MAKING HEALTH SYSTEMS MORE EFFICIENT

Chronic Illness Care

EPH EVIDENCE BASED CHRONIC ILLNESS CARE

University of Miami

March 6-11, 2011

CARMEN

MILLER SCHOOL OF MEDICINE
UNIVERSITY OF MIAMI

Pan American Health Organization
Regional Office of the World Health Organization

GRADUATE PROGRAM IN EPIDEMIOLOGY AND PUBLIC HEALTH
UNIVERSITY OF MIAMI MILLER SCHOOL OF MEDICINE

EVIDENCE BASED CHRONIC ILLNESS CARE

March 6-11, 2011

TEXTBOOK:

ICIC: Improving your Practice Manual
http://www.improvingchroniccare.org/downloads/icic_improving_your_practice_manual.doc

COURSE WEBSITE:

http://new.paho.org/hq/index.php?option=com_content&task=view&id=1546&Itemid=259&lang=en
http://new.paho.org/hq/index.php?option=com_content&task=view&id=1546&Itemid=259&lang=es

COURSE E-MAIL ADDRESS

cronicare@paho.org

WEBCAST:

https://sas.elluminate.com/site/external/launch/meeting.jnlp?password=M.14479FB4D94A1A03C0F3B5FE334AEF

DISTANCE EDUCATION SITE:

http://devserver.paho.org/virtualcampus/moodle/

CONTENTS

INTRODUCTION

OBJECTIVE

COURSE SUMMARY

COURSE DIRECTOR

FACULTY

GUEST LECTURERS

COURSE LEARNING OBJECTIVES

COURSE REQUIREMENTS

GRADING

THE CHRONIC CARE MODEL

RESOURCES

CLASS SCHEDULE

ANNEX 1 TIPS FOR WRITING CRITICAL REVIEW OF JOURNAL ARCTICLES

ANNEX 2 QUALITY IMPROVEMENT FORMAT

ANNEX 3 OUTLINE OF THE QUALITY IMPROVEMENT PLAN

ANNEX 4 THE MIAMI METRORAIL SYSTEM MAP

ANNEX 5 COURSE APPLICATION FORM

ANNEX 6 FORMULARIO DE SOLICITUD DEL CURSO

INTRODUCTION

The CARMEN School announces the course **Evidence Based Chronic illness Care (EBCIC)** that will take place at the University of Miami, Florida, March 6-11, 2011. This course is a collaboration between the Unit of Non Communicable Diseases from the Pan American Health Organization and the Department of Epidemiology and Public Health of the Miller School of Medicine at the University of Miami. The course is appropriate for health professionals involved with chronic disease management and quality of care at different levels of the public health system. This one week course is part of the CARMEN School. A detailed description of EBCIC can be found in page 17.

OBJECTIVE

To provide scientific evidence to reorient the primary care systems to better address the chronic disease pandemic.

COURSE SUMMARY

Evidence-Based Chronic Illness Care will introduce students to ways in which health systems can be reoriented to better manage chronic conditions such as diabetes, cardiovascular diseases, cancer and chronic obstructive pulmonary disease. This topic is of pressing concern to health systems around the world as life expectancy and exposure to risks for chronic health problems rise. Students will learn about health care models that synthesize essential aspects of chronic disease management, including components within the organization of the health system (multidisciplinary teams, provider decision support, clinical information systems, and patient self-management support), community services and linkages, and public health policies and financing mechanisms. State-of-the-art evidence and best practices for chronic disease management will be reviewed, and remaining knowledge gaps will be identified. Emphasis will be placed on population-based strategies and their application in different scenarios, including low-resource settings and developing countries. The course integrates the perspective and experience of the World Health Organization in public health aspects of chronic diseases in low- and middle-income countries, particularly in the Americas. This program is a collaboration between the University of Miami and the Pan American Health Organization, and it is part of the **CARMEN School**.

PLACE

Executive Center, 6th Floor, 1120 NW 14th Street, Suite 1066, Miami, FL 33136. Phone: 305.243.5851, Fax: 305.243.5544

SCHEDULE

(Registration) 17:00-20:00 Sunday March 6, 2011

(Course) Monday-Friday 8:30-17:00

ACCOMMODATION

A group of rooms will be blocked at Marriot Miami Dadeland, 9090 S Dadeland Blvd, Miami, FL 33156
http://www.marriott.com/hotels/travel/miadd-miami-marriott-dadeland/
The Miami metrorail system connects Dadeland to the UM Campus at the Jackson Memorial Hospital area, where the course takes place. The ride takes around 25 minutes. Tokens to access the metrorail are available at the metrorail station machines for the price of US$2.00. The nearest stop to the University of Miami is Civic Center (The Metrorail System map appears in Annex 4).
http://www.miamidade.gov/transit/metrorailstations.asp

SCHOLARSHIP

PAHO will offer a limited number of scholarships. The scholarship will cover accommodation and per diem. An application form is attached in Annex 5. The selection of candidates will be based on the answers to the application form questions, as well as the relevance of the course to the applicant and the potential for the applicant to utilize the course contents in their area of work.

DEADLINES

The deadline for course registration is February 20, 2011, but may be opened while space is available.

