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EVALUATION OF THE  
PROGRAM FOR INTERNATIONAL  
EDUCATION IN GYNECOLOGY  
AND OBSTETRICS  
JOHNS HOPKINS PIECO

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PROGRAM FOR INTERNATIONAL EDUCATION  
IN GYNECOLOGY AND OBSTETRICS  
JOHN HOPKINS PIEGO

I. INTRODUCTION

A. PURPOSE OF EVALUATION

The purpose of this evaluation was to:

1. Review grant documents to ascertain purposes and goals of the project, the budget plan of the project and the time plan of the project. JHPIEGO, as a corporation, came into existence in July 1974 as a coalescence of separate AID-sponsored projects after a one-year planning grant had indicated its potential usefulness.
2. Become acquainted with the administration and fiscal management of the project in order to evaluate performance in these fields. To do this effectively, the team should take note of dates when responsibilities were assumed because there have been several major administrative changes.
3. Evaluate the quality and performance of the administrative and teaching staff of the project at its individual U.S. centers and overall. Visiting all past and present U.S. centers will be necessary, but no overseas trips will be needed.
4. Evaluate the adequacy, balance and relevancy of the curriculum in relation to project purpose.
5. Evaluate the selection process for participants and the calibre of trainees produced.
6. Review records and reported results of staff activities in field (overseas) training in order to evaluate performance and effectiveness of field training.
7. Review reports on participant follow-up prepared by the PIEGO evaluation section and assess general effectiveness of this section.

8. On the basis of actions listed 1 through 7, describe the extent to which the purposes and goals of the project have been fulfilled.
9. On the basis of evaluation of activities to date, make recommendations for improvement of future operations and suggestions for movement in new directions, if indicated".

The following chapters report the findings of the evaluation team and include 46 recommendations (numbered sequentially relating thereto.

#### B. OUTLINE OF THE EVALUATION TEAM SCHEDULE AND ACTIVITIES

This evaluation started with the reviewing of grant documents mailed to the evaluation team. The team's site visits began with briefings at the AID offices in Washington on August 30 and 31, 1976. The basic purposes and history of PIEGO were outlined by Dr. Gerald Winfield, Dr. Dorothy Glenn, Dr. John Edlefsen, and Dr. R. T. Ravenholt. Several other members of the AID staff were also present at the briefing sessions and related documents were made available.

On September 1, a site visit was made to the University of Pittsburgh School of Public Health, at which time meetings were held with Dr. John C. Cutler, Dean Hershel Griffin, Mr. Morrie Blumberg, Dr. Ian Rawson, Dr. H. Turner, Dr. Saroj Wadhwa, Mrs. L. Gomes, Mrs. M. Gross, Mrs. F. Holman, Mr. James Bender, and Dr. Douglas Thompson. We were given an overview of the Pittsburgh facility.

On September 2, the morning was spent with Howard C. Jones, Secretary General, JHPIEGO. In the afternoon meetings were held with Drs. Wright and Bright of the Department of Behavioral Sciences to review the functioning of the evaluation unit. The following day, September 3, was spent in Baltimore reviewing the John Hopkins educational programs. The review was led by Dr. Theodore M. King, with presentations by Dr. John S. Lesinski, Program Coordinator, and Virginia Aspy, Registered Nurse. This orientation enabled us to meet additionally with Jean Duncan, Mireya Garcia, Marie Mitchell, Katherine Oppel, Charles C. Burch, Martha Bryant, as well as other members of the Department of Obstetrics and Gynecology.

On September 7, and 8, a site visit was made at Washington University, St. Louis, to evaluate that division

of PIEGO. Meetings were held with Dr. Arpad Csapo, Dr. Fernando Arias, Dr. Salma Saifce, and Dr. Ernst F. Friedrich, Dr. Seth Wissner, Dr. James C. Warren, and other members of the Department.

On September 10, we were back at Johns Hopkins where we met with the Field Training Department. At this time we talked with Dr. Hugh Davis, Mrs. Barbara Logan, and Mrs. Julia Kelley.

On September 14, in New York City, Dr. Burnhill met with Dr. Ira Lubell at the Association for Voluntary Sterilization (AVS) and with Dr. Richard Derman, former Medical Director of Family Planning International Assistance (FPIA), Dr. Dan Weintraub and one of his associates at FPIA. These three meetings were to discuss the relationships between AVS and FPIA and PIEGO.

On September 15, Dr. Burnhill met with Charlotte Ellis at the Undergraduate School of Johns Hopkins, and also with Mr. Robert C. Bowie, Treasurer of the PIEGO Corporation. Later that day, the team met with Dr. Russell H. Morgan, President of the JHPIEGO Corporation and for the second time with Dr. Howard C. Jones.

On September 16, the team met with Mrs. Linda Fitzgerald, PIEGO Registrar, Mr. Dale Clapper, PIEGO Equipment Manager, and with Dr. Theodore M. King for the second time.

On September 17, we met with Mr. Donald Smith, Director of Resources-Management, Mrs. Ann Wurzberger, Administrative Assistant to JHPIEGO, and Dr. Clyde L. Randall, Director of Education. In addition, that day we had the opportunity to talk on the telephone with Harry Woolf, former president of JHPIEGO Corporation. Dr. Moulding also met with Dr. Mosely, Dr. L.P. Chow, and Dr. Carl Taylor at the School of Public Health, and corresponded with Dr. Leonard Laufe, formerly of the Pittsburgh training facility and presently with International Fertility Research Program (IFRP).

