CME With Live Interactive CME Workshops: A Randomized Controlled Trial," JAMA, September 7, 2005— Vol 294, No. 9 1045

³ Shaw B, Cheater F, Baker R, Gillies C, Hearnshaw H, Flottorp S, Robertson N. Tailored interventions to overcome identified barriers to change: effects on professional practice and health care outcomes. *The Cochrane Library, Issue 3, 2006.*

⁴ WHA 59.23, 27 May 2006, agenda item11.12

Data on the impact of blended CME/CPD initiatives on CVD in four countries will be collected in 2008 and 2009. This data should, provide strong support for allocating resources to expand cost effective CME/CPD initiatives for other and more pressing conditions in these same countries.

In addition, the PGC team is offering this CVRF program as a means of testing its approach to designing, developing and deploying programs of this type. During 2007, important advances were made in this area by a team working with the technical expertise of Hibernia College (Ireland) and the clinical competence of , the Institute of Postgraduate Medicine of Brighton- Sussex Medical School.(UK).

IV. Spreading the Word and amalgamating experiences to expand the Service.

At first stage the results of the pilot studies and country needs assessment are being discussed in situ with the country leaders, to enrich concepts and capabilities since the project is based in the local commitments and their leadership..

Presentations and discussions enriching the project took place at:

- The Association of Medical Education of Europe, AMEE, in Trondheim, Norway, where two lively sessions took place.
- G-I-N, Guidelines International Network Conference , in Toronto, Canada
- 10th Venezuelan Meeting of Medical Education, of the Association of Venezuelan Medical Schools, in Barquisimeto, Venezuela
- GAME, meeting in New York, USA
- Caribbean Association of Medical Education,
- Taiwan exploratory visit as a potential participant country
- Formation of support alliances with the:
 - FaMEC Project in South Africa
 - INFA-MED Project in Kenya
 - Department of Family Medicine at the University of Makerere in Uganda
 - WONCA Pan-African Conference
- Other national and international presentations in concert with PG country leaders and staff
- A draft manuscript for publication outlining the project and its goals has been prepared and is currently under internal review.

V. Institutionalization and Ongoing Refinement.

As more countries become members and use the Consortium's resources, relevant curricula will be developed and models for professional development applicable to emerging countries will be created and incorporated into the accepted CME/CPD systems for family and general practitioners. Particular focus will be paid to studying the effectiveness of various types of CME in the emerging world, publishing the results of that research and developing country-based centers of excellence among member countries. Project Globe would function as a global clearing house and provider of the highest quality, lowest cost CME/CPD available to the emerging world as well as working with individual countries and medical associations to provide CME credits and other accreditation as appropriate.

Project Globe is not a commercial enterprise but rather a partnership vehicle through which medical educators help other medical educators and key health care leaders to leverage the power of blended learning solutions to improve health outcomes in emerging societies through the continuing professional development of family and general practice physicians.

Actions in 2007 and Current Status

During 2006-2007 Project Globe Consortium, held a variety of Board of Directors, and Executive Committee and Core Group meetings:

Group	Number of Meetings
Board of Directors	10
Executive Committee of the Board	8
Core Working Group	16

These meetings were held in order to make important decisions and follow up on project initiatives. Trips were also made to the different pilot countries in order to gain commitment, formalize a Memorandum of Understanding, review working documents, develop working relationships with country leaders and teams and to begin Project activities in each country.

Additional trips were made to Hibernia College in Dublin and to Brighton-Sussex Medical School in the UK to further our working relationship with these two institutions. Hibernia College is Ireland's premier online college. The Institute of Post-graduate Medicine at the Medical School of Brighton-Sussex Universities is a leader in the development of practical medical education courseware.

Russia and Venezuela, are in the process of preparing for the Pilot Study. Turkey and Egypt will be conducting the Needs Assessment in March and April of 2008 and begin preparing for the Pilot Study as soon as possible thereafter.

Project Globe produced a number of support documents in 2007:

1. The Pilot Study Protocol
2. The Capability and Needs Assessment Protocol
3. The Education Plan (contained in the Pilot Study Protocol)
4. The Draft Business Plan

These documents are attached and are also available on the Project Globe shared data storage web site: <https://projectglobe.sharepointsite.com/default.aspx>.

During the course of the preparation of these documents, particular attention was focused on sharpening the focus of the educational intervention so that it would more effectively assist physicians to make behavioral and process changes to their practices. These reflections led to the introduction of practice and quality improvement tools like FOCUS-PDCA and Situational Leadership/Learning to the course curriculum and the re-orientation of the in-country components of the intervention to support sequential utilization of these tools throughout the Pilot Study.

