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PRELIMINARY REPORT

COURSE IN COMMUNITY MEDICINE
AND
HEALTH SERVICES RESEARCH

15 May - 24 July 1980

Conducted by: University of Nottingham
Department of Community Health

Sponsored by: World Health Organization
Eastern Mediterranean Region

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OBJECTIVES, CONTENT AND METHODS

OBJECTIVES

The overall objectives of the course were that participants should return to their own countries with:

1. An awareness of current trends in community medicine on an international basis.
2. The ability to plan, design, initiate and implement health service research projects in their own country.
3. The ability to assess the quality of research projects and published work undertaken by others.
4. The ability to adopt a developmental approach to the training of health personnel and the planning of health services.

CONTENT

In order to achieve the above objectives, the course covered the following topics:

1. Current Trends in Community Medicine
    - a) Epidemiological methods as applied to chronic disease, accidents, etc.
    - b) Contribution of social and behavioural sciences to community medicine.
    - c) Prevention and intervention in relation to disease.
    - d) Relationship between needs, demands and resources, with a view to priority setting.
    - e) Evaluation of services and programmes.
2. Design and Evaluation of Health Services Research
    - a) Identification of 'problems'.
    - b) Formulation of objectives.
    - c) Appropriate design and methodology.
    - d) Meaning of statistics - choice and interpretation.
    - e) Research and social policy.

EDUCATIONAL METHODS

This type of course necessitated the use of a variety of teaching and learning strategies. The following methods were used:

a) Lectures
b) Practical exercises
c) Seminars/Discussions
d) Case studies
e) Field trips/Visits
f) Outside speakers
g) Group Projects
h) Guided personal study

Although the outline of the course prepared in advance of the arrival of the participants indicated the overall planning, it was intended that this would be flexible in order to accommodate the particular needs of the participants. Special arrangements were made for those individuals who felt that they had particular interests which they wished to pursue. Considerable time was allowed for personal study.

Each participant was provided with a personal tutor (see Appendix III) who provided support, supervision and assistance with the development of a personal research protocol and data analysis if necessary. These protocols were presented and discussed in a number of plenary sessions. The tutors were also available to discuss all other aspects of the course.

Throughout the first half of the course, small groups of four or five individuals worked collectively on topics in community medicine and health service issues. These groups produced reports on priorities and planning.

Material distributed during the course enabled participants to build up a workbook. This was designed to provide a comprehensive account of the course and should on return to their countries act as a reference source as well as a guide to future research activities.

DATA FOR PROJECTS

Participants were asked to bring with them for discussion:

A. Country Data for Group Projects

1. National Data

Statistics to describe:

population

mortality and morbidity patterns

nutritional status

infant and maternal mortality

Health service provision and organisation

Government statements concerning priorities and planning

Country health programmes

National health plans

Annual report of the Minister of Health

2. Provincial Data

Where there was more than one participant from a country he or she was asked to bring data relating to his or her particular province, region or governate.

It was understood that not all of these data would be available in all the countries.

B. Data for Planning the Personal Research Project

Background material to form the basis of a small scale research project which could be carried out on return to their country. Participants were asked to bring relevant data, journal articles, local government reports etc. as this material was unlikely to be available in the United Kingdom.

SUMMARY OF COURSE

WEEK ONE - INTRODUCTION Coordinator: Dr J McEwen

The first week which consisted of only two days involved welcoming sessions, general introductions and administration.

The participants were welcomed by Professor D Greenfield, Dean of the Faculty of Medicine, University of Nottingham, Dr H Lockett, Area Medical Officer, Nottinghamshire Area Health Authority and Dr J McEwen, Senior Lecturer, Department of Community Health, University of Nottingham.

In his welcome the Dean emphasised the importance that the Medical School attached to its links with W.H.O. and its desire to participate in courses such as this. This was evidenced by the honorary degree awarded to Dr Mahler on the occasion of the first medical graduation from Nottingham in 1975. Dr Lockett expressed his desire that participants would find the course useful and encouraged them to make full use of the facilities that existed in Nottingham: he would be delighted to help in any way he could. Dr McEwen spoke of the valuable links that had been developed by Professor Backett between the Eastern Mediterranean Region of W.H.O. and this department, and he hoped that this course might contribute to the vision that Dr Taba and his colleagues had for the development of community medicine and health services research in the Region. All expressed their desire that participants should play an active part in the planning and the running of the course and that together they should all work to make it a useful and pleasurable ten weeks.