In addition to these meetings, the team were given the following documents to review: (1) the original grant document for JHPIEGO, PIO/T #932-11-580-604-3247322; (2) a proposal for advanced technology fertility clinics dated March 13, 1973; (3) Parts I and II of the First Annual Report for the JHPIEGO Program, July 1, 1974-June 30, 1975; as well as: (4) Parts I and II of the Second Annual Report,

dated July 1, 1974-June 30, 1976. In addition, we were given: (5) the Annual Report from Washington University in St. Louis under Sub-Grant P5 from June 1975-May 1976; and (6) the Final Report for the University of Pittsburgh dated May 31, 1973-July 31, 1976. We also received: (7) the proposal by the University of Pittsburgh for a grant titled Public Health Orientation and Training in Advanced Technology for Fertility Management.

The team also received: (8) from the Johns Hopkins Department of Obstetrics and Gynecology a large folio of material that included descriptions of their educational programs; (9) the Annual Report for 1976; (10) the list of participants and visitors; (11) the educational materials provided to Fellows; and (12) copies of relevant publications. Additionally, we received: (13) from the History and Evaluation Unit a report on the overall review of PIEGO programs dated August 27, 1976. Also received were: (14) a report from Mr. Dale Clapper on the costs and problems of the Equipment Maintenance Branch of JHPIEGO; and (15) a detailed report from the Field Training Division.

Placed at the disposal of the team were: (16) the program budget for the year 1976-77, as well as: (17) other relevant documents and evaluating forms and admissions forms.

### C. BACKGROUND OF PIEGO

Background material is extracted from the document, PIO/T #932-11-580-604-3247322, which was accepted by JHPIEGO Corporation on 16 July, 1974. In this proposal, the following statements are made as to the rationale for the program: (from page 3)

"To effectively reach the target population, a sufficient number of OB-Gyn specialists and other qualified personnel are needed in the developing countries, in both the public and private sectors, who are capable of delivering advanced and comprehensive fertility management services".

"The time is now at hand for a university to university approach to make available primarily to faculty and staff of teaching and action institutions, advanced education in gynecology and obstetrics in a practical way, and support this with the necessary equipment to supply the newly-acquired knowledge".

(from pages 4-6) Scope of the Program

"The PIEGO program will:

- ' 1) Organize and conduct a program of medical education to provide the physicians and their assistants throughout the world with the knowledge, skills, and techniques found effective in the detection, diagnosis, treatment, and prevention of health problems related to reproduction, with special attention to the differing mix of problems and needs in each geographical area.
  - a. Particular attention will be given to the area of fertility management. It is therefore necessary that the policy guidance of the program be provided by a widely representative group of OB-Gyn leaders and medical statesmen, and that local programs be carried out on a fully collaborative basis.
  - b. The post-graduate courses will be carried out at Johns Hopkins, several cooperating universities in the United States, and overseas".
- 2) An admissions unit will be organized to assure an equitable distribution to cooperating institutions of candidates for training".
- 3) A means of supporting the educational programs with appropriate equipment for the detection, diagnosis, and treatment of health problems related to reproduction is to be organized".
- ' 4) Organize a follow-up testing contact system to provide feedback for the improvement of the educational program, but also to do what can be done to assure that the graduate has the administrative backing and equipment to apply acquired knowledge".
- 5) To sponsor and offer opportunities to collaborating institutions to participate in clinical trials which emphasize comparative testing to improve the prevention, diagnosis and treatment of female disorders".
- 6) To organize such other programs and activities as may be necessary and desirable to accomplish the general purposes and aims of PIEGO".

"While there are major deficiencies in preventative

measures in gynecology and obstetrics in many areas of the world, it is exceedingly important that this educational effort not be limited to a restrictive interpretation of fertility management. In many instances, the cultural and social background of a developing nation is such that recognized establishment leaders in obstetrics and gynecology have not considered the preventative measures of fertility management as part of their specialty. There is a general body of opinion amongst obstetricians and gynecologists in the developing countries that information concerning preventative measures in obstetrics and gynecology would be more effectively transmitted and more generally accepted, certainly in some areas, if it were part of a broadly-based educational program, encompassing advances in oncology, infertility, and endocrinology, pre-natal medicine, and other subspecialties, as well as in preventive measures".

"The fact is that in many countries in the world, including the United States, preventative measures have often appealed only to those on the periphery of academic gynecology and obstetrics. If we are to be successful in advancing the application of fertility management, our elite establishment leaders must be involved".

The foregoing paragraphs are direct quotes from the original grant proposal and outline the essential purposes for which the PIEGO project was developed. It is to be noted that there is a fairly complex history available in the documentation that outlines the transformation from advanced fertility training management projects at the Johns Hopkins University and other projects to gradually form the integrated entity now known as PIEGO.

## II. FINDINGS AND RECOMMENDATIONS: PROGRAM GOALS

As of June 1976, 478 Fellows had been trained at four institutions associated with PIEGO-192 at Johns Hopkins; 156 at Washington University; 104 at the University of Pittsburgh; and 26 at the American University in Beirut. Fifteen of these trainees were in a pilot course for training administrators in family planning. An examination of the geographic distribution of these trainees showed that there has been coverage throughout East Asia, Southeast Asia, the Indian South Continent, the Middle East, and East Africa. There has been very little activity in Northern and Western Africa. Most of Central America, Mexico, and South America has had some participation. It can be seen, by referring to the basic documents, that there has been rather broad distribution of ATMF graduates throughout the less-developed countries. This represents substantial progress in terms of meeting some of the basic rationales of the grant. It is too early to measure the final impact of the training, as the evaluation unit is just beginning to bring in reports on the number of trainees that were in fact trained by the first group of United States trainees when they returned to their own country.

### RECOMMENDATIONS

1. The training of physicians for laparoscopic sterilization should be restricted severely due to the cost, complexities, and difficulties in maintaining the program. In its place, further training should be given in minilaparotomy.