The PGC team plans to have the Cardiovascular Risk Factors course ready and translated during the first quarter of 2008,. At the same time, the courses identified through the needs assessment survey in each pilot country will begin to be developed in order to be able to launch them at the end of the CVRV course.

2007 was a year of both advancing and consolidating ideas and infrastructure.. Throughout 2007 Directors contributed to the Project and the Executive Committee is very grateful for the members participation and enthusiasm.. In October, both Drs. M. Roy Schwarz and Dennis Wentz expressed their desire to leave the Board due the demands of other pressing obligations but to remain connected with the Project through the Advisory Council.

Working agenda

2008 Goals

- Start with Pilot Study and Educational Intervention in all pilot countries
- Define strategic alliance relationships with Project Globe partners: Hibernia College, Brighton-Sussex, GIN and others
- Develop and implement a long-range financial and funding raising plan including the acquisition of two new grants-in-aid



- Develop and implement a publications strategy
- Continue the development of the Project Globe web-site

Challenges in 2008

- Implement the educational intervention and the first course effectively
- Create the base for a core curriculum
- Maintain momentum from 2007
- Develop an effective business plan and a funding raising strategy
- Develop a publications and communications strategy
- Identify potential new countries and experiences

2010 Goals

- Involve key GP/FP's in five additional participating countries
- Improve defined morbidity or mortality measures in served populations
- Improve measured knowledge levels in curriculum areas 25% - 35% amongst participating physicians
- Publish and have accepted Global CME/CPD standards
- Expand life-long medical learning to non-physician health providers and patient

PRESIDENT'S REPORT

FEBRUARY 25, 2008
GLEN COVE, NY USA

Pablo Pulido M., MD, President

Tom Thomson, PhD, Executive Secretary



PROJECTGLOBECONSORTIUM
FOR CONTINUING PROFESSIONAL DEVELOPMENT

Meet the needs of generalist doctors (*General Practitioners and Family Practitioners (GP's/FP's)*) and their primary care health organizations, for cost effective continuing professional development and practice improvement resources in order to provide the best possible patient and health care services and improve the public health of the populations served



MISSION

Promote life long learning through continuing medical education (CME) and continuing professional development (CPD) among family physicians and general practitioners in the emerging world **by developing programs, standards, resources and partnerships that foster quality care for patients and communities.**



PROJECTGLOBECONSORTIUM
FOR CONTINUING PROFESSIONAL DEVELOPMENT

VISION

Positively impact global health by assisting generalist doctors around the world to deliver high quality health care, by making available evidence-based CME and CPD opportunities at a modest cost

Create an innovative and repeatable and adaptable model for problem analysis, solution development and implementation of educational and practice improvement programs for primary health care providers.



PROJECTGLOBECONSORTIUM
FOR CONTINUING PROFESSIONAL DEVELOPMENT

1. **Countries for Pilot Studies confirmed**
2. **Identify Country Leadership**
3. **Pilot study**—prove the effectiveness of multi-component education in improving patient outcomes
4. **Situation/Capacity Assessment**—identify critical components and nature of CME/CPD including overview of physician needs in participating countries
5. **Prepare First Course : CVRF**
6. **Prepare steps for implementation**



FIVE STEP IMPLEMENTATION SEQUENCE

1. Identifying Needs & Priority Diseases
2. Building Pilot Relationships
3. Pilot Studies—Proof of Concept /Measure Impact
4. Spreading the Word & Expanding Services
5. Institutionalizing and Refining

**Implementation
Sequence**



PROJECTGLOBECONSORTIUM
FOR CONTINUING PROFESSIONAL DEVELOPMENT

Board of Directors:

10 meetings

Executive Committee:

7 meetings

Core Progress Report:

16 sessions



Relevant Presentations:

- AMEE (Association for Medical Education in Europe),
- Country visits, Venezuela, Egypt, Russia, Turkey, Taiwan, Colombia
- University of Toronto, Department of Family Medicine
- Caribbean Association of Medical Education, Jamaica
- Venezuelan Association of Medical Education, Barquisimeto, Venezuela



Organizational

- Achieved incorporation as a non-profit NGO in the State of Connecticut
- Developed a set of operating norms and procedures
- Established a working US office at 708 Third Avenue, NY, NY 10017
- Established Web-site, E-Meeting Room and shared data storage
- Engaged CPA to oversee financial and tax matters
- Finished the year in good financial condition
- Obtained support from partners to the project
- Automated accounting and bill payment
- Eliminated position of Operations Manager
- Joint work with Caracas Office

