

2. Physician Education Program:

As a continuation of NHP we hope to conduct a physician education program the details of which are described in part VI of this volume. A physician education project is badly needed for various reasons:

1- Preliminary findings of NHP in the governorates of Beni Sweif and Cairo have shown that hypertension is a highly prevalent disease in the Egyptian population above the age of 25 years. Taking the JNC criteria about one third of our population above 25 suffers from hypertension, while taking the WHO criteria it is about a quarter. Of these hypertensive patients only four percent are controlled on the treatment they are receiving, indicating a lack of physician knowledge in this field.

2- A deficient medical school curriculum in this field seems to be the root of the problem. Currently only one lecture is devoted to this subject, and as most hypertensives are treated on an outpatient basis, medical students do not encounter this problem frequently in clinical rounds.

3- The result is that there is no consensus about how to diagnose or manage a hypertensive patient. The absence of nationwide guidelines increases the problem.

In other words neither patient nor physicians know exactly what to do about high blood pressure.

GOALS AND OBJECTIVES

The aim of a physician education program is:

- 1- To pin point the problem areas in our physicians concepts of hypertension and its management
- 2- To overcome the deficit caused by inadequate curricula
- 3- To produce nationwide guidelines physicians could adhere to

PLAN OF ACTION

Due to the importance of this issue, a great deal of thought has been devoted as to how such a program is to be conducted. Here is a brief outline of the plan: The program would consist of three main steps:

- a) Surveying the physicians and screening their knowledge
- b) Education of these physicians by various means
- c) Evaluation of the situation to see whether it was successful or not

Executive body:

The main body conducting this program is planned to be a Coordinating council, consisting of staff representing each the Ministry of Health, Nephrology and cardiology departments of Various Egyptian universities, the Egyptian Society of Cardiology and of course the NHP staff
The duties of this coordinating council would be to select a physician population sample for a pilot study

- 2- To prepare educational means
- 3- To review the data obtained after completion of the program
- 4- To pin point the problem areas
- 5- To release nationwide guidelines
- 6- To implement this education program nationwide

The plan of action is as follows;

To obtain the physician sample, a list of all practicing physicians and their specialties needs to be compiled. The practising physicians in the seven governorates screened by NHP will be taken as a sample. It may be wise to select all general practitioners and internal medicine specialists. A questionnaire needs to be devised asking about the physicians opinion and awareness of the following points:

- 1- Correlates of hypertension, eg family history, obesity and salt intake.
- 2- Diagnosis of hypertension, eg what is the definition of hypertension and what is the diagnostic workup.
- 3- Treatment issues, such as which level of hypertension requires treatment, what is the role of non drug therapy, what antihypertensive drugs are to be used as step 1 care and how to manage side effects.
- 4- Patient compliance, what factors affect it and what steps need to be taken by the physician to ensure it, the role of home monitoring and follow up visits and lastly the value of educational material for the layman.

A part of the questionnaire will be devoted to determining the characteristics of the physicians involved, e.g. their date of qualification, nature of their practice, how many patients they see per week and their age.

Means of education:

- 1- Publications, small pamphlets that come out periodically
- 2- Seminars. Actually this has already begun as part of the side activity of NHP. In cooperation with the Egyptian Society for continuing medical education, several seminars about hypertension have been held.
- 3- Courses at the hypertension resource center. The headquarters of NHP contain a well functioning medical library, and some facilities that could enable teaching.
- 4-Contests with clinical questions related to, the diagnosis and management of hypertension. .

Reevaluation:

After each course examinations are held for the attendants. The questionnaire sent out at the beginning of the study is sent out again and the answers are compared to determine whether Education program was beneficial. Further evaluation may be accomplished in cooperation with the social security offices and see their drug dispensation charts. Currently many fashionable drug combination pills are prescribed for hypertension. It should be possible to determine whether these have been replaced to some extent by first line drugs. A more accurate means of evaluation, which we intend to implement is to follow up the hypertensives seen during the NHP survey as concerns the degree of their blood pressure control, and to note whether any change has occurred in their risk profile

Resources:

1-Experience

The central office staff of the NHP consists mainly of university teaching staff, that have had various degrees of teaching experience and have already held several seminars as those suggested.above. The same central office staff has devised the three questionnaire forms used in NHP and thus would be qualified to devise a "hypertension diagnosis and management" questionnaire form, items asked as well as coding.

Data entry and analysis have also taken place during NHP, so the staff can cope with the data obtained through the survey of the physician education program.

2-Facilities:

Slides are easily made via a computer graphics program and a slide maker. We hope to obtain further computer based educational programs.

Videotapes on how to measure blood pressure correctly are available at NHP headquarters.

Equipment for practical training, eg sphygmomanometers and dual stethoscopes, audiotapes are also available.

As all this equipment is portable, it is easy to hold theoretical and practical sessions in different localities.

Estimated time:

The time plan of this program is detailed in part VI of this volume. The project is estimated to take about 42 months from beginning to end.