2. Efforts should now be made to continue the national and regional training programs that were begun under the first section of the grant. Further efforts of the type that took place in Barbados, Bolivia, Korea, Brazil, Panama, and were projected in Pakistan, should be continued and extended. This recommendation is dependent on intensified efforts to evaluate these programs, especially in terms of sterilizations completed. Continuation of the laparoscopic component of these programs should be carried out only if evaluation shows them to be a cost-effective operation.

3. Field training should be carried out wherever possible as close to the trainee's country as can be arranged. This appears to be the line of development that PIEGO is taking and should certainly serve to increase the participation of other foreign nationals in the training program, while lessening the cost of United States training and the difficulties of obtaining clinical material for foreign graduates.

4. The PIEGO program would do well to be more clearly identified as an educational program for advancing, internationally, the application of medical knowledge to health problems related to reproduction. Included in the PIEGO courses should be sufficient educational exposure to all concepts and strategies of introducing and diffusing successful family planning to develop a successful national program. Let this be the central thrust of the PIEGO operation with a relatively low profile maintained on the training of physicians for sterilization techniques. Dr. Moulding feels that the emphasis on sterilization should be maintained at the present level by stressing minilaparotomy not laparoscopic sterilization.

5. It is necessary at this point to continue the work of coordinating with other AID grantees the distribution of people trained in institutions working in fertility control so as to develop an effective coordinated program of activities in this field.

6. The international character of the program should be broadened by further participation of the International Board of Advisors in the future strategy and implementation of PIEGO goals and objectives. In addition, Dr. Moulding recommends that if the International Board of Advisors recommends a shift of the program toward material that is not applicable to the needs of the poor people in the developing nations, PIEGO should be instructed to reject these recommendations.

7. Better lines of communication and cooperation should be developed between PIEGO and other organizations working in the field, such as AVS, Pathfinder Fund, FPIA, IFRP, etc.

8. Clear lines of communication and responsibility should be set up between PIEGO and the coordinating officials at AID, and the State Department, to prevent wastage of time and money in attempting to train people in highly "sensitive" areas of the world.

III FINDINGS AND RECOMMENDATIONS:  
PROJECT DESIGN AND PROGRESS

A. JOHN HOPKINS PIEGO

1. Relationships Between the Office  
of the President and the Operating  
Officers of JHPIEGO

At its inception, it probably seemed prudent to separate the JHPIEGO Corporation offices from the President of JHPIEGO's office. Such a separation served to allow a system of checks and balances to be developed as the administrative protocols of the corporation were developed. However, with the passage of time, one can see that this separation has produced an additional area of bureaucratic interaction which in turn interferes with corporate functioning. Also, it apparently allowed some personality interactions which were counter-productive to the efficiency of the organization.

RECOMMENDATIONS

9. That serious consideration be given to combining the offices and functions relating to the current President of the corporation with the offices of the Secretary General.

10. That the new line of authority be from the Secretary General (or redesignation of him as President of the Corporation) who will be responsible to the Board of Trustees and the President of the Board of Trustees. In view of the management review provided by the University and AID, it does not seem necessary to have an elaborate corporate entity. Consolidation of the offices will result in efficiencies, financially and operationally.

2. Office of the Secretary  
General

During the period of operation of this grant, Dr. Howard C. Jones has functioned very effectively as a spokesman for the educational establishment of the medical school, and of the United States. During this time, much valuable contact-making occurred. A foundation was prepared for the further development of a network throughout the medical schools of the LDC. However, judging from comments made by associated

organizations in the field, it would appear that much of this initial phase could have been simplified and perhaps made more efficient if additional consultation and coordination were undertaken with other AID grantees.

#### RECOMMENDATION

11. That the Secretary General's office be made responsible for the development and implementation of coordinating PIEGO programs with other agencies in related fields (IFRP, AVS, Pathfinder, etc.)

#### 3. International Board of Advisors

During the period of the first part of this grant, the International Board of Advisors met once in Geneva. It would appear from the Minutes of this meeting that they were not particularly productive. No further evidence can be seen in the material submitted for the use of or development of the International Board of Advisors as an operating arm of the corporation.

#### RECOMMENDATIONS

It would appear wise to employ and expand the International Board of Advisors so as to provide a large amount of prestigious, non-U.S. input into PIEGO. This would provide a policy and guidance base so that PIEGO would not be a U.S. dominated organization. Further, there is much evidence for the need of an international body that would concern itself with the development of a demographic conscience amongst the educators and teachers in the field of obstetrics and gynecology throughout the world. It is recommended, therefore, that:

12. The Board of Advisors be expanded to include other members from the developing countries.

13. That the Board meet annually or semi-annually to help plan policies and strategies for PIEGO.

14. Dr. Moulding also recommends that the International Board include physicians with a background in public health in the hope that JHPIEGO would concern itself to a greater degree with the problem of family planning and health care delivery to the poor people of the developing countries.

#### 4. Offices of Resource Management

The team had the opportunity to speak with Mr. Donald Smith and Mrs. Ann Wurzberger in this office. Mr. Smith is relatively new to the position and appears to be rather vigorously pursuing the requirements of the office. We reviewed past and present budgets and it was quite clear that the cost of operating PIEGO is quite high. Fortunately, due to the development of the PIEGO Corporation, the institutional overhead to Johns Hopkins University is considerably lower than the usual university overhead of comparable government contracts. It is not clear, from the talks with Mr. Bowie, exactly what services the University is providing in their indirect cost allotment.