In the introductory sessions, the teaching, research and service commitments of the Department of Community Health were described and participants had an opportunity to meet members of staff. Tours of the Medical School, the Medical Library and the University Hospital were arranged.

WEEK TWO - CONTEMPORARY TRENDS IN COMMUNITY MEDICINE AND HEALTH SERVICES RESEARCH Coordinator: Dr J McEwen

During the second week, the two key themes of the course - community medicine and health services research - were introduced. The aim was to show the scope of these themes, their relationships, the approaches involved and the ways in which they could contribute in the development and planning of health care in the countries of the Region.

Starting with a description of the changing patterns of health and illness in the community, and the importance of considering social change, the various challenges that these changes presented to those who seek to promote health and provide health services, were outlined. For example, what are the health needs of the community? How can these be defined? What is currently being done to meet these problems? What could be done? What constraints are there? What degree of community participation is there in decision making? What implications are there for manpower development and the education and training of health workers?

Some sessions were devoted to the work and interests of the course participants. These discussions, together with some other sessions which considered examples of the contribution provided by community medicine and health services research in the context of the British National Health Service, provided examples of the most important challenges and ways in which these might be met. Particular emphasis was laid on the importance of relating health issues and health care planning to national planning and policy making on the widest possible basis. The social, political, religious and cultural factors which are so important in any community must be recognised and indeed form the basis of any planning.

The fundamental principles of research methods and the design of a research protocol were introduced as a basis for development in subsequent weeks.

Group work commenced with two introductory topics:

a. Health for all by the year 2000
b. Failure and success in intervention

These were designed to provide a framework for the more detailed examination and comparison of country data in week three.

Individual participants started work on their personal projects and this continued throughout the course, with the participants meeting their tutors on a regular basis.

WEEK THREE - CONTEMPORARY EPIDEMIOLOGY AND RESEARCH METHODS

Coordinator: Dr J Pearson

Seminars were held on topics in basic epidemiology and statistics - measurement of events, rates, observer variation, causal association, formulation of hypotheses, statistical reasoning. In the seminar discussion observer

variation, an exercise was carried out to demonstrate intra- and inter-observer error in blood pressure. This exercise made use of a film with sixteen sequences of sphygmomanometer and sounds so that the participants could record the blood pressure. In fact there were only eight different sequences, each shown twice, in random order.

Participants discussed the different types of research design as illustrated by a presentation of the early studies on rubella and malformation. This presentation, using videotape, was interrupted at key points to allow discussion of the research methods which had been described. The topics covered included - prospective and retrospective studies, the advantages and disadvantages of these designs, observer error in studies with many observers, criteria for diagnosis, bias, cohort analysis, effect of the health care system on research design, problems with the use of institutional data for estimates of prevalence of disease.

The basic concepts of demography were discussed and then in subsequent sessions applied to data relating to the participants own countries as a first step towards examining the health problems and priorities of these countries. In discussing the country data special attention was given to the problems of population control and the difficulties facing programmes of family planning.

Sampling was discussed and a practical exercise was carried out to demonstrate the advantages of random sampling and stratification. Each participant took two systematic samples, two simple random samples and two stratified random samples from a population with known properties. The results for the different methods were compared.

<u>WEEK FOUR</u> - <u>SOCIAL AND BEHAVIOURAL SCIENCES IN COMMUNITY MEDICINE</u>

Coordinator: Dr S Hunt

The week began with an introduction to concepts relevant to community medicine drawn from psychology, sociology and anthropology. Discussions were held on the way in which such concepts might be applied in a variety of situations and health programmes eg. malaria eradication and utilization of services, family planning, perceptions of symptoms and the seeking of health care, nutrition, M.C.H. services.

The question of values was discussed and the discrepancy between "felt" and "unfelt" needs. The potential contributions of social and behavioural sciences to epidemiology, aetiology, health education and social organisations were considered. The notion of attitude change on both sides of health planning was brought up ie. that sometimes it was the attitude of the planners which needed modification not that of the community.

Research techniques in observation, measurement of attitudes and instrument design involved the participants in several practical exercises geared to their country's needs.

The role of sociology in medical education and practice was considered and the valuable point was made that the solution of problems takes time. Ideological barriers, political and religious were discussed.

