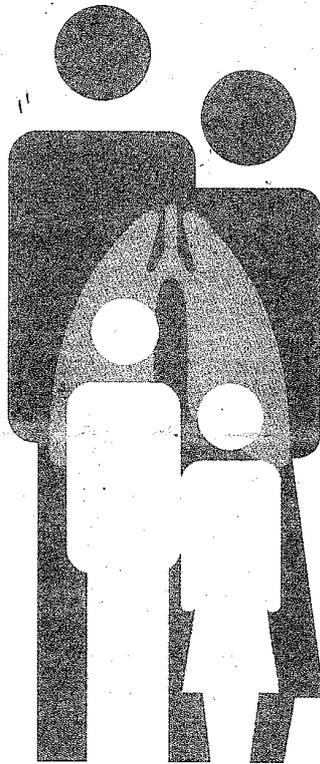




1st IPCRG
South Asian Scientific Conference
SRI LANKA
3 - 5 August 2017

pp
23

Respiratory Care in Low Resource Settings: Practical Approaches



Primary Care Respiratory Group Sri Lanka
International Primary Care Respiratory Group

3rd – 5th August 2017
Hotel Galadari
Colombo, Sri Lanka

OP-04. Educating primary care physicians on PAL guidelines; outcomes of a multi center training programme in Sri Lanka

Savithri W Wimalasekera¹, Seneth Samaranayake²

¹Department of Physiology, ²Primary Care Respiratory Group

Aim:

Provision of good respiratory care at the primary care level is hampered by the lack of awareness of available guidelines on diagnosis and management of respiratory disease. It is further hampered by the limited availability of spirometry testing facilities and the high cost per test. The “Practical Approach to Lung health” (PAL) guidelines were developed by respiratory physicians and the Ministry of Health to facilitate uniformity in delivery of respiratory care. However, dissemination of this resource to the doctors was hampered by non-availability of funds.

The objectives of the program were to train primary care physicians on the use of PAL guidelines in diagnosis and management of respiratory disease; and to create awareness on the importance of screening respiratory patients by spirometry especially in diagnosis of COPD and asthma.

Method:

Medical officers working in 6 cities participated in the training workshops. The workshops trained on use of PAL and the clinical use of spirometry. A pre-test assessed the base line knowledge, and was followed by a post test. Data of participants were obtained by a questionnaire and a feedback form assessed the quality of training.

Results:

Amongst participants (n = 226), 64 (29%) were engaged in full time primary care, and 154 (71 %) were engaged in part time primary care. The mean post test score for the 1st training (68.47 ± 5.6 SD) was significantly higher than the mean pre-test score (55.68 ± 6.8 SD) ($p < 0.05$). The mean post test score for the 2nd training (76.6 ± 11.7 SD) was significantly higher than the mean pre-test score (68.3 ± 14.1 SD) ($p < 0.05$).

Conclusion:

Achieved outcomes were motivation to implement PAL, and referral of patients for spirometry to laboratories close to the practice area. The E Quality programme provided the much needed knowledge on the implementation of a common protocol to deliver better respiratory care.

References & Clinical Trial Registry Information

Ministry of Health, <http://www.nptccd.health.gov.lk/uploaded/documents/PAL%20Guidelines.pdf>

Corresponding Author: Savithri W Wimalasekera Email: savithriww@yahoo.com