SITUATION OF PARTICIPANTS OF FIVE PHEMAP COURSES: A CROSS-SECTIONAL TELEPHONE SURVEY

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Abstract. From 2004 to 2006, the Ministry of Health (MoH), in collaboration with WHO, organized five Public Health and Emergency Management in Asia and the Pacific (PHEMAP) courses. These were attended by healthcare personnel and staff directly responsible for activities for preparedness and response to disasters and health emergencies in localities. There is currently no data on the impact of the PHEMAP courses on the work and attitudes of healthcare personnel who have attended. This study aims to address the above issues as well as give recommendations for upcoming PHEMAP courses. It focuses on describing changes in work and attitudes of participants toward PHEMAP courses as well as examines the need for training. We concluded that 1) There are many changes with participants after attending the national PHEMAP courses; 2) sending updated information to and following-up participants are important to encourage them to apply the knowledge and skills gained from the PHEMAP course; 3) the national PHEMAP courses should be continuously provided to participants at provincial and district levels; 4) material of the PHEMAP should be improved to suit different contexts; and 5) Participants should also be from sectors other than the health sector.

INTRODUCTION

During the past several years, the Ministry of Health (MoH) of Vietnam has concentrated considerable effort on improving the capacity building for health staff in preparedness and response to health emergencies. From 2004 to 2006, the MoH, in collaboration with WHO, including financial and technical support, organized five training courses on Public Health and Emergency Management in Asia and the Pacific (PHEMAP). The 120 participants were from provincial departments of health, provincial hospitals, health institutes, and military health offices. These are the ones who are directly responsible for activities for preparedness and response to disasters and health emergencies in localities. However, there are no data about the impact of PHEMAP on their work.

This study aimed to examine the effectiveness of national PHEMAP courses by exploring the changes in work, attitudes, and needs of participants. Another aim was to examine how knowledge and skills gained from the courses were applied by the attendees; and to give recommendations for coming PHEMAP courses.

MATERIALS AND METHODS

Data were collected by telephoning all 120 participants who had participated in

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PHEMAP courses from 2004-2006. A telephone survey was conducted with a prepared questionnaire, including both closed and open-ended questions (Table 3; McHorney *et al*, 1994; Boland *et al*, 2006; Bordman *et al*, 2007; Dyer *et al*, 2007; Musselwhite *et al*, 2007).

RESULTS

One hundred twenty participants who had participated in PHEMAP courses from 2004-2006 in 68 provinces and cities were listed and interviewed by telephone. The rate of response was 71% (Table 1). Among these respondents, 67 participants (79%) remained in disaster-related work, and 18 participants (21%) changed their line of work (Fig 1). Sixty-four percent of participants were currently working in provincial health departments, 27% are working in hospitals; 6% are working in military health services, and 3% are working for preventive medicine centers (Fig 2).

Table 1
Distribution of respondents by PHEMAP courses.

PHEMAP	*n* (67)	%
PHEMAP 1	12	17.9
PHEMAP 2	14	20.9
PHEMAP 3	10	14.9
PHEMAP 4	16	23.9
PHEMAP 5	15	22.4

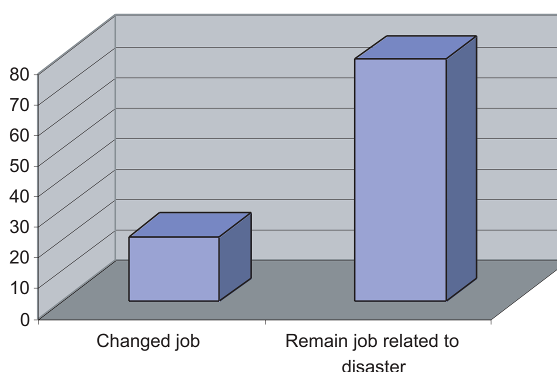

Fig 1–Percent of PHEMAP participants who changed their line of work.

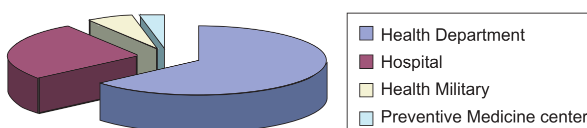

Fig 2–Present work of PHEMAP participants.

Effectiveness of the PHEMAP courses

Almost all participants (98.5%) said that they used knowledge from PHEMAP courses for their work. Nearly all (96%) of participants said that PHEMAP courses were helpful. Some of participants commented that they were able to apply their knowledge gained from PHEMAP in:

- Making plans for health emergencies for Health Departments and hospitals,
- Improving knowledge on health emergency management,
- Organizing similar courses for local level,
- Providing updated information and knowledge on health emergency,
- Making plans, with cooperation between health offices and military forces in health emergencies, and
- Monitoring and evaluating programs on health emergencies.

However, sometimes it was difficult to apply their learning in certain circumstances.