The participants took a lively part in the debates and were obviously, with one or two exceptions highly receptive to the contribution which could be made by analysis of social and behaviour factors - perhaps a little over-enthusiastic at times.

It was very difficult to ensure that a full understanding of the complexities of the issues had been achieved, especially since the language of the social and behavioural sciences was very new to most participants, as were the abstractions required.

WEEK FIVE - PREVENTION AND INTERVENTION IN RELATION TO DISEASE

Coordinator: Dr J Davison

The two themes of the week were:

1. Issues in prevention and intervention
2. Statistics

1. The week began with a discussion of the general principles of screening. The three subsequent sessions considered specific examples of prevention or intervention.

The example of hypertension in relation to heart disease was used to illustrate the need to evaluate critically the available data which implicates specific risk factors in the development of a disease. This built on the session in

Week 3 in which the criteria for establishing causal relationships were discussed. The need to consider ethical issues in the design of research when some evidence, not necessarily definitive, becomes available to indicate that earlier intervention may be effective, was also discussed.

The need to examine data critically was also considered in the discussion on methods of assessing the nutritional status of a community.

The issues and problems in relating services to identified needs within a community were illustrated by a study on perinatal mortality. This included the practical problems involved in re-allocating resources to those areas in greatest need.

A method of preventing industrial accidents was presented as an example of intervention in an occupational setting.

To complement the discussion sessions, visits were arranged to four different agencies concerned with monitoring, screening and surveillance. These were

- routine monitoring for environmental hazards such as air pollution.
- routine monitoring and surveillance in an occupational setting with specific reference to people exposed to toxic hazards in the course of their job.
- screening and surveillance of pre-school children as carried out in child health clinics.
- screening and monitoring during pregnancy, including routine ante-natal screening, screening for alpha foetal protein and foetal monitoring during labour.

A small group of participants visited each type of service. Each group prepared a report on what they had seen. These reports were presented to, and discussed by, the whole group.

Screening for carcinoma of the cervix illustrated many of the points which had been discussed during the week. The importance of evaluation was stressed and some of the questions posed were:

Is what we are doing effective?

If not, why not?

Is it because the basis for our policy decisions is no longer correct due to changing patterns of behaviour?

Is it because groups at highest risk are not accepting the service offered?

Are there ways in which we can make what we are doing more effective?
What are the constraints in terms of money and manpower?

2. The second theme for the week was statistics. The results of the sampling exercise were used as the basis for a discussion of sampling distributions and hypothesis testing. The methods of calculation and the conditions which needed to be fulfilled for the statistical test to be valid were presented for:

- one sample t-test
- unpaired t-test
- paired t-test

WEEK SIX - HEALTH SERVICES: COVERAGE, EFFECTIVENESS AND UTILISATION

Coordinator: Dr J McEwen

This week concentrated on the examination of primary care services. Participants visited general practitioners, saw the nature of their work, the varying types of premises and their relationship with colleagues involved in the provision of care. Using the information obtained from these visits a number of topics were discussed.

The concept of team-work, the training and skills of different members of the primary care team and the relationship between the team members was examined. The implications of the team approach for patients was considered. The process of referral for specialist care was examined.

The distinction between coverage and utilization was emphasized. Availability, accessibility and acceptability were recognized as important determinants of utilization. Participants discussed the alternative forms of primary care available, the varying role of traditional forms of healing and care, and examples of alternatives in Britain both those for immigrant groups and others were described. These discussions built on the earlier work which discussed the contributions of psychology, sociology and anthropology.

It was recognized that the twin concepts of comprehensiveness of care for a community or an individual, and continuity of care for individuals could be used to examine any health care delivery system. The mere provision of a service should not be taken as an indicator of quality. There was a necessity for all aspects of health service provision to be reviewed continually.

The concept of audit was introduced, with particular attention being paid to self-audit and peer review. This relatively new approach was still regarded with suspicion by many health professionals. This analysis of process, which at the primary care level was often associated with a review of facilities, needed to be accompanied by measures of outcome, although this was more difficult to achieve.

WEEK SEVEN: THE ROLE OF HEALTH EDUCATION Coordinator: Dr S Hunt

This week was mainly devoted to a consideration of the widest aspects of health education and the implications of current theory and practice for the health services.