CERTIFICATION

A certificate of participation from the Pan American Health Organization will be provided at the end of the course.

LANGUAGE

English-Spanish and Spanish-English translation will be available. All readings are available in English only.

INTRODUCCIÓN

La escuela CARMEN ofrece el curso **Manejo de Enfermedades Crónicas Basado en Evidencias (MECBE)** que tendrá lugar en la Universidad de Miami, 6-11 de Marzo de 2011. Este curso es una colaboración de la Unidad de Enfermedades No Transmisibles de la OPS y el Departamento de Epidemiología y Salud Pública de la Escuela de Medicina Miller de la Universidad de Miami. El curso es apropiado para los profesionales de la salud encargados de la atención a las enfermedades crónicas y de su calidad en los diferentes niveles del sistema de salud pública. El curso tiene una duración de una semana y es parte de la Escuela CARMEN. En la página 17 se encuentra una descripción detallada de EBCIC.

OBJETIVO GENERAL

Proveer evidencias científicas para la reorientación del sistema de atención primaria para enfrentar el nuevo desafío de la pandemia de enfermedades crónicas.

RESUMEN DEL CURSO

Manejo de Enfermedades Crónicas Basado en Evidencias presenta a los estudiantes el modo de reorientar los sistemas de salud para prestar una mejor atención a las enfermedades crónicas tales como la diabetes, las enfermedades cardiovasculares, el cáncer y la Enfermedad Pulmonar Obstructiva Crónica (EPOC). Este tópico es de vital importancia para los sistemas de salud a nivel mundial, debido al aumento de la expectativa de vida y la consiguiente exposición a los factores de riesgos de enfermedades crónicas. Los participantes de este curso recibirán información sobre el modelo de atención a las enfermedades crónicas y aprenderán sobre programas que sintetizan aspectos esenciales de la atención a las enfermedades crónicas. Estos aspectos incluyen componentes del sistema de salud (equipos multi disciplinarios, apoyo a las decisiones terapéuticas, sistema de información clínica y auto manejo), servicios y organizaciones comunitarias, políticas de salud y mecanismos de financiamiento. Serán revisadas las evidencias más avanzadas y mejores prácticas pata el manejo de las enfermedades crónicas y se identificaran las brechas existentes en este campo. Se enfatizarán las estrategias de base poblacional y su aplicación en entornos de bajos recursos y países en desarrollo. Este curso integra la perspectiva de la Organización Mundial de la Salud en aspectos de salud pública de las enfermedades crónicas en países de bajos y medianos recursos, particularmente en la región de las Américas. El curso es una colaboración de la Universidad de Miami con la Organización Panamericana de la Salud y es parte de la **Escuela CARMEN**.

Lugar

Executive Center, 6th Floor, 1120 NW 14th Street, Suite 1066, Miami, FL 33136. Phone: 305.243.5851, Fax: 305.243.5544

Horario

(Inscripciones) 17:00-20:00 (Domingo 6 de Marzo de 2011)
(Curso) 8:30-17:00 (Lunes a Viernes)

Alojamiento

Un grupo de habitaciones serán reservadas en Marriot Miami Dadeland, 9090 S Dadeland Blvd, Miami, FL 33156
http://www.marriott.com/hotels/travel/miadd-miami-marriott-dadeland/
Dadeland esta conectado al área del Hospital Jackson Memorial de la Universidad de Miami, donde tendrá lugar el curso, a través del sistema metrorail. El precio de cada viaje es $2.00 y toma alrededor de 25 minutos. La parada del metro correspondiente al Jackson Memorial es Civic Center (El mapa del Metrorail System aparece en el anexo 4).
http://www.miamidade.gov/transit/metrorailstations.asp

Becas

La OPS ofrecerá un número limitado de becas. El formulario de solicitud de becas se presenta en el anexo 6. La selección de candidatos estará basada en la respuesta a las preguntas contenidas en el formulario de solicitud, en la pertinencia del curso para el país del solicitante y en las posibilidades de aplicación de los conocimientos que serán adquiridos durante el curso.

Fechas límites

La fecha límite de inscripciones es el 20 de Febrero de 2011, pero continuará abierto mientras exista capacidad.

Cerificado

Los participantes recibirán una certificación de la Organización Panamericana de la Salud

Idioma

Se proveerá traducción simultánea inglés-español y español-ingles en todas las sesiones. Los materiales del curso están disponibles sólo en idioma inglés.

COURSE DIRECTOR

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COURSE LEARNING OBJECTIVES

By the end of the course, students will be able to:

- Describe the need for and rationale a primary health care-based Chronic Care Model (CCM) approach.
- Identify and describe the different CCM components.
- Describe common interventions for implementing part or all of the CCM, particularly those applicable to low- resource settings and disadvantaged populations.
- Critically assess and summarize the scientific literature on interventions designed to improve the quality of care for chronic conditions.
- Develop a chronic disease quality of care intervention proposal for application in a public health setting.
- Define indicators for monitoring quality of care and evaluating the impact of quality improvement interventions.