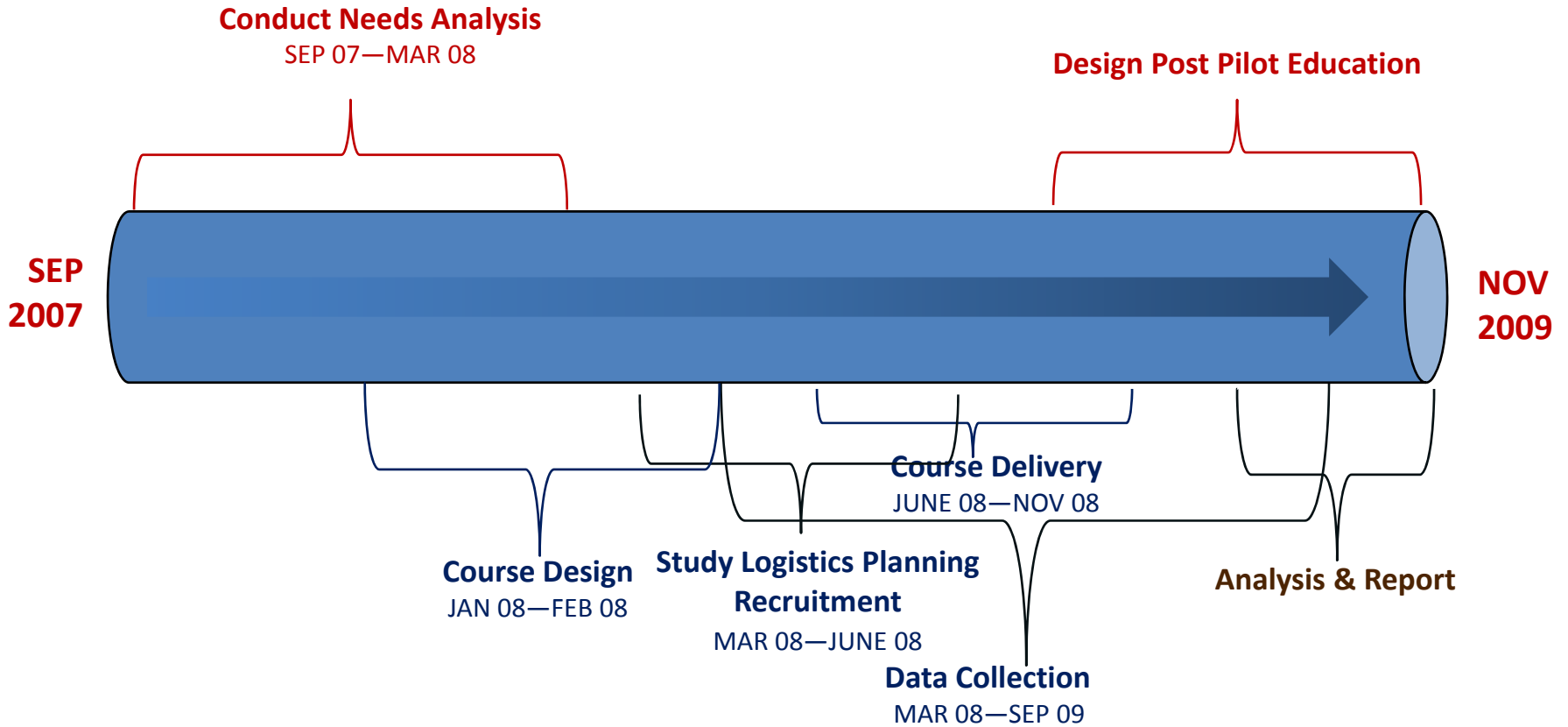


Programs

- Refined strategic goals
- Defined a clear program implementation strategy
- Developed a Pilot Study and Intervention Protocol
- Refined data from Colombia test study
- Advanced the Project in, Egypt, Russia, Turkey and Venezuela
- Directors and teams for countries in place
- Visited Taiwan for potential future enrollment process
- Conducted and analyzed an individual Needs Assessment in Pilot Countries Russia and Venezuela
- Established CV Course Design and Content Provider
- Agreed to support four sub-Saharan Africa medical education projects with \$4,000 each for 2008, once local leadership is identified to assure follow up.

