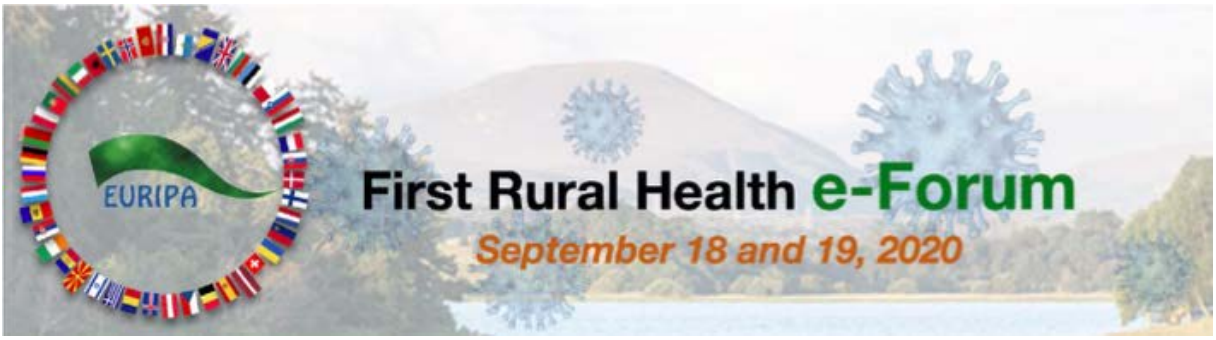

First EURIPA Rural Health Forum

Programme - Book of Abstracts

http://euripa.woncaeurope.org/

The conference is organised under the patronage of Medical Science Pulse journal, e-ISSN 2544-1620, Supplement 1, DOI 10.5604/01.3001.0014.3963

University of Opole
MEDICAL SCIENCE PULSE

Colophon

EURIPA 1st e-Forum Abstract Book
18 - 19th September 2020

Editorial Office
Jane Randall-Smith, EURIPA Secretary
e-mail: jane@montgomery-powys.co.uk

This book is available on the EURIPA website: https://euripa.woncaeurope.org/

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Introduction

“When the Covid - 19 pandemic began in China, I could not imagine the impact it would have subsequently in our daily lives for a while. In March, with the lockdown in the western countries it was still difficult to imagine the consequences in the short, middle and long term.

When we decided to postpone our 10th Rural Health forum to 2021, we had two alternatives:

- *no forum in 2020*
- *a virtual forum in 2020.*

We thought it was unfair to leave all our rural colleagues without support, news and perspective, so we decided to launch the e-Forum.

If you search on google "A friendly e-forum" you will not find any relevant references. After our first rural health e-forum, I hope you will find one.

Imagine, imagine all the opportunities provided by the new communications tools in combination with good humour, kindness, friendliness - that is the challenge we took up.

It was a pleasure to prepare it, it will be a pleasure to attend.”

Register, and Enjoy!

Jean-Pierre Jacquet, President of EURIPA

Programme at a glance

PLANNING

	Friday Sept 18th			Saturday Sept 19th	
9h15 - 9h30	**Orientation to eForum**				
9h30 - 10h00	**Welcome e-coffee** **Opening ceremony** Jean-Pierre Jacquet President of Euripa (5 minutes) Mehmet Ungan President of WONCA Europe Shlomo Vinker President elect of WONCA Europe they (20-25 minutes)		9h45- 10h00	**Welcome / feedback of 1st day** Oleg Kravtchenko & Jean-Pierre Jacquet	
10h00 - 10h30	**Keynote1** Bruce Chater John Wynn-Jones Rural Practice in the time of Covid: The importance of a global perspective and response Chair: Jean Pierre Jacquet		9h45- 10h30	**Keynote 3** Ana Kareli, Yelena Keghai, Oliver Lammel Covid 19 Voices from less heard countries Chair : Donata Kurpas	
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12h15 - 12h30	**Euripa Covid-19 Survey** Preliminary data Part1 Donata Kurpas & Ferdinando Petrazzuoli		12h15 - 12h30	**Euripa Covid-19 Survey** Preliminary data Part II Donata Kurpas & Ferdinando Petrazzuoli	
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14h45 - 15h00	**Change room / Coffee break**		14h45 - 15h00	**Change room / Coffee break**	
15h00 - 16h30	**Workshop 2** Natasa Mrduljaš-Dujić + co-authors Psychological Aspects Of Covid 19 Pandemic on Island (Brač-Croatia)	**OC 2** Chair: Louise Wilson Moderator: Rob Lambourn	15h00 - 16h30	**Workshop 4** Rob Lambourn Miriam Dolan Challenges Presented to Rural GP undergraduate and postgraduate training by the COVID-19 pandemic	**Posterwalk**
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17h00 - 18h30	**Rural Café** Berit Hansen, Oleg Kravtchenko		17h00 - 18h30	**Free time** Sodi Naimer webinar, etc.	
18h30 -18h45	**2021 Euripa Forum in Poland**		18h30 -18h45	**2021 Euripa Forum in Poland**	
18h45	**Rural aperitif**		18h45	**Closing ceremony Rural dinner**	
Escape Game					
Posters and partners EXPO during the whole e-forum					