COURSE REQUIREMENTS

1. In advance of the course, students should familiarize with the Improving Chronic Care Practice Manual: ICIC: improving your practice manual http://www.improvingchroniccare.org/downloads/icic_improving_your_practice_manual.doc
2. Complete all the required readings indicated in the course curriculum, prior to the class. All students should come prepared to present an article from the required reading list during classes. Students may be called upon during the class to give a brief oral presentation on the contents of the article.
3. Prepare and submit a written critique on an article of your choice, selected from those articles listed as case study 1, 2 and 3 on Module 2 (Tuesday, March 8). Please refer to the guide in Annex 2 on how to critically review and assess articles.
4. a. Prepare a brief quality improvement proposal (8-10 pages) that describes the testing of an intervention based on the CCM, or

   b. Prepare a Quality Improvement Plan.
   See the proposal format in Annex 2 and the Quality Improvement Plan format in Annex 3.
5. Attend class (80%), and participate in discussions.
6. Pass the final examination, which will consist of both multiple choice and essay questions. A list of essay questions will be distributed prior to the exam; a subset of these questions will appear on the subsequent exam.

GRADING

Attendance, completed readings and participation	30%
Quality Improvement Proposal or Quality Improvement Plan	40%
Final exam	30%

THE CHRONIC CARE MODEL[1]

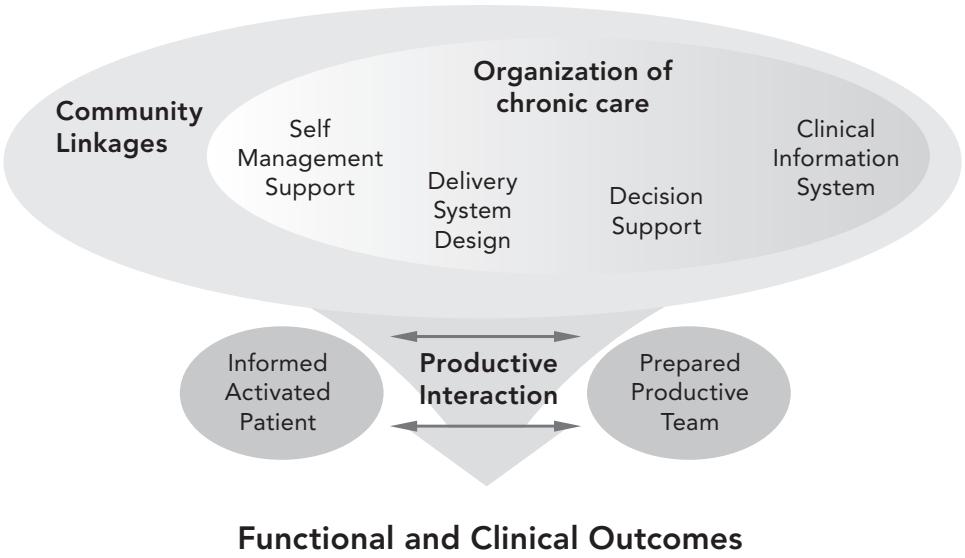
The Chronic Care Model calls attention to the need for systems change if patient outcomes are to be improved. These system changes are ultimately intended to bring about the development of informed, activated patients and prepared, proactive practice teams. Productive interactions between activated patients and prepared practice teams increase the likelihood of optimal functional and clinical outcomes (see Figure below). In this model, there are six focal areas for improving chronic care:

1. HEALTH SYSTEM: ORGANIZATION OF CARE:

   Health care systems can create an environment in which organized efforts to improve health care for chronic illness take hold and flourish. Critical elements include a coherent approach to system improvement, leadership committed to and responsible for improving clinical outcomes, and incentives to providers and patients to improve care and adhere to guidelines (including non-financial incentives such as recognition and status).

2. COMMUNITY: RESOURCES AND POLICIES:

   The performance of health care systems can be improved if linkages are made to community resources relevant to effective chronic care. These linkages may be made through resource directories, referral paths and joint programs. Community resources that support care for chronic conditions, including both governmental programs and programs of community-based voluntary organizations, are needed to augment health care services, but health care organizations are often poorly organized to make use of existing community programs or to stimulate their development.



1 Wagner EH, Glasgow RE, Davis C, Bonomi AE, Provost L, McCulloch D, Carver P, Sixta C. Quality Improvement in Cronic Illness Care. A Collaborative Approach. J Quality Improvement 2001;27(2):63-80.

3a. SELF-MANAGEMENT SUPPORT

Effective self-management support helps patients and families cope with the challenges of living with and caring for chronic conditions in ways that minimize complications, symptoms and disability. Successful self-management programs rely on a collaborative process between patients and providers to define problems, set priorities, establish goals, create treatment plans and solve problems along the way. The availability of evidence-based educational skills training and psychosocial support interventions are key components of a delivery systems self-management support structure.

3b. DECISION SUPPORT

Effective chronic illness care programs operate in accord with explicit guidelines or protocols, preferably evidence-based guidelines, whose implementation is embedded in routine practice supported by reminders, effective provider education, and appropriate input and collaborative support from relevant medical specialties.

3c. DELIVERY SYSTEM DESIGN

Effective chronic illness care requires more than simply adding additional interventions to an existing system focused on acute care. Rather, it necessitates basic changes in delivery system design. Effective chronic care often requires clear delegation of roles and responsibilities from the physician to other professionals who are full part of the caring team (e.g. nurses, health educators) and who have the knowledge and time to carry out the range of tasks required to manage complex chronic conditions. Effective chronic care also implies the use of planned visits, continuity of care and regular follow-up.