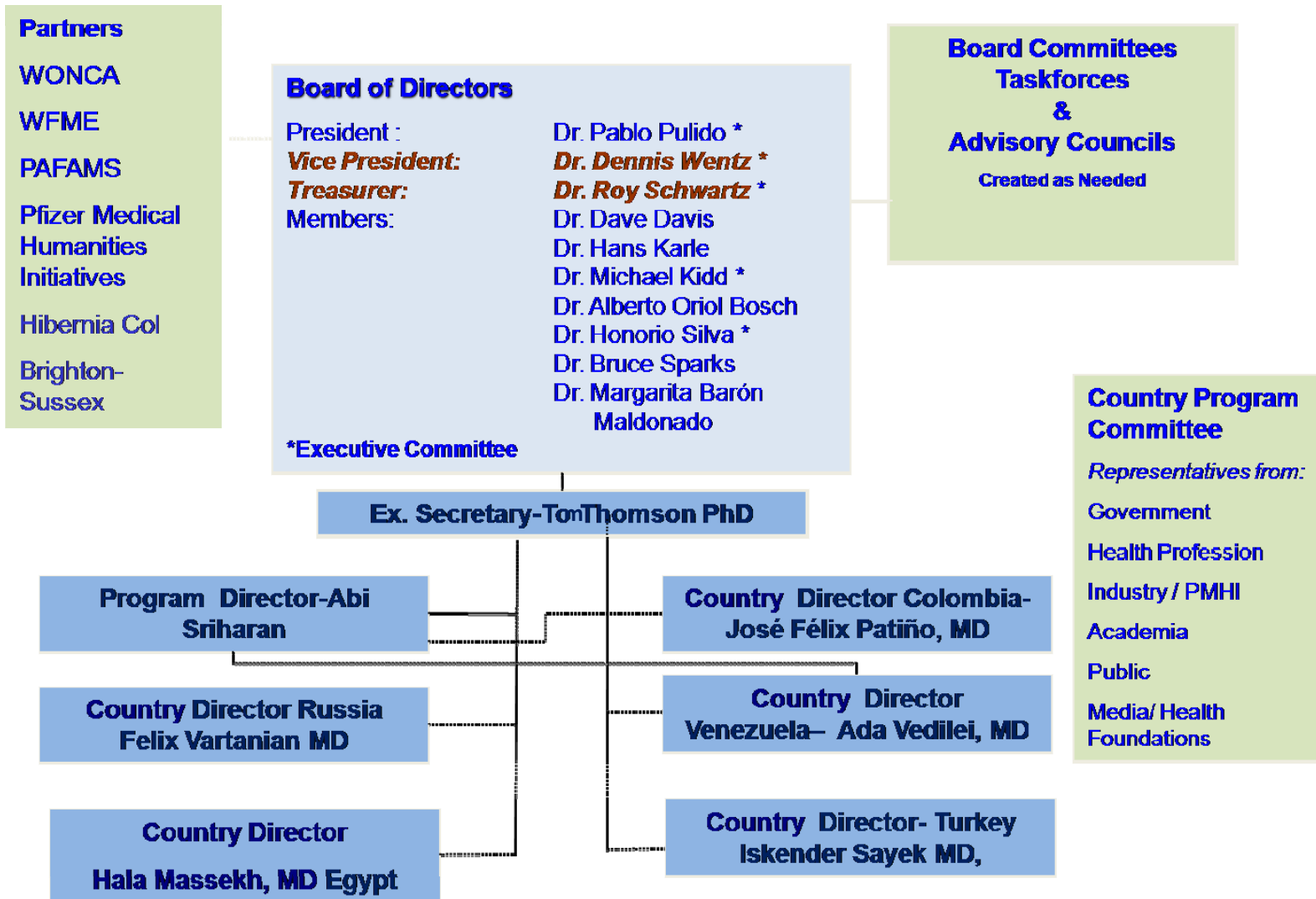


REVISED PROJECT TIMELINE



PROJECT GLOBE CONSORTIUM
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ORGANIZATION CHART



➤ Regular Staff

- Executive Secretary— Tom Thomson
- Program Director— Abi Sriharan
- Administrative Support— Alegría de Hinestrosa,
Gloria Pereira

➤ Specialist Support

- Web-Master & Analyst— David Olstad
- Event Coordination— Ivonne Weisglass,
Trini Fuentes



Initial Steering Committee

(Pablo Pulido MD and Dennis Wentz, MD, co-chairs)

- Rashid Bashshur, PhD
Professor of Telemedicine/
U. of Michigan (USA)



- Yank D. Coble,
President, World Medical Assn.