#### 5. Office of Education

A review of the various activities of the Director of Education reveals that this office has not assumed direct authority over the content or subject assignments in the participatory teaching institutions. Several interviews have indicated that there would be substantial resentment on the part of the participatory institutions if the course were to be dictated to them by the central office. However, it was observed that the curriculum provided at each of the three institutions were widely divergent and representative of the underlying strengths of each institution. The curricula did not appear to be an outgrowth of the needs, as expressed by old trainees (or indeed, of any particular trainees).

#### RECOMMENDATIONS

15. The Director of the Office of Education must receive an abstract of all of the lectures presented at each of the cooperating institutions. The Director must, at all times, be aware of the content of all of the courses offered by the contributing institutions.

16. An effort must be made to coordinate the curriculum at the various institutions so that the training offered will be more relevant by altering the courses to make them more applicable to the needs of developing nations. Such as:

- a) drop material on high technology medium that cannot be delivered in the developing countries (especially for courses held in the United States), and
- b) include more material on the demographic problem and delivery of contraceptive and health services to the poor in the developing countries.

17. The previous graduates should be interviewed in detail, and current graduates should be interviewed at the end of the course to ascertain what they perceive to be their needs. This will allow and facilitate the creation of more suitable course content for all future participants, as well as the tailoring of special courses for certain categories of participants. Dr. Moulding particularly recommends if the requests from developing country physicians are for material that is not applicable to the needs of the poor people in their country, it should not be placed in the curriculum.

18. Area coordinators should be developed to provide a better degree of input and an overview of the regional operations. These coordinators might represent a part-time utilization of present area coordinators of other organizations sponsored by AID.

## 6. Field Training Division

We had the opportunity of reviewing the activities of this division with Dr. Davis and his staff. They appear to be particularly well organized and effectively functioning in Central and Latin America. They proceeded rather rapidly in developing a broad program with the exception of some diplomatic sensitivities that resulted in cancellation of a few operations, and difficulties with some equipment. The activities in Asian countries, however, do not appear to be as effective due to the lack of familiarity with operations in this area and the shortage of personnel on the central staff sufficiently conversant with Asian or African operations. In addition, it was noted that the field trainers themselves were not necessarily trained at Johns Hopkins or members of the three basic institutions. This appears to have produced wide variations in the quality of field training, including one major disturbance in India.

RECOMMENDATIONS

19. The Field Training Office must develop in-house capability for managing the operations in Asia and Africa.

20. To assure superior quality of the field trainers, an orientation course should be given at Johns Hopkins for all field trainers. The course must cover the complete scope and responsibilities of field trainers positions, teach the rudiments of instrument maintenance and repair, teach the appropriate training and manner of overseeing the support personnel who will assist the sterilization procedures, and to be instructed in the method of evaluating trainees if PIEGO continues to teach laparoscopic sterilization.

21. The findings of the field trainers must be incorporated into the central personnel jackets in the Admissions Office.

7. Office of History and Evaluation

Meetings with Drs. Wright and Bright and reviewing of approximately 150 files and filled-out questionnaires have given us some idea of the problems within this unit. Apparently, the need for an evaluation office was not perceived at the outset so that this unit was only developed in the last year. The lack of clarity of purpose between the various divisions of JHPIEGO and the Office of Evaluation has been a problem. To date, the materials they have produced seem to be primarily of interest to AID, their very proper concern over the number of trainees, and the number of laparoscopic sterilizations performed. A more broadly-based evaluation would also seem to be useful. Furthermore, it appears that the Evaluation Unit was designed as a human investigation. As such, it is subject to the varying restrictions of the Human Investigation Committee of Johns Hopkins University. Thus, JHPIEGO has not been able to utilize the valuable information recorded on the filled-out questionnaires. Some of this may be due to the principle of confidentiality of reports, and some to the lack of coordination between the Evaluation Unit and the Secretary General's office. The Evaluation Unit should have provided the first opportunity for the trainees to provide feedback, either by way of requesting additional information or assistance, or by way of giving additional information on problems or difficulties encountered in the course.

RECOMMENDATIONS

22. All requests or comments for additional assistance on feedback questionnaires should be sent to the Secretary General's Office.

23. Copies of the questionnaires should be maintained in the Admissions Office's central file for each trainee.

24. The purpose and functions of evaluation should be coordinated so the central office of JHPIEGO has on record the activities of each registrant.

25. The valuation of the course, and the measurement of performance of the trainees, should be separated so that problems of confidentiality will not arise. Problems relating to current performance might best be carried out by the Admissions Office, or the Office of Education in JHPIEGO.

26. Efforts should be made by JHPIEGO to discuss with the Human Investigation Committee what appears to be an unduly restricted interpretation of the concept of confidentiality in order to allow maximum utilization of trainee feedback.

#### 8. Office of Equipment

The team had the opportunity of reviewing with Mr. Clapper many of the problems that have occurred in setting up the Office of Equipment. We also had the opportunity of reviewing his record of costs - particularly those relating to the cost of operating laparoscopic equipment. Judging from the comments of personnel outside of JHPIEGO, there were many difficulties in the beginning relating to: extensive delays in responding to urgent requests for equipment replacements or equipment supplies; difficulties in forwarding the material through the most expedient channels; i.e., State Department Pouch; and other difficulties in responding to requests for supplies.

At the present time, it would appear that most, if not all, of the difficulties have been resolved; that the Equipment Maintenance Division is working in a reasonably efficient fashion. It would also appear, however, from extensive conversations with Mr. Clapper and others, that a need exists for regional repair offices, as well as a need for providing instruction in the care and proper use of laparoscopes to all trainees. It would seem that a modest amount of input (beyond that which was supplied in some of the courses) on minor repairs, handling and sterilization of the equipment, and training central supply personnel, would go far in reducing the cost of maintaining this equipment.