The changing aspects of health education were linked to the changing patterns of disease and indeed these were a testimony to some of the effective measures based on early forms of intervention. Just as in the early days of public health, where there had been an emphasis on what might be called "health engineering", so in the newer approaches to health education a major part had been played by people outside the medical profession.

The theoretical basis and the ethical aspects of health education were examined. Although considerable developments based on research in psychology, sociology and education had contributed to the body of health education knowledge, there was still the need for further research and some of the bases for action could only be considered as provisional. Was health education concerned with behaviour change or was it primarily concerned with providing information and the opportunity for people to make informed decisions? This was extensively debated. The role and contribution of different professionals and the nature of self-help groups and individual responsibility were examined.

Some examples of current practice in health education were considered and the necessity for the development of appropriate methods was noted with the need to take account of the cultural, religious and social aspects of the people concerned. A visit to the Health Education Council in London to see their facilities was combined with a meeting of the Faculty of Community Medicine.

Preliminary presentation and discussion of individuals' research protocols took up most of the remaining part of the week.

WEEK 8 - THE RELATIONSHIP BETWEEN NEEDS DEMANDS AND RESOURCES

Coordinator: Dr J Davison

During this week a number of different and rather diverse topics were considered. These were:

1. The planning of nutritional programs in terms of identifying the most important nutritional problems, the setting of specific objectives and evaluating the extent to which these objectives had been achieved. These sessions built on a previous session in Week 5 in which the measurement of nutritional status was discussed.

2. The risk approach for the organisation of health care. The philosophy behind the risk approach in terms of providing better services for all, but with special attention to those most in need was discussed. The application of such an approach to maternal and child health services was used to illustrate the general principles.

3. At the request of the participants, two sessions were scheduled on aspects of medical education. The first of these was directed towards undergraduate medical education and took the form of a panel discussion with third year undergraduates who are currently doing an elective year in the Department of Community Health. The second session was conducted by an educational technologist and considered innovative techniques in medical education with particular reference to the further education of doctors working in the area of primary health care.

4. A further session scheduled at the request of the participants covered the range of data sources on health status and health manpower and facilities available in the United Kingdom. The limitations and problems associated with routinely collected statistics were discussed. The discussion was then broadened to a consideration of health information systems and possible approaches to the planning and implementation of such systems.

5. A session on non-parametric statistics in which the non-parametric equivalents of the t-test were discussed.

6. The possible use of computer simulation models in predicting the relative effectiveness of different approaches to the solution of a particular problem was discussed. This was illustrated by a comparison of rubella vaccination programs implemented in Britain and the United States.

The preliminary presentations of the participants' proposed research projects, which had begun during the previous week, continued. By the end of the week all the proposed projects had been presented to, and discussed by, the group.

WEEK 9 - PRIORITY SETTINGS AND THE USE OF MANPOWER

Coordinator: Dr S Hunt

WEEK 10 - EVALUATION OF HEALTH SERVICES AND HEALTH CARE

Coordinator: Dr J McEwen

These two weeks are considered together since the topics covered related to the overall planning and evaluation of health services. The basic principles of planning health services were outlined and indeed summarized a number of points which had been mentioned earlier in the course. An attempt was made to illustrate the subject with special reference to developing countries, urban planning, poverty and politics. The necessity for a good information system as the basis for any planning was emphasized although this had been raised on a number of occasions during the course. This in turn led to a discussion of the measurement of effectiveness and efficiency and to the development of possible new measures of outcome.

The approaches to priority setting, particularly those which were currently being developed within WHO were discussed. Although the question of manpower development could only be examined briefly it produced considerable comment and interest.

Time was devoted to the presentation of the personal projects by the participants, and a few concluding sessions on statistics and research methods were included.

WEEK ELEVEN

This final week allowed participants time to discuss their personal projects with their tutors and following a brief summary of the course by the staff, the course closed with the presentation of certificates.

GROUP WORK AND PERSONAL RESEARCH PROJECTS

These two aspects of the course merit special comment. The group work on country data appeared to be the least satisfactory part of the course. There was considerable disparity in the data available and because of a shortage of time some participants had been able to obtain only a proportion of what was potentially available. The participants felt that the content was familiar and little could be gained from it and discussion was limited. Although groups contained participants from different countries there was relatively little exchange of data or ideas and the groups produced little.

It may be that this approach would be more successful in a local course where participants were all familiar with, and interested in, national data and where this was readily available.