3d. CLINICAL INFORMATION SYSTEMS

Timely information about individual patients, and populations of patients, with chronic diseases is a critical feature of effective programs, especially those that employ population-based approaches. The first step is to establish a disease registry for individual practices, which includes information about the performance of important elements of care. Health care teams that have access to a registry can call in patients with specific needs and deliver planned care, can receive feedback on their performance, and can implement reminder systems.

The model has been successfully used to improve care of chronic conditions such as diabetes, asthma, congestive heart failure, depression and geriatrics in more than 300 health care organizations in USA.

RESOURCES

Pan American Health Organization
www.paho.org

Integrated Management of Chronic Diseases and Risk Factors (PAHO)
http://new.paho.org/hq/index.php?option=com_content&task=blogcategory&id=1339&Itemid=1353

Institute for Health Care Improvement
http://www.ihi.org/

The MacColl Institute
http://www.improvingchroniccare.org/index.php?p=The_MacColl_Institute&s=93

Global Alliance for Self Management Support
http://www.globalalliancesms.org/

Institute for Healthcare Communication
http://www.healthcarecomm.org/index.php?sec=biblio

Chronic Disease Self-Management Program
http://patienteducation.stanford.edu/programs/cdsmp.html

Michigan Diabetes Research and Training Center
http://www.med.umich.edu/mdrtc/

National Guideline Clearinghouse
http://www.guideline.gov/

Trip Database
http://www.tripdatabase.com/index.html

Institute for Innovation and Improvement
http://www.institute.nhs.uk/

The Association of Public Health Observatories
http://www.apho.org.uk/

Health Policy Monitor
http://hpm.org/index.jsp

European Portal for Action on Health Equity
http://www.health-inequalities.eu/?uid=99b9d8f92a637cc7e1dace6ee9ce3668&id=home

CLASS SCHEDULE

February 15-March 5, 2011	Pre-course on line activities (to be announced)

SUNDAY March 6, 2011	Activity (Hotel Dadeland Marriot, Miami, FL)	Lecturer
17:00-20:00	Registration Course logistics Meet the faculty Welcome cocktail Opening Remarks: José Szapocznik, *Chair, department of Epidemiology and Public Health, University of Miami*	Faculty and Students

MONDAY March 7, 2011	Topics and Assigned Readings (Executive Center, 6th Floor, CRB)	Lecturer
08:30-09:00	**MODULE 1. CHRONIC ILLNESS CARE** **Required readings:** Pan American Health Organization. Regional Strategy and Plan of Action on an Integrated Approach to the Prevention and Control of Chronic Diseases including Diet, Physical Activity, and Health ISBN 978 92 7 532826 2, Washington DC 2007 (also available in Spanish, French and Portuguese) http://new.paho.org/hq/index.php?option=com_joomlabook&Itemid=259&task=display&id=219 Improving your Practice Manual http://www.improvingchronic-care.org/downloads/icic_improving_your_practice_manual.doc	*A. Barceló*
09:00-09:50	**Lecture:** The Burden of Chronic Diseases **Required readings:** Yach D, Hawkes C, Gould CL, Hofman KJ. The global burden of chronic diseases: overcoming impediments to prevention and control. JAMA. 2004;291(21):2616-22. Beaglehole R, Yach D. Globalisation and the prevention and control of non-communicable disease: the neglected chronic diseases of adults. Lancet 2003;362:903-908	*D. Lee*

10:00-12:00	**EVIDENCE BASED CHRONIC ILLNESS CARE.** **Lecture:** The Chronic Care Model **Required readings:** Wagner EH. Chronic disease management: What will it take to improve care for chronic illness? Effective Clinical Practice 1998;1(1):2-4. Coleman C, Austin BT, Brach C, Wagner EH. Evidence on The Chronic Care Model in the New Millennium. Health Affairs 2009; 28(1):75-85. Epping-Jordan JE, Pruitt SD, Bengoa R, Wagner EH. Improving the quality of health care for chronic conditions. Quality and Safety in Health Care 2004;13:299-305.	*J, Epping-Jordan*
13:00-16:00	**Exercise:** Assessment of Chronic Illness Care **Required readings:** Singh D, Hamm C. Improving care for people with long- term conditions. A review of UK and international frameworks. University of Birmingham, NHS Institute for Innovation and Improvement.Available from: http://www.improvingchroniccare.org/downloads/review_of_international_frameworks__chris_hamm_copy1.pdf	*A. Barceló,* *J. Epping-Jordan*
16:00-17:00	Hot Topic	
TUESDAY March 8, 2011	Topics and Assigned Readings (Executive Center, 6th Floor, CRB)	Lecturer
09:00-09:50	**MODULE 2. THE HEALTH SYSTEM.** **Lecture:** Collaborative learning and quality improvement **Required readings:** The Breakthrough Series: IHI's Collaborative Model for Achieving Breakthrough Improvement. IHI Innovation Series white paper. Boston: Institute for Healthcare Improvement; 2003. Available from: http://www.ihi.org/IHI/Results/WhitePapers/TheBreakthroughSeriesIHIsCollaborativeModelfor Achieving%20BreakthroughImprovement.htm The Model for Improvement. Canada Health Quality Council, National Primary Care Development Team. Available from: http://www.hqc.sk.ca/portal.jsp?CdSpcZ7g0/9pTSydwUWU7jBIzBf0QfLQkUwK4QBZaJtcgd48p7IQX4zOVcA+lmY4.	*S. Delon*