## RECOMMENDATIONS

27. All personnel receiving advanced fertility management training must have at least one seminar on the maintenance and repairing of instruments. The training should include instructions for assisting nursing personnel and paraprofessionals who will be handling the instrument.

28. The Supply and Equipment Office should be responsible for developing regional repair facilities to provide most necessary minor repairs. If the present program of laparoscopic sterilization is to continue, it would appear to be fiscally prudent to train regional repairmen.

### 9. Office of Admissions

A review of personnel files in the Office of Admissions reveals growth and progress. Whereas early personnel files were haphazard and poorly organized, current files contain detailed application forms from trainees and their institutions. However, current files still do not include inception and termination dates of courses, nor any further evaluative data of the trainee or the field training. It is, in fact, impossible to tell from the central registrar's files whether the trainee arrived in the United States for his training. Apparently, a separate card file contains this information. It is extremely difficult from this file, or indeed from any other files maintained on trainees, to identify who they were, how they performed, what they thought of the course, and whether or not they made any significant comments relating to improvements of the course.

## RECOMMENDATION

29. The Office of Admissions and the Registrar should keep complete files for each trainee. The file should include: a) the trainee's application form; b) the institutional application form from the trainee's institution; c) the letters of recommendation; d) letter of acceptance into the program. The files should further contain: e) the results of the pre-and post-tests, both factually and attitudinally; f) a statement from the responsible official at the training institution regarding the general performance characteristics and specific capabilities of the trainee; g) the recommendation of whether to supply equipment to the trainee; h) the field trainer's report on the trainee; i) follow-up communications from the trainee; and j) the evaluation report from the History and Evaluation Units.

A complete file of this nature for each trainee would facilitate an evaluation of the impact of the training program upon the trainee. The files would further facilitate the establishment of a network of national training centers.

#### 10. Public Relations

It is not quite clear what the function in the Department is in the development of the publications of PIEGO. Copies of both the PIEGO Newsletter and PIEGO Opinion (the publication which has now apparently succeeded the first newsletter) were reviewed. It appears that publications do not sufficiently utilize comments or opinions of trainees. It has largely served to inform people of the operations of the Central Training Divisions. PIEGO Opinion has the possibility of serving as a genuine source of feedback and inter-communication between various institutions.

#### RECOMMENDATIONS

30. PIEGO Opinion should be internationalized to include comments from the International Board of Advisors, and reports of activities from the trainees and their institutions, as well as international educators.

31. PIEGO Opinion should solicit comments from former trainees and/or international educators, to broaden the appeal of the publication.

#### 11. Fund Raising

The initial grant proposal authorized the corporation to raise funds to help develop projects that might not be within the policy framework of AID. No record of these activities could be found.

#### RECOMMENDATION

32. The office of Secretary General should be responsible for developing funding sources for PIEGO to permit the broadening of educational efforts where they would be otherwise limited by current AID policies. This is particularly important in the area of abortion technology, and the use of injectable contraceptives.

## 12. Interagency Activity

It would appear that other agencies funded by AID, such as IFRP, AVS, Pathfinder, etc., frequently have foreign personnel and area coordinators engaged in similar activities to those undertaken by PIEGO. It would be cost-effective, and probably beneficial to all, if a U.S. consultant be empowered to evaluate all agencies' trainees in the area. (It might be, for example, possible for an IFRP Consultant to certify a PIEGO trainee as ready to receive his laparoscopic equipment, or evaluate his current activities). It is recognized that the working out of the sharing of personnel between various granting agencies is somewhat difficult and that it would depend upon the development of cordial working relationships on all levels and between all granting agencies.

### RECOMMENDATIONS

33. Efforts should be made within AID to coordinate activities and encourage cooperation between the various AID grantees so as to expedite development of a network of fertility-regulating agencies.

34. Cooperation should go beyond the compilation of who is trained where and by whom. It should encourage the exchange of ideas, suggestions and information from all concerned with the area of improving all programs.

## 13. General Remarks Regarding Long-Term Evaluation of Trainees

At the present moment, there are no systematic plans for evaluating the long-term progress of trainees. Drs. Wright and Bright have an open-ended, albeit confidential questionnaire for trainees. It would appear that if the PIEGO program is to help develop a network of medical schools and teaching institutions throughout the developing countries, it must develop a systematic approach to maintaining contact with trainees.

### RECOMMENDATIONS

35. A sustained effort must be made to maintain annual or biannual contact with trainees to: receive operational reports of progress in the field; provide continuing field evaluation; and for continued training.

36. Material from trainees can be incorporated in the JHPIEGO Opinion.

37. Regional, area, and national training and educational programs should be developed providing lectures and discussion to serve previous trainees, as well as prospective applicants, either in the form of: a) short training courses; b) training day appended to National Society meetings; c) training days appended to Regional meetings; or d) the development of Regional educational programs under the auspices of an internationalized PIEGO Corporation. These programs should be developed using JHPIEGO graduates and other area physicians as lecturers and discussion leaders whenever possible. These programs should also be open to other interested physicians from developing countries.

#### B. OVERVIEW OF THE THREE TRAINING INSTITUTIONS

A great advantage of the PIEGO program is its relative shortness - not greater than six weeks in duration - and is for physicians. This is realistic. Physicians don't have long periods of time for training. Since the population problem is critical, and resources to solve it need to be mobilized as quickly as possible, the strategy of recruiting established leaders in the field of Obstetrics and Gynecology and trying to interest them in the population problem makes eminently good sense.

It was noted at all institutions that a substantial number of the faculty had a small part of their salaries paid for with PIEGO funds. No one person seemed to have sufficient time to coordinate and evaluate the activities of training at each institution. While we have no doubt as to the good intentions or excellent capabilities of the Directors of the programs and their associates, it appeared that the many requirements of the faculty and the clinical and out-patient care made it difficult for any one person to be sufficiently acquainted with PIEGO trainees.