The individual projects seemed to be popular and worked fairly well. However the time came when more information was required about the local situation in which the research was to be carried out to enable further development of the research idea to take place. Thus the papers produced at the end of the course must be considered to be preliminary ideas or first drafts. The titles of projects are given in Appendix III.

PRELIMINARY COMMENTS ON THE COURSE

This report which was prepared in the few days immediately following the course is an interim one and the following points should be regarded as tentative and incomplete. They may however be helpful in any planning which is to be undertaken in the near future. The comments here, which are the opinions of the staff, should be linked to the comments in the Course Evaluation by the participants.

1. With a few exceptions the course content seemed to be appropriate and relevant to the participants. There were no major educational or administrative problems.

2. The group projects based on country data were the least successful parts of the course but might be better if done on a national basis.

3. There were some difficulties when primarily British material was used to illustrate points. Participants had difficulty in translating the principles to their own situations and problems.

4. The course was probably too long and participants were weary by the eighth week. A shorter course with more limited objectives, covering a reduced number of topics might have been more suitable.

5. The addition of such a course to a University department's normal teaching, research and service commitments proved a considerable burden and at times meant that the course participants had to compete with others for supervision etc. Ideally it would have been better for the staff to be able to devote all their attention to such a course.

6. The participants found some difficulty with the allocated time for individual study. Close supervision by their personal tutors was necessary to ensure that their times were well used.

7. There is clearly a need to provide continuing support for the participants both with regard to their individual projects and other aspects of their work.

   (a) Individual Projects

   The tutors in the Department of Community Health are willing to keep in postal contact with participants and to help with the continuing development of the research.

   Local support will also be required. This might take the form of links with a national research organization and the organizing of research seminars to help with the planning of projects and to provide subsequently an opportunity for presenting the results.

   Some financial support may be necessary as may encouragement from national governments, institutions, etc.

   The production of a joint research team (as was achieved by the Egyptian participants during the course) may be helpful.

   (b) Other Activities

   Participants might be encouraged to put some of what they have learned into practice if they were given responsibility for helping to arrange and teach on a national follow-up course.

CONCLUSION

This course is but one part of the process of encouraging development in community medicine and health services research in the Eastern Mediterranean Region of WHO. It must be seen as a contribution to this overall process and not as an end in itself.

It is the opinion of the staff associated with the course that the participants have got a broad basis of health services research and current developments in community medicine and are now in a position to participate actively in these areas in their own countries and to assume responsibility for new initiatives. In some countries, as a result of this course and other training programmes, there are groups of sufficient size and skills to act as a national resource.

Should the Eastern Mediterranean office wish to develop from this course a series of manuals based on the course material, the staff would be interested and willing to undertake this.

The departmental staff wish to acknowledge the help and support provided by Dr Taba and EMRO which enabled them to undertake the course. They found it a useful and interesting experience and trust that it has made a contribution to the fields of community medicine and health services research in the Eastern Mediterranean Region of WHO. They also acknowledge the support provided by the University of Nottingham.

APPENDIX I

STAFF ASSOCIATED WITH COURSE

COURSE DIRECTOR:	Dr James McEwen
COURSE COORDINATORS:	Dr Jan Davison Dr Sonja Hunt Dr James Pearson
ADMINISTRATIVE SECRETARY:	Mrs Alison Langham
TUTORS:	Dr Jan Davison Dr Sonja Hunt Dr James McEwen Dr Steve McKenna Dr James Pearson Miss Sue Teper
TEACHING STAFF:	In addition to the staff listed above, contributions were made by other members of the academic staff of the Department of Community Health in Nottingham, staff members of the medical school, University of Nottingham and members of the Nottingham Area Health Authority staff. Dr W A Hassouna of the Institute of National Planning in Cairo and a number of guest lecturers (See Appendix I) made valuable contributions. A number of visits were arranged (see Appendix II) and the staff involved as well as a number of individuals associated with various organizations and services contributed to the course.