- Alejandro Cravioto, MD
President, PAFAMS (Mexico)



- Mark Evans, PhDG
President, Global Alliance CAME (USA)



- Christina Fabian, MD
President, UEMO (Sweden)



- James Hallock, MD
President, Educ. Commission for Foreign
Medical Graduates ECFMG (USA)



- Hans Karle, MD
President, World Federation for Medical
Education, WFME (Denmark)



- Salah Mandil, PhD
International e-Health Association,
(Switzerland and Sudan)



- Lewis A. Miller, MS
Editorial Director, J. of Family Practice



- Alberto Oriol I Bosch, MD
President, Medical Education Foundation (Spain)



- M. Roy Schwarz, MD
President, China Medical Board of NY
and IIME



- Honorio Silva, MD
Pfizer Medical Humanities Initiative



- David Stern, MD, PhD
Director, Global REACH, U. of Michigan
& International Institute for Med. Education



- Amando Martin Zurro, MD
Coordinator General, Programa de Medicina
de Familia i Comunitaria de Catalonia,(Spain)



Observer Members:

- Daniel J. Ostergaard, MD
Vice-President, American Academy of Family
Physicians (USA)



- Bruce L. W. Sparks, MD
President-Elect, WONCA (South Africa)



PROJECTGLOBECONSORTIUM
FOR CONTINUING PROFESSIONAL DEVELOPMENT

CURRENT BOARD OF DIRECTORS (FEBRUARY 2008)

- **Margarita Barón-Maldonado, MD**,
Universidad Alcalá de Henares,
(Spain)
 - **Dave Davis, MD** University of
Toronto (Canada) and AAMC
(Washington)
 - **Hans Karle, MD** WFME, Denmark
 - **Michael R. Kidd, MD** Univ. of
Sydney (Australia)
 - **Albert Oriol I Bosch, MD** Medical
Education Foundation, Spain
 - **Pablo A. Pulido M, MD**
Panamerican Federation of
Associations of Medical Schools ,
Venezuela
 - ***M. Roy Schwarz, MD** Former
President, China Medical Board of
NY (USA)
 - **Honorio Silva, MD** Director
Projects Globe and
GlobalEduHealth Formerly Vice-
President, Pfizer (USA)
 - **Bruce L.W. Sparks, MD** Univ. of the
Witwatersrand (South Africa)
 - ***Dennis K. Wentz, MD** Former
Director, CPPD, American Medical
Assn. (USA)
- *Resigned as of Sept 08 and proposed
to be part of the Advisory Committee



PROJECTGLOBECONSORTIUM
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2008 GOALS

- Implement the Pilot Study and Educational Intervention in all pilot countries
- Define strategic alliance relationships with Project Globe partners: Hibernia College, Brighton-Sussex, Li Ka Shing, G-I-N and others
- Develop and implement a long-range financial and funding raising plan including the acquisition of two new grants-in-aid
- Develop and implement a publications strategy
- Continue the development of the Project Globe website



2008 CHALLENGES

- Implement the educational intervention and the first course effectively in the pilot countries with proper data collection and effective liaison with local Institutions
- Create the base for a core curriculum
- Maintain momentum from 2007
- Develop an effective business plan and a create a funding raising strategy
- Develop a publications and communications strategy
- Identify potential new countries and experiences



IN SUMMARY

- Five countries enrolled — Egypt, Colombia (Needs Analysis only), Russia, Turkey and Venezuela
- Country Teams and Leadership Established
- Needs analysis piloted in Colombia, Russia, Turkey and Venezuela
- Protocols finalized and data management systems established
- Partnerships with Hibernia College and principle course authors established
- Countries started Needs Analysis in the Fall of 2007 with results at this meeting



2010 GOALS

- Involve key GP/FP/DP's in participating countries
- Improve at least three morbidity or mortality measures in served populations
- Improve measured knowledge levels in curriculum areas 25% - 35% amongst participating physicians
- Publish and have accepted Global CME/CPD standards
- Expand life-long medical learning to non-physician health providers and patients



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- Business plan
- Physician Survey
- Study protocol
- Pilot country reports
- Sampling strategy document
- ResearchProtocol
- Progress report
- Educational program



**PROJECT GLOBE CONSORTIUM FOR
CONTINUING PROFESSIONAL
DEVELOPMENT**

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THANK YOU — PLEASE VISIT US AT

<http://www.globecpd.org>

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