At all three institutions, the small size of the classes has served to elevate the per-trainee costs by a significant amount.

### RECOMMENDATIONS

38. At each training institution, there should be a designated training officer who would have at least 50 percent of his time totally committed to the monitoring of the course and evaluation of the trainees.

39. Increase the size of classes wherever possible.

40. Conduct as many training programs as possible, both didactic and practical, overseas, utilizing local faculty wherever possible. Technical training overseas is probably possible and desirable, because of the many problems associated with providing practical experience to foreign physicians in the United States. JHPIEGO is to be commended for its establishment of overseas training opportunities. (See Appendix A).

41. United States training needs to be maintained for some time because overseas classroom training regarding the population problem and potential solutions to it, may run into serious political problems. Some of the possible ways of controlling population growth, such as sterilization, abortion, or even the IUD and the pill, are not acceptable to all factions in developing nations. As a result, it may be difficult to have a free discussion of controversial issues overseas. (See Appendix A).

#### 1. Pittsburgh University

Our opportunity for evaluating the University of Pittsburgh, which is no longer an operating training institution, was limited to one day. We had the opportunity of interviewing all of the principals involved in designing and operating the program. We also reviewed the summary of their project and a proposal for a new grant. It was obvious that the Pittsburgh program provided their trainees with knowledge of demographic principles and the demographic problems of their countries. The demographic library of materials, and all materials supplied by the staff in Pittsburgh, seemed most relevant to the population issues that related to the training program. The Pittsburgh course, like all other courses, included materials on genetics, fetal monitoring, sonography, endocrinology, and obstetrical anesthesia, which might be considered marginally relevant to the objectives of the program. However, according to those present, this material was considered highly important by the trainees. In addition, Pittsburgh seemed to be the institution most concerned with locating additional sources

of aid for their projects, and most concerned with having their trainees visit other health delivery agencies and clinics. The Pittsburgh staff seemed highly enthusiastic, and dedicated to broad public health issues; in fact, they seemed more concerned than the other two institutions. It appears indeed unfortunate that the teaching relationship with this University had to be terminated.

#### RECOMMENDATION

42. The Pittsburgh resources for demography and delivery of health care should be considered if the School of Public Health at Johns Hopkins cannot provide this material. A tuition-per-trainee program might be established, domestically or internationally, where needed.

#### 2. Washington University, St. Louis

Approximately two days were spent reviewing facilities and talking with the principal people concerned with directing and managing the program at Washington University in St. Louis. Dr. Csapo was most gracious in showing us all of his facilities. The unit was extremely well organized in terms of space utilization for this type of program. The sterilization and abortion facilities were separate from other units in the hospital and immediately adjacent to the training area. The training area included a rather large library and video tapes, slides, and other materials. Demographic problems were apparently not covered. There was nothing on non-clinic distribution of contraceptives. Moreover, the curriculum appeared to be heavily weighted toward basic information on the physiology and the endocrinology of reproduction. This material is of questionable value, especially to most of the trainees. It appeared that the program did not have facilities for demonstrating second trimester abortions. As at Johns Hopkins, there were great difficulties in allowing foreign trainees to do operative procedures. This is a drastic limitation of all United States training programs, mandated by our licensing laws and malpractice situation.

We had the opportunity of viewing two of three films produced by Dr. Csapo on endocrinology. The relevance of these to the PIEGO program were not clear. In addition, it appeared that a great number of visiting lecturers to the University presented to PIEGO in exchange for partial or total travel expenses, as well as honorariums. This practice appeared to be questionable insofar as the visiting lecturers were more germane to the general departmental function.

The lack of focus on population problems and family planning techniques in the Washington University program may have been due in part to local political considerations. The program was under considerable pressure in the press and by demonstrators who unfairly attacked the program as American Imperialism, etc. In addition, because of the political climate, no second trimester abortions are performed in the State of Missouri and they could not demonstrate second trimester abortions to the trainees.

While much of the curriculum in the Washington University program is not applicable to the needs of "practitioners" in developing countries, it may be applicable to "researchers". This should be reviewed by someone knowledgeable in the field of contraceptive research.

### RECOMMENDATIONS

43. The demographic and public health aspects should be included in the Washington University curriculum.

44. Classes should be enlarged considerably insofar as trainees are unable to do procedures.

45. Supplying sets of slides on basic physiology should be drastically reduced and only given to those trainees who are actively engaged in teaching or research in related areas.

### 3. Johns Hopkins University

Six days were spent reviewing the physical facilities and operating facilities at Johns Hopkins University. We met with many members of the faculty and heard a lecture given by Dr. King. We were able to review records at various locations in the unit.

The Hopkins program also offers separate fertility control centers which are available for training purposes. However, like Washington University, they have a great shortage of clinical material for on-site training. It would appear that their forte lies in the giving of didactic material such as their administrator's course. Such courses could be given here or abroad.

## C. SPECIAL COURSES

### 1. Physician Administrators' Course

The Physicians Administrators' Course, a classroom-only course, is the type of course which should probably be held more frequently in the future for non-surgically oriented physicians. However, as it now stands, it has considerable slack time and irrelevant material, and is deficient in adequate presentations on the delivery of contraceptive services (See Appendix B).

### 2. International Nurses' Program

The objective of the program of upgrading the status of nurses seems appropriate. However, the curriculum again contains a great deal of irrelevant material and this program appears to be very expensive. It would appear that the program deserves further review. (See Appendix C).