10:00-12:00	**Case Study 1:** Barceló A, Cafiero E, de Boer M, Mesa AE, Lopez MG, Jiménez RA, Esqueda AL, Martinez JA, Holguin EM, Meiners M, Bonfil GM, Ramirez SN, Flores EP, Robles S. Using collaborative learning to improve diabetes care and outcomes: the VIDA project. Prim Care Diabetes. 2010 Oct;4(3):145-53 **Case Study 2:** Agurto I, Sandoval J, De La Rosa M, Guardado ME. Improving cervical cancer prevention in a developing country. International Journal for Quality in Health Care 2006, 18(2):81-86. Available from: http://intqhc.oxfordjournals.org/cgi/content/full/18/2/81 **Case Study 3:** Delon S, Mackinnon B; Alberta Health CDM Advisory Committee. Alberta's systems approach to chronic disease management and prevention utilizing the expanded chronic care model. Healthc Q; 2009:98-104.	*A. Barceló, I Agurto, S Delon*
13:00-14:00	**MODULE 3. DELIVERY SYSTEM (RE) DESIGN** **Lecture**: Caring for people with Chronic Conditions. **Required readings:** Von Korff M, Glasgow RE, Sharpe M. Organising care for chronic illness. BMJ, 2002, 325:92-4.	MC. Escobar
14:00-16:00	**Class Activity** Course Exercise	I Agurto
16:00-17:00	Hot Topic	

WEDNESDAY March 9, 2011	Topics and Assigned Readings (Executive Center, 6th Floor, CRB)	Lecturer
09:00-09:50	**MODULE 4. CLINICAL INFORMATION SYSTEMS** **Lecture:** Gathering the Evidence: How to Monitor Care and Support Quality Improvement **Required Readings:** Dorr D, Bonner LM, Cohen AN, Shoai RS, Perrin R, Chaney E, Young AS. Informatics systems to promote improved care for chronic illness: a literature review. Journal of the American Medical Informatics Association, 2007, 14(2):156-63. Using computerized registries in chronic disease care. California Healthcare Foundation, 2004. Available from: http://www.chcf.org/topics/view.cfm?itemID=21718.	*A Barceló* O. Gomez

10:00-12:00	**Class Activity:** Chronic Disease Electronic Management System (CDEMS) http://www.cdems.com/ **Required Readings:** Pollard C, Bailey KA, Petitte T, Baus A, Swim M, Hendryx M. Electronic patient registries improve diabetes care and clinical outcomes in rural community health centers. J Rural Health. 2009;25(1):77-84. http://www3.interscience.wiley.com/cgi-bin/fulltext/121585395/PDFSTART	*C. Pollard*
13:00-14:00	**MODULE 5. DECISION SUPPORT** **Lecture:** Evidence Based Clinical Guidelines **Required Readings:** Durieux P, Trinquart L, Colombet I, et al. Computerized advice on drug dosage to improve prescribing practice. Cochrane Database of Systematic Reviews 2008, Issue 3. Art. No.: CD002894.	S. Luciani
14:00-16:00	**Class Activity** Evaluation of clinical guidelines with methodology AGREE **Required Readings:** The AGREE Collaboration. Appraisal of Guidelines for Research & Evaluation (AGREE) Instrument. ISBN 1 8981 8321 X www.agreecollaboration.org	*MC.Escobar*
16:00-17:00	Hot Topic	
THURSDAY March 10, 2011	Topics and Assigned Readings (Executive Center, 6th Floor, CRB)	Lecturer
9:00-10:30	**MODULE 6. SELF-MANAGEMENT SUPPORT** **Lecture:** Self-Management Support	H. Florez J. Epping-Jordan
11:00-12:00	**Lecture:** Self-management Education For Chronic Conditions **Required Readings:** Lorig K, Holman H. Self-management education: history, definition, outcomes, and mechanisms. Annals of Behavioral Medicine, 2003, 26:1-7.	*K. Lorig*

12:00-13:00	**MODULE 7. COMMUNITY RESOURCES.** **Lecture:** Role of community resources in supporting patients and providing complementary services. **Required Readings:** Glasgow RE, Orleans CT, Wagner EH. Does the chronic care model serve also as a template for improving prevention? Milbank Quarterly, 2001, 79(4):579-612. Soto NI, Bazyler LR, O'Toole ML, Brownson CA, Pezzullo JC. Starting a diabetes self-management program in a free clinic. Diabetes Educ. 2007;33 Suppl 6:166S-171S.	J Epping-Jordan, N Soto
14:00-15:50	**Lecture:** Creating Linkages through Patient Navigation. The American Cancer Society. **Required Reading:** Freeman HP. Patient Navigation: A Community Based Strategy to Reduce Cancer Disparities. J Urban Health. 2006 March; 83(2): 139–141	B. Rios M. Chavannes
15:50-17:30	**Lecture:** Care Planning for Chronic Conditions. The Flinders Care Plan **Required Readings:** Battersby, M. Von Korff, M, Schaefer, J, Davis, C, Ludman, E, Greene, S.M., Parkerton, M, Wagner, E.H. 'Twelve Evidence-Based Principles For Implementing Self-Management Support in Primary Care. Journal on Quality and Patient Safety, Vol. 36 No. 12 December 2010 pp. 561-570.	M. Battersby