APPENDIX I (cont'd)

GUEST LECTURERS

21 May 1980	Dr W A Hassouna Health Care in Egypt
27 May 1980	Professor J Morris Current Developments in Epidemiology
5 June 1980	Professor Margot Jefferys Social Sciences in the Education of Health Personnel
12 June 1980	Professor Roger Cotton A Policy for Screening
17 June 1980	Professor David Metcalfe Audit in General Practice
25 June 1980	Dr Leo Baric Health Education and Normative Behaviour
2 July 1980	Professor George Knox Rubella Vaccination
8 July 1980	Mr Alan Maynard Manpower Planning in Health Services
16 July 1980	Dr Dennis Burkitt Changing Patterns of Disease

APPENDIX II

VISITS

9 June 1980	Guildhall - Environmental Health Department
	Sherwood and Carlton - Child and Baby Clinics
	City Hospital - Obstetrics and Gynaecology
	The Boots Company Limited - Chemical plant and Occupational Hygiene
16 June 1980	Department of Community Health, Leicester
17 June 1980	Primary Care - Visits with G.P.'s
23 June 1980	Public Health Laboratory, University Hospital Nottingham
26 June 1980	Pharmacy, University Hospital, Nottingham
27 June 1980	Health Education Council, London, and Faculty of Community Medicine
17 July 1980	The Boots Company Limited

A few participants went to:

15 June 1980	Dermatology, University Hospital, Nottingham
26 June 1980	Cardiography for Echocardiography, University Hospital, Nottingham
9 July 1980	Catering, University Hospital, Nottingham
9 July 1980	X Ray, for Ultra Sound, University Hospital, Nottingham
16 July 1980	Laundry, Sherwood Hospital

APPENDIX III

LIST OF PARTICIPANTS AND TITLES OF THEIR INDIVIDUAL PROJECTS

Country	Participant	Project
EGYPT	Dr Samir Mohamed Abou El Saad District Health Administrator Health Administration Sinbellawin Dakahliya Dr Ahmed Mahmoud El Khazindar Director General of Health Department Ismailia Dr Ismail El Zahaby Director Department of Health Affairs Manoufia Dr Medhat Abdel Aziz Hassan Research Assistant Health Planning Institute of National Planning Cairo Dr Saher Mohammed Rashad Researcher Institute of National Planning Cairo	Factors Affecting the Utilization of Rural Health Services Concerning Endemic Urinary and Intestinal Parasitic Diseases "A Comparative Study in Three Egyptian States"
	Dr Samir Mohamed Abou El Saad (as above)	The Effect of Health Education and Mass Treatment Programmes on the Control of Schistosomiasis among Rural School Children Aged 6-15 Years
IRAN	Dr Mohammed Taghi Houshangi General Department Malaria Eradication and Communicable Disease Control Ministry of Health and Welfare Teheran	Introduction to Leprosy
IRAQ	Dr Amir Nasir Hussain Al-Amin Chief Medical Officer of Health Qadisyh Province	Establishment of a Dental Health Education Programme in Primary Schools in the Centre of Qadyssia Province - Republic of Iraq
	Dr Abdul Jabbar Abdul Abass Chief Medical Officer Thi-Qar Province Health Department Office Nasariyah	Factors Contributing to the High Infant Mortality Rate in Thi-Qar Province in Iraq

Country	Investigator	Study
PAKISTAN	Dr Naimatullah Gichki Provincial Malaria Control Programme Qetta	A Survey of the Health Status of the Nomadic Population
	Dr Shamin Haider Cairns Railway Hospital Lahore	Blood Pressure Levels in 3225 School Children
	Dr Shamin Manzoor Associate Professor MCH Institute of Hygiene and Preventive Medicine Lahore	A Comprehensive Study on Weaning Practices between an Urban and Rural Population located in Lahore District
	Dr Fayyaz Ahmed Quereshi Quaid El Azam Medical College Bahawalpur	Factors Associated with Failure of Domiciliary Drug Treatment in Pulmonary Tuberculosis
	Dr Iftikhar Ahmed Khan Professor in Community Medicine Khyber Medical College NWFP Peshawar	Community Health Study
	Dr Noor Ahmed Abbassi Deputy Secretary Technical Health Department Sind	Rural Community Norms for the Utilization of Public Health Facilities provided in Sind - a Province of Pakistan
	Dr Zafar Shah Afridi District Health Officer NWFP Peshawar	A Study of the Social and Behavioural Barriers in Launching the Expanded Programme of Immunization (EPI) in Federally Administered Tribal Agency of Pakistan
	Dr Faqir Mohammad District Health Officer Sibbi Baluchistan	Protection Rate of B.C.G. Vaccination in Children below the Age of 5 Years in District Sibbi (Baluchistan) Pakistan
SUDAN	Dr Khalil Sharif Dawood Department of Community Health Ministry of Health Khartoum	A Study to Test the Stability of Meningococcal (A + C) Vaccine used in the Sudan
	Dr Salah El Din El Saeed Specialist in Preventive Medicine Wad Medani Gezira Province c/o Ministry of Health Khartoum	Effect of Reducing Water Contact on Bilharzia