IV. GENERAL POINTS REGARDING  
THE PIEGO EVALUATION

A. COMPLIANCE WITH AID REGULATIONS AND FISCAL  
MANAGEMENT

Observations revealed that JHPIEGO Corporation seemed to be well organized and seemed to be fiscally responsible with regard to AID and government regulations.

B. CARRYING OUT OF RESEARCH ACTIVITIES

The proposal under which the present contract was written specified the carrying out of research activities. None were noted. However, the International Fertility Research Program (IFRP) organization seems to be designed for research activities and it would therefore appear unnecessary for PIEGO to undertake these research projects independently.

RECOMMENDATION

46. Research protocols should be administered through the current IFRP mechanism.

## V. THE ROLE OF LAPAROSCOPIC STERILIZATION IN THE PIEGO PROGRAM

From the beginning, one of the central emphasis of the PIEGO program has been on female sterilization. This emphasis is right on target. However, much of the expense of the PIEGO program is related to the cost, complexity, and problems associated with the laparoscope. Moreover, training in laparoscopic tubal ligation has to be given in small groups, and the training costs are very high.

For a variety of reasons, it would appear that the future of PIEGO needs to be separated from the emphasis on laparoscopic training. Despite the initial successes of laparoscopic sterilization, it has become abundantly clear that the maintenance of the equipment is much more cumbersome, difficult, and costly than was originally projected. Only major departments and training institutions can deal cost-effectively with the laparoscopic equipment. To be cost-effective, scopes must be very widely used, and therefore require large programs. Laparoscopic sterilization should be retained only in areas where large programs are operating, or where it is desirable to use endoscopic techniques as a point of entree to the training facility or to the country. In the future, considering that most operative training has to be conducted in foreign countries, it would appear more efficacious to emphasize the minilaparotomy for female sterilization and to de-emphasize the laparoscopic training and provision of laparoscopes unless better evidence of the programs' effectiveness becomes available.

If the foregoing suggestions are accepted, the projected cost of laparoscopic equipment and the need for small-group training in the next stage of the project will be significantly reduced.

## VI. FUTURE EVOLUTION OF THE PIEGO PROGRAM

In the original contract proposal it was noted that PIEGO would serve as entree in the educational and training institutions of the world. (Point 1, page 4, of the contract.) It is believed that great attention should be given to this original proposal, and that the PIEGO Program should be broadly structured so as to provide educational inputs into the Departments of Obstetrics and Gynecology in the developing countries. By restricting the scope of PIEGO (minimizing or eliminating laparoscopic sterilization) to a more generally-based educational effort, and by internationalizing its activities through the broader use of its International Board of Advisors, PIEGO will be able to obtain access to, and continuing support from, the majority of the medical schools in the less-developed countries of the world. Maintaining PIEGO influence around the world through the opportunities to introduce demographic and population measures as a less-emphasized part of the broad educational effort might be considerably more valuable to the population policy of the United States than the continued training of physician-technicians in the utilization of sterilization procedures. The subject of sterilization is a highly-sensitive one and is subject to charges of genocide and other leftist implications. By minimizing the accent on sterilization, the PIEGO program would be rendered less politically vulnerable.

Furthermore, the accent on education, maternal and child health, would be a more broadly useful concept to entice foreign nationals into cooperating with PIEGO. The policy of providing educational support for teaching institutions is one that few people could find any substantive reasons to quarrel with. Within this framework, PIEGO could serve as a great representative of United States' concern and care for all peoples of the world. With such an emphasis, PIEGO would be living proof of the great humanitarian principles for which the United States has always stood.

Dr. Moulding in concurring with these thoughts expressed the following reservations: First, JHPIEGO should not de-emphasize sterilization, but should continue their focus in this area, stressing mini-laparotomy, and Second, JHPIEGO should also attempt to work with all departments in the medical schools where there is interest, especially with Schools of Public Health and Departments of Preventive Medicine, to further efforts at delivering contraceptives and health care to as much of the population as is possible.

## TRAINING OVERSEAS VERSUS TRAINING IN THE UNITED STATES

One of the requests of AID officials was that we explore the possibility of shifting the training overseas, to cut down the expense of bringing participants to the United States. There is a lot to be said for this approach. It is particularly advantageous for practical training in laparoscopic tubal ligation. Because of the limited volume of patients, difficulty in getting patient permission, the threat of malpractice suits, and the competition with residents who want surgical experience, it is difficult to provide foreign physicians with any volume of practical experience doing tubal ligations in the United States. Because of this, most of the practical training in laparoscopy given in the U.S. has been limited to observation.

JHPIEGO is to be commended on the development of overseas training opportunities in female sterilization. This has been accomplished in Latin America and Korea, where the participants have received practical experience in doing laparoscopy on a significant number of cases. In addition, budget figures suggest that this training is much more economical.

When it comes to classroom training, there may be considerable political problems in teaching overseas, especially if the population problem is discussed directly. JHPIEGO has been very cautious in this area and perhaps wisely so. The successful course in Panama was advertised as a course in reproductive biology and the course content contained a great deal of non-population material. In fact, only four topics had a title recognizable as being related to popula-

tion or family planning. Dr. Csapo ran a seminar for ten physicians in Brazil, utilizing the staff of the Barnes Hospital. Again, the curriculum was only peripherally related to population, with a great deal of emphasis on the latest developments in Obstetrics and Gynecology. Because of the potential for political backlash, the program in Brazil was not advertised and was given for only ten selected physicians. Had it been considered safe to make a general announcement, it probably could have been given to many more physicians.

U. S. embassies are extremely sensitive to possible political repercussions and have hampered or prohibited JHPIEGO's activities in Ecuador, Colombia, Brazil, Peru, Mexico and India, even when the participant was going to the United States for training. If the courses were to be held overseas, the embassies would probably be even more reticent to give approval, especially to programs that present a "no holds barred" discussion of the issues.