FRIDAY March 11, 2011	Topics and Assigned Readings (The Gordon Center's Broad-Bussel Auditorium, 1st Floor, CRB)	Lecturer
09:00-12:00	Final Exam	Faculty
13:00-16:00	Presentation of selected quality improvement proposals and plans	Faculty
16:00-17:00	Conclusions. Adjourn.	Faculty

ANNEX 1

TIPS FOR WRITING CRITICAL REVIEW OF JOURNAL ARCTICLES

You are requested to present written reports of at one reading listed as Case Study during the course. Guidelines for review of scientific articles are provided in the document **Critical Reviews of Journal Articles**. A copy of this document follows. The guidelines should only be used to identify important components of the reviewed article, as well as to organize your report in a logical order. Written reviews don't require to have all the numbered items in the guidelines. Instead we recommend including in your report at least one or two sentences for each numbered item of the guidelines.

Critical Reviews of Journal Articles
Herbert T. Coutts
University of Alberta
http://www.library.ualberta.ca/guides/criticalreviews/index.cfm

A critical review of a journal article is an evaluation of an article's strengths, weaknesses and validity. It is used to inform readers of an article's value through explanation, interpretation and analysis. The reviewer must present information that will allow the reader to make a value judgment about the article. Good reviews convey the content of the article, the author's approach to the subject, and the author's conclusions; the best reviews avoid a point-by-point listing of themes in favor of a more integrated approach.

- Good reviews place the work in the context of its field and give a sense of the work's significance.
- Good reviews present a balanced analysis of the article's strengths and weaknesses and illustrate those points with examples.
- Good reviews are written in a clear and lively style. Style is not easy to define, but the best reviews illustrate that elusive quality which makes their piece both interesting and engaging.

Guidelines and Questions to be Considered

1. Reviews should begin with a full bibliographic citation (author, title of journal article, name of journal, volume, issue, date of publication, pages).
2. Is there any biographical information about the author given? What are the author's qualifications and authority?
3. Who is the intended audience?
4. Define the general problem area. What does the author intend to discuss? Why?
5. Does the author try to build on past research?
6. What is the objective or purpose of the research? Is this clearly stated?
7. Does the author define any terms? Are the definitions specific, useful, circular?
8. What is the effect of the author's language? Is the vocabulary and sentence structure appropriate? Does the author maintain neutrality in his/her choice of words and terms or are they emotionally charged or biased?
9. Are references given (footnotes or bibliography)? What is the size of the reference section? Are the references recent, important? How are the references used: for support, rebuttal, etc.?
10. If the article is a report of a research study, does the author clearly state what is expected to happen? What is the sample for the study and how is it selected? Does the author discuss factors or variables that may affect the research? Are the methods for measuring results clearly explained and appropriate? Does the expected result occur?
11. Are illustrations, tables or graphs used? Do they complement the text? Are they the best method to present data, or are they unnecessary?
12. What are the author's major findings and conclusions? Have these been supported by the author's analyses, arguments, findings or evidence? Has the author overlooked anything?
13. Is the article referred to by anyone else? (Check the Social Sciences Citation Index for this information.) How is the article used by other authors: background, support, rebuttal, etc.?
14. Does the author accomplish her/his objective? Does the author do what she/he has set out to do?
15. Does the author suggest areas for further research or discussion?

The guidelines and questions listed above are suggestions that should be considered when writing a critical review of an article. Not all of the questions or guidelines will be appropriate for every article and depend upon the purpose of the review.

Students wishing more detailed information on reviewing journal articles should check the following publications:

- Bogdan, Robert C. and Sari Knopp Biklen. Qualitative research for education: an introduction to theory and methods. 3rd ed. Boston: Allyn and Bacon, c1998. (LB 1028 B67 1998 EDUC c.1-3)
- Eichler, Margrit. Nonsexist research methods: a practical guide. New York: Routledge, 1991. (H 62 E345 1991 HSS c.1)
- Hart, Chris. Doing a literature review: releasing the social science research imagination. London: Sage, 1998. (H62 H37 1998 EDUC c.1)
- Hittleman, Daniel R. and Alan J. Simon. Interpreting educational research: an introduction for consumers of research. 3rd ed. Upper Saddle River, NJ: Merrill, 2002. (LB 1028 H537 2002 EDUC c.1-2)
- Katzer, Jeffrey; Kenneth H. Cook and Wayne W. Crouch. Evaluating information: a guide for users of social science research. 4th ed. Boston: McGraw-Hill, c1998. (H 62 K19 1998 HSS c.1)
- Tripodi, Tony, Phillip Fellin and Henry J. Meyer. The assessment of social research. 2nd ed. Itasca, Ill.: FE Peacock Publishing, 1983. (HV 11 T83 1983 EDUC c.2 HSS c.1)