APPENDIX IV

COURSE IN COMMUNITY MEDICINE AND HEALTH SERVICES RESEARCH

EVALUATION

On the penultimate day of the course the participants were asked to complete a 25 question evaluation form. This was done in the seminar room to obviate the opportunity for discussion amongst the participants. A copy of the questionnaire is attached.

RESULTS

1. Course Content

Participants were asked to what extent they felt the course objectives had been met for them.

The objectives as stated in the course outline were:-
to develop a) " an awareness of current trends in community medicine on an international basis "
b) " the ability to plan, design, initiate and implement health service research projects in your own country "
c) " the ability to assess the quality of research projects and published work undertaken by others "
d) " the ability to adopt a developmental approach to the training of health personnel and the planning of health services "

Only four people thought the objectives had been fulfilled "to a large extent", but the remainder agreed that the objectives had been "somewhat" fulfilled.

In relation to how useful participants had found the course content, over 50% found the sections on Epidemiology, Social and Behavioural Sciences, Research Methods and Data Collection to be "very useful". The other sections were found "quite useful". The least useful section was felt to be that on screening and prevention.

Overall the most useful sections were felt to be Social and Behavioural Sciences, Research Methods, Statistics and Epidemiology which were cited by the majority of people.

On the whole participants felt that they would have liked to have spent more time on Research Methods, Statistics and Health Services and Manpower Planning. The only topic on which most people would have liked less time was screening and prevention.

The most popular visits were, in order of the number of times mentioned, Boots factory; Health Education Council; G.P.surgeries; Royal College of Physicians, and ante-natal clinics. Fifteen out of the eighteen participants would have liked more visits.

Thirteen people were satisfied with the amount of work they were asked to do. Only one person thought it was too much and four thought the amount was too little.

Participants were asked to rank teaching methods in order of preference.
Lecture and practical exercises tied for most popular method and individual study was the least popular.

Four people thought they had gained "very much" and the remainder "somewhat" in greater understanding and knowledge from the course.

Topics not included in the course which participants would have liked to have had included were very few. Those mentioned were:- Ecology, medical geography, control of communicable and endemic diseases, details of the organisation of the National Health Service, environmental pollution and medical genetics.

2. Research Projects

Sixteen of the participants expressed views indicating that they had benefited very much from the development of their research protocol and were enthusiastic about it. Most were "very satisfied" with their project and thought it very likely that they would actually be able to carry out the research. Only one person thought it unlikely that he would be able to translate his protocol into practice. The great majority of participants found their tutor very helpful and were appreciative of the time and interest shown by tutors. In two cases the tutor was found to be unhelpful and was described as being "too busy" to be concerned.

With reference to ways in which the participants would like to receive further support, most stated that they would like continuing contact with their tutor for guidance and access to published material (and especially for help with data analysis) Almost all mentioned the need for support from W.H.O. in the form of financial help, material resources and influencing the relevant Ministries of Health.

3. Group discussion of country data

The majority of participants felt that this exercise had been a waste of time and that they had learned nothing or very little from the discussions. Some, however, expressed the view that they had appreciated the opportunity to exchange views with members from other countries and to realise the extent of common problems.

4. Personal Change

Participants were asked about any change in their attitudes, behaviour at work and efficiency which they recognised or anticipated as a result of the course.
About 50% thought their attitudes had changed, especially in relation to the value of systematic research, an appreciation of modern methods of health education, the need for evaluation and planning, and the necessity of assessing problems from the point of view of the community.

As for possible changes at work, most people mentioned some aspect of analysis of community problems and the application of research methods as ways in which they anticipated a change in their behaviour. Also mentioned were:- seeking more help from others, pre-testing of feasability of some activities and giving more consideration to the attitudes and behaviour of communities and the role of attitude measurement in planning health services.
Most participants felt that they would perform more effectively at work as a result of the course, especially in relation to the following areas of activity:- evaluation and planning; assessment of community problems; application of research methods; health education; teaching methods; improving utilisation of health services.