Programme

Friday September 18th

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Orientation to eForum

9h30-10h
Welcome e-coffee. Opening ceremony
Jean-Pierre Jacquet President of EURIPA
Mehmet Ungan President of WONCA Europe
Shlomo Vinker President elect of WONCA Europe

10h-10h30
Keynote lecture 1. Rural Practice in the time of Covid: The importance of a global perspective and response
Bruce Chater, John Wynn-Jones
Chair: Jean Pierre Jacquet
Moderator : Josep Vidal Alaball

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Moderator: Joyce Kenkre

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Abstract 2 A Bourdieusian approach to COVID-19 in an island setting - *Louise Wilson*

Abstract 3 Educational needs-coping stress status during COVID-19 Pandemic: MOOC experiences - *Ozden Gokdemir, Maria Bakola, Mohammed Idris Shariff, Kishore P Madhwani*

Abstract 4 Telemedicine satisfaction of primary care patients during COVID-19 pandemics - *Sílvia Gomes de Almeida, Tiago Marabujo, Carmo Gonçalves*

Abstract 5 Psychological effects of the pandemic on the island affected by SARS Cov-2 - *Nataša Mrduljaš-Đujić, Vesna Antičević, Dolores Britvić*

Abstract 6 Neglected Indigenous Health in times of COVID-19 - *Narottam Sócrates Garcia Chumpitaz, Marcela Araújo de Oliveira Santana, Paulo Henrique Arantes de Faria, Matthew Martin Pavelka , Karine Kersting Puls*

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Oleg Kravtchenko

12h15-12h30
EURIPA Covid-19 Survey. Preliminary data

Donata Kurpas & Ferdinando Petrazzuoli

12h30-14h15
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14h15-14h45
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Abstract 8 Building empathy in pandemic context: Rural Health Success Stories experience - *Paulo Henrique Arantes de Faria, Marcela Araújo de Oliveira Santana, Matthew Martin Pavelka, Naiana Palheta Moraes, Narottam Sócrates Garcia Chumpitaz, Karine Kersting Puls, Mayara Floss*

Abstract 9 Portuguese coronavirus patients' daily telephone tracking: rural and urban reality - *Maria João Nuno Lopes, Joana Araújo dos Santos, Rita Maia*

Abstract 10 COVID19 impact on Portuguese primary care: rural and urban perspectives - *Joana Araújo dos Santos, Maria João Nuno Lopes, Rita Maia*

Abstract 11 The Modern Face - *Rita Aguiar Fonseca, Liliane Carvalho*

Abstract 12 Refugee Health Initiative: Students bridging the gap between the healthcare system and the Tarrant County refugee population - *Timothy Philip, Joshua Murphy, Alexandra Nguyen, Minh Le, Juhi Singhal*

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Rural Café. “Renaissance of the Rural Practitioner”
Berit Hansen, Oleg Kravtchenko.
(with the support of Rural Seeds)

18h30-18h45
2021 EURIPA Forum in Poland

18h45
Rural aperitif

All day
Posters
Partners expo
Video webinar: Vulnerability is courage - Sody Naimer
Escape game

Saturday September 19th

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Oleg Kravtchenko, Jean-Pierre Jacquet

10h-10h30
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Abstract 15 Protecting an Island Community - *Helen Freer, Oliver Radford, Margaret Swindlehurst, Claire Bader*

Abstract 16 Human parasitic diseases in Europe - *Patrick Ouvrard, Ludovic de Gentile*

Abstract 17 Chronic diseases prevention – barriers and facilitators of successful interventions - *Marta Duda-Sikula, Donata Kurpas*

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John Wynn-Jones
Joyce Kenkre

12h15-12h30
EURIPA Covid-19 Survey. Preliminary data
Donata Kurpas & Ferdinando Petrazzuoli

12h30-14h15
Meal break

14h15-14h45
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Abstract 22 The features of COVID19 in rural territory in Ukraine