ANNEX 2

QUALITY IMPROVEMENT FORMAT

INCLUDE THESE SECTION HEADINGS IN YOUR PAPER

1. Title
2. Background
   The background of the project should include a critical review of current situation/problem to be addressed by the research, current knowledge, published and unpublished work, gaps in the evidence, and the potential value of this particular study.
3. Research aims and hypotheses
4. Participants
   - A description of the study population, including a rationale
   - The process by which participants will be recruited and, as relevant, randomized
   - Inclusion/exclusion criteria
   - Sample size (overall and as relevant, per study group)
5. Intervention(s)
   A full and detailed description of the study intervention(s) should be provided, including as relevant:
   - Intervention content (including, as relevant, the source of the intervention materials)
   - Intervention format (individual, group, telephone, etc.)
   - Interventionist(s) (physician, nurse, expert patient, etc.)
   - Number, duration, and frequency of intervention sessions
   - Ways in which intervention fidelity will be monitored
   - Methods to reduce investigator and interventionist bias
6. Measures
   All indicators and their relevant measures (e.g., questionnaires, interviews, or chart review) should be clearly and fully described.
7. Proposed data analysis
   Details on the statistical tests that you plan to perform should be provided.
8. Study timing
   Details on the timing of all study procedures, including data collection time points, should be described.
9. Ethical Issues
   This section should describe how you plan to manage ethical issues, such as internal review study approval, informed consent, maintaining participant confidentiality and privacy, and methods of monitoring and possible adverse side effects among participants.

ANNEX 3

OUTLINE OF THE QUALITY IMPROVEMENT PLAN

Name of Clinic/Organization: .....

Date of the Current Plan: .....

Section 1 Introduction: Scope of Service

The following Quality Improvement Plan serves as the foundation of the commitment of the this clinic to continuously improve the quality of the treatment and services it provides

Continuous Quality Improvement Activities

Section 2 Leadership and Organization

Section 3 Goals and Objectives

Section 4 Performance Measurement

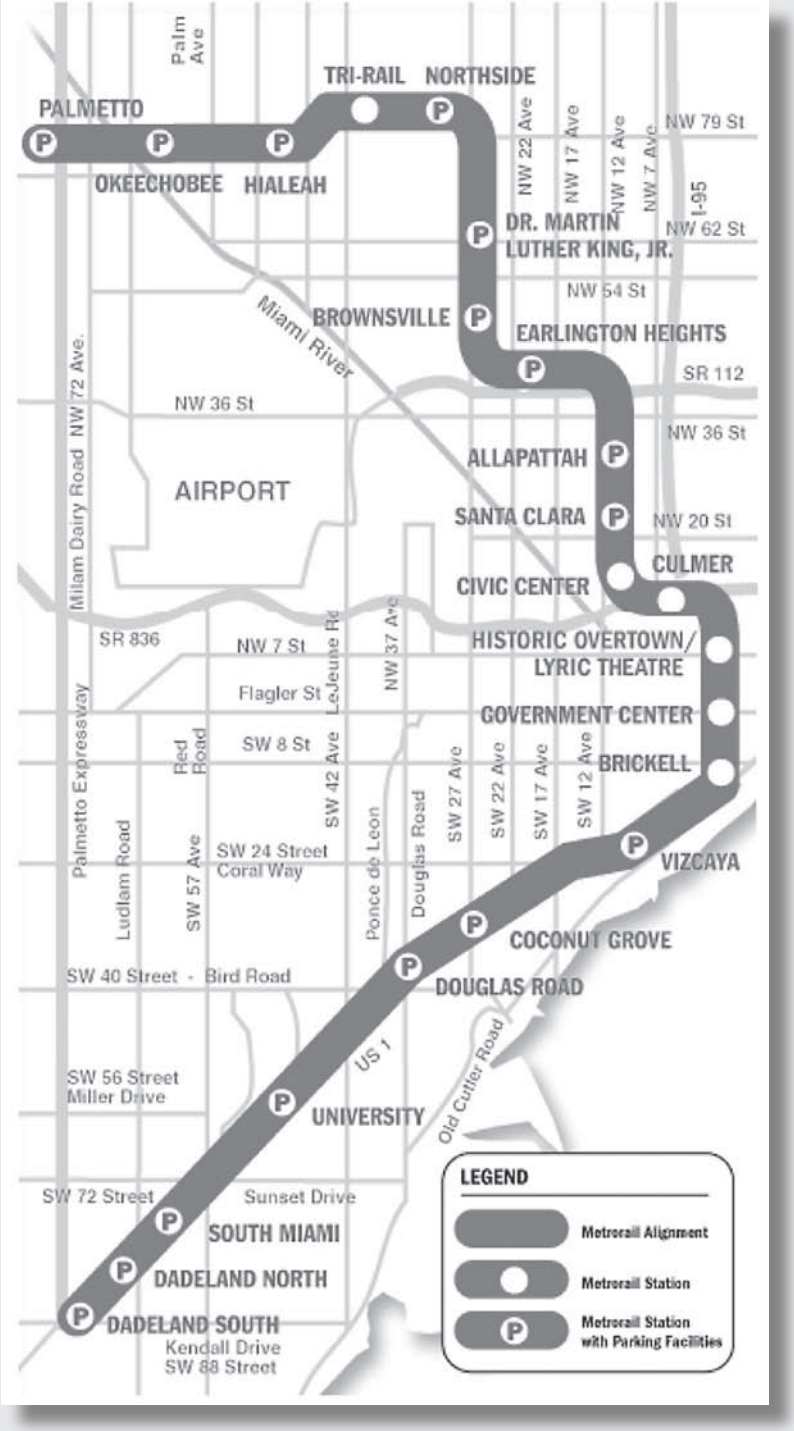
Section 5 Quality Improvement Initiative