Use of materials from PHEMAP

Sixty-four participants used materials from PHEMAP courses in their current work

Table 2
Use of materials from PHEMAP courses.

Use	*n* (67)	%
Material shared with colleagues	13	19.4
Material used in current work	26	38.8
Both share and use	25	37.3
None	3	4.5

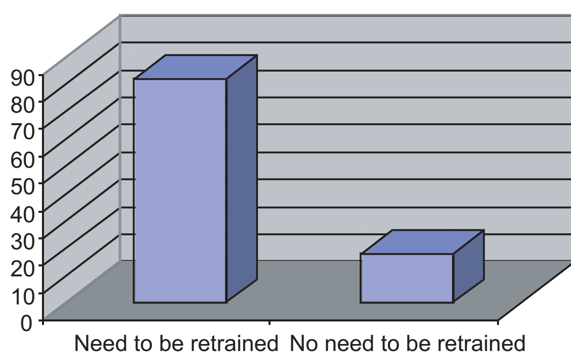

Fig 3–Percentage of respondents who see need for retraining.

and/or sharing them with colleague (Table 2).

Need for retraining. Most (95%) of participants said that they had felt the need to be retrained; however, there was no statistical relationship between need of retraining and timing of the PHEMAP courses ($p > 0.05$) (Fig 3). There is no statistical relationship between reasons for retraining and time of the PHEMAP ($p > 0.05$)

Most (94 %) of participants said that the PHEMAP courses should be prepared for local level (district level), and 94 % said that they could be facilitators for these PHEMAP courses and would like to receive updated information on health emergency and disaster from the Ministry of Health and WHO.

Recommendations given by respondents

The respondents gave the following recommendations:

1. Similar PHEMAP courses should be frequently held to update information.
2. The role of local health level should be emphasized.
3. Updated information and materials on disaster management should be provided.
4. PHEMAP courses should be adapted for the district level.
5. Participants should include those in related sectors rather than health sector only. (*eg*, youth union, police, NGOs, etc).
6. More exercises that are practical and more discussions among participants should be added to PHEMAP courses.
7. WHO should provide updated information and provide continuous support for provinces to organize PHEMAP courses for district level.

Limitations

Many telephone numbers of participants had changed, and the number of respondents was not adequate for statistical analysis; finally, recall bias should be considered when interpreting the findings.

DISCUSSION

Post-training assessment is necessary for building comprehensive training programs, especially with PHEMAP. The rate of participants who changed their jobs to non-disaster-related ones was quite high at 21%. The need for retraining was a high priority for the respondents, with updated information. Knowledge from PHEMAP courses is very helpful in making plans for preparedness and response, for health management, and improving knowledge on health emergency management. However, the PHEMAP course materials should be improved by adding practical discussions and updated information to adapt to specific contexts. The role of local health staff should be emphasized in succeeding PHEMAP courses.

Table 1
Questionnaire for a telephone survey.

Former PHEMAP VTN participants (Courses 1-5)
No. ....

Part 1: Preparation
PHEMAP course attended ....
Name of the interviewee: ....
Date ....
Q1 Contact by office's number ....
1. Yes
2. No answer (move to call mobile)
Q2 Contact by mobile number or other ways (home phone, message, etc)
1. Yes
2. No answer (move to another day) in case we have tried to call some times but do not get response, we can call again on another day.

Introduction of interviewer and purposes of the interview (flexible depend on situation)

- Introduce name, office, and purpose of survey.
- Information collected is useful for us to evaluate the effectiveness of the course and for us to organize and conduct the coming courses better.
- Information provided is confidential and not for any personal purposes.

Agree to answer 1. Yes 2 No

Part 2: Content
Q1: What is your current duty?
1. Same as when I attended the PHEMAP course
2. New duty (optional to provide detail)
....
Q2 Your current duty is associated with Emergency or Disaster Preparedness and Response?
1. Yes
2. No (move to Q4)
Q 3 If yes, have you used the knowledge gained from the PHEMAP course?
1. Yes
2. No
Q4 How helpful was this course for you/ your organization?
1. Very helpful (please give explain)
....
....
2. Somewhat helpful (please give explaination)
....
....
3. Not too much helpful (please give explaination)
....
....
4. Not at all helpful (please give explaination)
....
....

5. No experience (please give explaination)

....

....

Q5 How did you use materials of PHEMAP?

1. Shared materials with colleagues
2. Used it in your work
3. Non

Q6 Do you need to attend the PHEMAP course again?

1. Yes
2. No (move to Q8)

Q7 If yes, why?

1. I have forgotten many things
2. Need to be updated
3. Others ....

Q8 do you think similar courses should be prepared for local levels?

1. Yes
2. No

Q9 Are you willing to be facilitators of PHEMAP courses at local level?

1. Yes
2. No

Q10 Would you like to receive more information on emergencies from WHO or other agencies (newsletters, articles, etc.)

1. Yes
2. No

Thank you for your time

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