Whether or not this degree of caution is justified is hard to say. However, it must be recognized that if Americans give training overseas on the population problem, the possibility of political backlash may occur at any time, unpredictably, for many years to come. As an example, the clinical training in laparoscopic tubal ligation established in Costa Rica was interrupted because of a complex political situation. It is hard to conceive of giving training in abortion in Latin America for a long time to come. In addition, from time to time, relations between the United States and any country may become strained. For this reason, it seems reasonable to maintain some of the U. S. training capability so that we can fall back on U. S. training if political problems prevent training overseas.

The faculty of all three centers presented other reasons for training in the U. S. It promotes good will for the U. S.; adds to the prestige of the man; and permits the physicians to witness the U.S. "democratic" education system, where a resident or intern can argue with the professor. Furthermore, it is difficult to be certain that training overseas will really save a great deal of money. If one takes a faculty of five or six physicians from the United States to spend one or two weeks overseas, one must not only pay transportation and living expenses, but must also pay salaries while they are away from their usual duties.

In conclusion, while training overseas should be promoted whenever possible, a fall back U.S. training capability has to be maintained. In conclusion, while training overseas should be promoted whenever possible, a fall-back U.S. training capability must be maintained.

#### PHYSICIAN-ADMINISTRATORS' COURSE

In the section on recommendations, it is strongly urged that clinical training and specifically, training in laparoscopic tubal ligation in the United States, be grossly limited, if not eliminated. If so, it would no longer be necessary to bring physicians to the course in small groups of four. It would be possible to have larger numbers of individuals leading to greater cost efficiency. The Administrators' Course for sixteen physicians, held in the Spring of 1976, was essentially just this and needs to be looked at in detail.

In my opinion, sixteen physicians, while ideal from a teaching standpoint, is too small a group to be cost efficient. Thirty to forty is a more reasonable number.

Examination of the curriculum suggests that this course contained more than the usual amount of irrelevant material. In addition to the usual inapplicable material, the course included a session on carcinoma of the breast, a TV demonstration of total abdominal hysterectomy and total vaginal hysterectomy. It included a two and one half day conference on intrauterine development and fetal management which happened to be going on at Hunt Valley during the time the course was in progress. It also included field trips to the Homewood Campus of Johns Hopkins, the National Institute of Health, the Food and Drug Administration and a full day off, which I doubt was necessary.

I believe that this slack time could have been more profitably used to present more material on demography and deli-

very of family planning services, or the course could have been shortened to save money. Another possibility would have been to give the participants selected reading and questions or problems to work on, which would be discussed in class. I didn't determine whether or not this was in the curriculum. It should also be possible to provide a minimal amount of practical experience or observation in mini-laparotomy, vasectomy, and abortion, for some of the participants, by taking small groups from the regular classroom sessions for this experience.

The curriculum was refreshing, because it included material on infant infections, nutrition, and world food supplies. I believe that this is consistent with the objectives of a course on population problems and the delivery of health services to the poor.

#### INTERNATIONAL NURSE EDUCATION PROGRAM

The JHPIEGO Program is initiating a new program for nurses from the developing nations, in the next year. Because this was peripheral to the main thrust of the evaluation, I was only able to spend about two hours reviewing the grant documents regarding this program and forty-five minutes talking to Mrs. Aspey. Therefore, my comments regarding the program are necessarily sketchy.

The objective is to attempt to upgrade the status of nurses, so that they can effectively contribute to the delivery of health care and family planning services; this is quite appropriate.

As I understand the program, it is an attempt to give the nurse as much as possible regarding three fields, namely, family planning, obstetrics or midwifery, and pediatric care. This seems like too much to swallow in two to three months; I wonder if it would not be better to concentrate on one area so the nurses would get some basic skills in that area (probably the skills of a family planning nurse practitioner). In addition, they could be given an overview of obstetrics-midwifery and pediatric care.

In going through the curriculum content, there were quite a few items which seem to be inapplicable to the needs of the developing nations. Specifically, they stated that the course would cover intrauterine diagnoses, genetics, cancer chemotherapy, and allow the nurses to spend several nights on the oncology ward. The first group of nurses which they

intend to bring in is from Bangladesh. I have a hard time seeing any value in giving this type of material to nurses from a country as poor as Bangladesh, with completely different and more pressing health problems.

In talking to Mrs. Aspey, I had the impression that she had very little, if any contact with the School of Public Health, in planning this curriculum. She admits that she had not even thought about discussing the issue of "community based distribution of oral contraceptives." I saw nothing in the curriculum regarding the development of effective inter-relationships between the modern health care sector and the traditional birth attendants (the granny midwives). Rather than spending time on intrauterine diagnosis, genetics, cancer chemotherapy, etc., it would seem much more reasonable to present material on the delivery of minimal health and family planning services to slum and rural areas. The School of Public Health should be able to present this material.

For the fifteen months, July 1, 1976 to September 30, 1977, the projected budget is \$427,281 for this program. It is not yet decided how many participants will come to the course; either eight participants for twelve weeks or twelve participants for eight weeks. The program is scheduled to begin October 1. If the first projection is correct, there could be as many as thirty-two participants, or a cost of \$13,352 per participant. If the second projection is correct, there could be seventytwo participants at a cost of \$5,934 per participant. In any estimate of cost per participant based on projections rather than actual expenditures, gross inaccuracies can occur in either direction.

Nevertheless, these costs need to be considered before moving full speed ahead. I believe that they also need to be reviewed in comparison to the costs of the program at Downstate University in New York for nurse-midwives trained as family planning practitioners. I also suggest that the program be reviewed in detail by someone familiar with other programs for nurses and midwives.