Section 6 Evaluation

(A full template of the Quality Improvement Plan is available on request)

ANNEX 4

THE MIAMI METRORAIL SYSTEM MAP


PALMETTO
OKEECHOBEE
HIALEAH
TRI-RAIL
NORTHSIDE
DR. MARTIN LUTHER KING, JR.
BROWNSVILLE
EARLINGTON HEIGHTS
ALLAPATTAH
SANTA CLARA
CULMER
CIVIC CENTER
HISTORIC OVERTOWN/ LYRIC THEATRE
GOVERNMENT CENTER
BRICKELL
VIZCAYA
COCONUT GROVE
DOUGLAS ROAD
UNIVERSITY
SOUTH MIAMI
DADELAND NORTH
DADELAND SOUTH
AIRPORT
Palm Ave
NW 22 Ave
NW 17 Ave
NW 12 Ave
NW 7 Ave
NW 79 St
NW 62 St
I-95
NW 54 St
Miami River
SR 112
NW 36 St
NW 20 St
Miami Dairy Road NW 72 Ave.
SR 836
NW 7 St
LeJeune Rd
NW 37 Ave
Flagler St
SW 8 St
Red Road
SW 42 Ave
SW 27 Ave
SW 22 Ave
SW 17 Ave
SW 12 Ave
Palmetto Expressway
Ludlam Road
SW 57 Ave
SW 24 Street
Coral Way
Ponce de Leon
Douglas Road
SW 40 Street - Bird Road
US 1
Old Cutler Road
SW 56 Street
Miller Drive
SW 72 Street
Sunset Drive
Kendall Drive
SW 88 Street
LEGEND
Metrorail Alignment
Metrorail Station
Metrorail Station with Parking Facilities

ANNEX 5

COURSE APPLICATION FORM

Name and Surname: _____

Title: _____ Institution: _____

Home Address: _____

Country : _____ E-mail: _____

Phones: Work _____ Home _____ Cellular _____

Your profession: _____

Your highest degree of education: _____

Date of expected arrival in Miami: _____ Time: _____

Date of expected departure from Miami: _____ Time: _____

Do you need accommodation for your stay in Miami? Yes_____ No _____

Do you need a visa to come to the United States? Yes_____ No _____

PLEASE ANSWER THE FOLLOWING QUESTIONS:

1. What of these areas of work describe better your current job
   (On scale of 0 to 5, 0= not relevant, 5= the most relevant)

_____ NCD Management

_____ NCD Surveillance

_____ Health Policy

_____ Health Promotion

_____ Other: _____

2. What of these areas describe better your expertise
   (Select all relevant with an X)

_____ Public Health

_____ Epidemiology

_____ Clinical Management

_____ Statistics

_____ Other: _____

Please send this form by email to **cronicare@paho.org**
Or by fax to 202 9743632

ANNEX 6

FORMULARIO DE SOLICITUD DEL CURSO

Nombre y Apellidos: _____

Título: _____ Institución: _____

Dirección: _____

País: _____ E-mail: _____

Teléfono: Trabajo _____ Casa _____ Celular_____

Profesión: _____

Nivel educacional: _____

Fecha esperada de arribo a Miami: _____ Hora: _____

Fecha esperada de partida de Miami: _____ Hora: _____

Necesita alojamiento durante su estadía en Miami? Si _____ No _____

Necesita una visa para entrar en los Estados Unidos? Si _____ No _____

POR FAVOR CONTESTE LAS SIGUIENTES PREGUNTAS:

1. ¿Cuál de estas áreas describe mejor su trabajo actual?
   (Califique de 0 a 5, 0= no relevante, 5= muy relevante)

_____ Manejo de Enfermedades Crónicas

_____ Vigilancia de Enfermedades Crónicas y Factores de Riesgo

_____ Políticas de Salud

_____ Promoción de la Salud

_____ Otra: _____

2. ¿Cuál de estas áreas describe mejor su experiencia?
   (Seleccione todas las relevantes con una X)

_____ Salud Pública

_____ Epidemiología

_____ Manejo Clínico

_____ Estadísticas

_____ Otra: _____

Por favor envíe este formulario por correo electrónico a **cronicare@paho.org**
o por fax a 202 9743632

GRADUATE PROGRAMS IN EPIDEMIOLOGY
AND PUBLIC HEALTH
UNIVERSITY OF MIAMI
MILLER SCHOOL OF MEDICINE