

ORIGINAL RESEARCH

A Needs and Resource Assessment of Continuing Medical Education in Haiti

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Abstract

BACKGROUND Haiti has a chronic physician shortage, and the country has been facing an increased disease burden since the 2010 earthquake and the subsequent introduction of cholera. In such resource-challenged settings, access to postgraduate medical education often is limited due to inadequate financial, structural, and academic resources. A crucial component to improved health in Haiti is the expansion of continuing medical education (CME). To our knowledge there have been no previous studies investigating the continuing professional development needs of Haitian physicians working in this context.

OBJECTIVE The objectives of this study are to describe the educational resources available to Haitian physicians and to understand their continuing professional development needs.

METHODS We performed a needs and resource assessment of CME available to Haitian physicians using surveys and focus groups. We surveyed 62 physicians and led 3 focus groups. Questions gathered data on physicians' access to educational resources. Descriptive statistics were calculated from surveys, and focus group transcripts were manually reviewed for themes.

FINDINGS In all, 82 conference attendees were invited to participate. Of these, 62 physicians completed the needs and resource assessment survey. Of the participants, 16% had a medical library at work and 31% had access to a computer at work. Educational conferences were available at work for 27% of participants, and 50% attended conferences outside of work. Less than half (45%) identified a clinical mentor. Focus group participants described inadequate tangible and reference resources, lack of colleague support, and lack of avenues for specialty training and employment.

CONCLUSIONS In this needs assessment, Haitian physicians identified lack of support for clinical decision making, poor access to CME activities, limited professional development, and absence of employment opportunities as key areas of need in support of their clinical and professional work.

KEY WORDS continuing medical education, Haiti, needs assessment, continuing professional development, brain drain, resource assessment

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INTRODUCTION

The development of health systems requires a multifaceted approach targeting material deficits and the training and retention of sufficient personnel to meet clinical need.^{1,2} There is a chronic physician shortage in Haiti, with a physician density calculated at 0.25 per 1000 people in 1998, as compared with 2.6 per 1000 people in the United States in 2004, the most recent years for which data are available.³ This shortage is in part due to emigration, as Haiti has one of the top four rates of physician loss to the American workforce globally.⁴ In addition to the workforce shortage, there is chronic underfinancing of the health sector: Before the 2010 earthquake, the country spent 9.5% of total government expenditure on health. This under-resourced health system has been further strained with the loss of material and human resources in the earthquake, coupled with an overburdening from excess morbidity and mortality incurred from the earthquake and the introduction of cholera. Yet the additional stress in the aftermath of the earthquake and cholera extend beyond the health sector, and despite the increasing need, government expenditure on health dropped to 5.5% in 2012.^{5,6} Studies have suggested that, since the earthquake, Haitian health care workers have experienced a decreased quality of life, with concern about future jobs, poor working conditions, and lack of education or training ranking among the concerns.⁷ Evaluation of clinicians from low-resource settings globally indicates that job satisfaction, as it relates to patient management and access to practical and educational resources to facilitate ongoing clinical care, plays a large role in retention of trained health care professionals.⁸ This suggests that increased access to educational opportunities may play a role in health care worker satisfaction and retention.

Continuing medical education (CME) has existed informally and formally in the United States for more than a century.⁹ CME is defined as any activity that serves to maintain, develop, or increase the knowledge, skills, and professional performance and relationships that a physician uses to provide services for patients, the public, or the profession.¹⁰ A more encompassing term, *continuing professional development*, includes the methodologies of continuing education while also focusing on concepts of self-directed learning, personal development, and organizational and systemic factors involved in adult learning.¹¹ Physicians working in low-resource settings often face logistical barriers, making access to medical resources or education challenging, and

existing educational tools are often ill-suited for the spectrum of diseases and paucity of resources.¹² In a recent systematic review of motivation and retention of health care workers in low-income settings, lack of access to continuing education, including classes and seminars, was shown as an important factor, especially among younger health professionals, leading to decreased health worker retention.¹³

There is limited data on the resources actually available for the professional and academic needs of clinicians working in low-resource settings. Muula et al. conducted a cross-sectional descriptive study of nurses, clinical officers, and technicians in Malawi to evaluate access to professional development interventions.¹⁴ They found that 94.7% of the 54 participants had been involved in some form of seminar or workshop in the previous year. However, only 35.1% had read any journal article in the past 6 months and 3.5% worked at facilities where libraries were available. All reported interest in learning research methods, yet only 31.6% had received any training and only 5.3% had ever written a journal or health-related article.¹⁴ A cross-sectional study of physicians and medical students from the Philippines in 2013 demonstrated that at work, 82% had access to a mobile phone device and 46% had Internet access.¹⁵ The primary source of information for medication-related questions was a formulary and for diagnostic dilemmas was a colleague. Authors of this study concluded that use of health information through mobile devices may be increasing and that access to devices and the Internet must be considered when planning resources for health care providers in resource-poor settings.¹⁵ Such studies are important in the thin body of knowledge on the subject of continuing professional development needs in low-resource settings; however, contexts within such countries vary widely, and the applicability of the existing data to our Haitian context is limited.

In a country that ranks 168th out of 187 countries in the Human Development Index in 2014, a crucial step toward improving health in Haiti is the expansion of the quality and capacity of medical education. However, there are no existing data describing the clinical experiences of and need for CME in Haiti.¹⁶ Because there is considerable financial investment in the initial training of a physician, and because physicians are fundamental to the continued provision of health care, it is important to understand their experience and needs in terms of ongoing training and education.¹⁷ In addition to Haitian physicians who

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