5. General Comments

Every participant made some comments on the course in general. As some of these were idiosyncratic only comments on themes mentioned by more than one person are included here.

Almost everyone commented on the helpfulness and friendliness of the staff and the effort which had been put into the course and regarded the general content of the course as satisfactory. Suggestions as to how the course could have been improved were as follows, in order of the number of times mentioned:-

more time for working on the protocol and more time with the tutor (i.e. does not relate to individual study on protocols)

give more basic statistical instruction.

pay more attention to the heterogeneity of the participants in terms of their pre-existing knowledge and interests.

try to give a closer match of participant's interests to those of the personal tutor.

pay attention to the customary working day of the participants e.g. start and finish earlier, with perhaps some evening sessions.

provide more social contact with staff and try to develop closer relationships.

There were two outstanding criticisms made by many people. These were in reference to the week on health services and manpower planning, which was felt to be the least helpful in content and badly taught.

6. General Administration

In relation to the length of the course 50% thought it had been too long, seven people thought the length about right and two would have preferred a longer course. The most preferred length was 4 - 6 weeks.

Only three people found the administration of the course unsatisfactory although many more made suggestions. Some comments were:-

There was a need felt for the participants all to be together outside work time and to be housed closer to the department.

Not more than two people from each country should have been invited to avoid the formation of national groups.

There was too much work for one secretary.

More interest should have been taken in the problems of individuals. The hotel was too expensive.

Timetabling should have taken into account the customary working hours of the participants.

CONCLUSIONS

It seems clear that the majority of the participants felt they gained in knowledge and understanding from the course and especially from the development of the protocol. However, since the majority of people felt the objectives had only been fulfilled "somewhat", it would appear that the aims of the course were either too ambitious for the time and resources available, or that the content and activities were less effective than they might have been. In view of the fact that most people thought the course was too long, it might have been better to have covered fewer topics and perhaps concentrated on an integrated course of Research Methods, Social and Behavioural Sciences, Data Collection and Statistics, using lecture and practical exercises which would be relevant to the development of research projects.

Two weeks seem to have been unsatisfactory, the one on screening and prevention and the one on health services and manpower planning. The former's lack of success may have been due to the fact that the content was not seen as highly relevant to the problems of the countries represented and the latter's failure to a lower standard of presentation and communication than the participants had come to expect.

It is not altogether clear why participants would have liked more time spent on some topics, but there seem to be two basic reasons:-

a) the topic was perceived as very relevant and interesting.
b) the topic was not fully understood in the time available - this would seem to be particularly true of statistics. Some participants did not have <u>any</u> grasp of very basic concepts before they arrived.

The exercise in development of a research proposal was highly successful and could have been made the focal point of the course. Participants seem to have gained most in understanding from this, perhaps because of the practical implications. The value placed on the protocol development is somewhat inconsistent with the professed dislike of individual study. The explanation is probably that the most appreciated part of the exercise was the time spent with the tutor.

It may be that tutors should have been assigned after the tutees' topic areas were known, in order to produce the best 'match'. However, in view of the small numbers of staff available to act as tutors this would probably not have been possible in more than a few cases.

The discussions of country data were not successful, perhaps largely because of the lack of good data available and the placing of the meetings too early in the course, when group members were able to contribute only policies current in their countries.

Answers relating to perceived changes in attitude and possible future changes in activity are, of course, subject to problems of validity, however, it seems probable that many participants felt a greater awareness of the value of evaluation through research and had developed a greater consciousness of the role played by the needs, attitudes and behaviour of communities in the perpetuation of infection and utilisation of health services. Most indicated a clearer notion of the need for systematic planning based upon reliable and valid data, than had hitherto been the case. From an administrative and morale point of view it might have been better to have held a residential course, learning and living in the same place in order to engender greater closeness between participants and between them and the staff. However it should be noted that the participants were initially put in the same hotel with a specially increased per diem so that they would be able to mix easily, but they preferred to move into lower cost accommodation which had the effect of breaking up the group as a whole and reinforcing national sub-groups. More social activities might have helped but it was hoped that participants would themselves initiate some gatherings. This they did not do. Time-tabling which reflected the customary work hours of the participants would probably have aided initial adjustment and avoided the fatigue which was sometimes evident at the end of the working day.