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Abstract 23 SARS-CoV2 antibody/molecular biology discrepancy, a case report

Pereira, Joao Pedro, MD[1]; Vilarinho, Tiago, MD[1]

[1] USF S.Felix/Perosinho

Abstract 24 Primary Health Care Center adaptation during the COVID-19 pandemic

Tiago Marabujo, Sílvia Almeida, Carmo Gonçalves

Abstract 25 The Perceptions of Impact Assessment of Stakeholders Involved in Decentralized Medical Education

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[1] Faculté de médecine, Université Laval

[2] Campus clinique de Rimouski

[3] Campus clinique de Joliette, Québec, Canada

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Dra. Raisa Álvarez Paniagua[1], Maria Paz Abad Martín[2], Dra. Ángela María Arévalo Pardal[3], Dra. María Jaime Azuara[4], Dra. Ana Ramos Rodríguez[5], Dra. Irene Pérez Arévalo[5]

[1]Family Doctor, Rural Area Valladolid Est

[2]Nurse Rural Area, Valladolid Este

[3]Emergency department, Río Hortega University Hospital

[4]Family Doctor, Rural Area Segovia

[5]Family Doctor Trainee, Valladolid Oeste

16h30-17h00
Change room. Coffee (or tea) break

17h-18h30
Free time

18h30-18h45
2021 EURIPA Forum in Poland

18h45
Closing ceremony
Rural dinner

All day
Posters
Partners expo
Video webinar: Vulnerability is courage - Sody Naimer
Escape game

Escape game

The first rural health e-forum, is time to learn exchange, share and play.

Dr Isabelle Cibois-Honnorat propose to us an escape game, available during all the forum and after.

You will explore to find the escape, and learn more about EURIPA, and our next rural forum in 2021.

Take your time, and enjoy!

(access by Padlet)

Keynotes

Keynote 1

Rural Practice in the time of Covid: The importance of a global perspective and response

John Wynn-Jones
Immediate past chair of Wonca Working Party on Rural Practice, United Kingdom

Alan Bruce Chater, Professor
Head, Mayne Academy of Rural and Remote Medicine, University of Queensland, Australia
Chair, Wonca Working Party on Rural Practice

Abstract:

The Covid Pandemic has impacted on health systems around the world. Although the international focus has largely been on large cities and urban conurbations, the pandemic has exposed the flaws in fragile rural health care systems worldwide. Rural health professionals have had to adapt their work and practices under difficult and testing circumstances, often with little support. The lack of PPE, workforce shortages, reduced income streams and poor digital communication infrastructure may have widened the gulf between urban and rural practice. Rural practice may never be the same again and will have to adapt to a new normal in years to come.

Among other changes Rural practice has adopted e-health and remote working with apparent success. Despite the fact that politicians and policy makers have acclaimed these changes, revolutions created in the chaos of necessity are not always for the better. We now need a thorough examination of the impact that digital technologies and remote care has had on patients' access to and quality of services, clinical outcomes, continuity of care and the experiences of patients and staff during the pandemic. Just because things can be done digitally or remotely doesn't mean that they always should. Locally based care may be threatened by the misconception that telehealth can replace local patient centred care

This joint presentation by Professor Bruce Chater (Chair of RuralWonca) and Dr John Wynn-Jones (Past Chair) will provide an overview of the roles and activities of RuralWonca. This will followed by a review of the Covid-19 Rural Database complied by Dr Wynn-Jones and the team at the University of Queensland. The presentation will conclude by highlighting what we have learnt to date, threats and opportunities for rural practice and at the same time stress the importance of the global rural health family working together to share knowledge & experiences, influence policy makers & governments, realign research priorities and develop a workforce which is appropriate & fit for purpose.

Keynote 2

International Collaboration in COVID-19 Research

Katarzyna Nessler MD, PhD. Family medicine specialist.
President of the Vasco da Gama Movement, Wonca Europe.
Assistant Professor at The Department of Family Medicine, Jagiellonian University Medical College, Kraków, Poland

Carol Holland, BSc, PhD,
Director of Lancaster University Centre For Ageing Research
Professor of Ageing, Division of Health Research, Faculty of Health and Medicine
Lancaster University, UK

Overview

The COVID-19 pandemic has profoundly impacted care provision in primary care across Europe. These changes have the potential to influence quality of care and workforce development. The key role of general practitioners and the requirement for resources at the frontline of the pandemic have been underlined in many countries.

Due to the dynamic situation during the last months there are relatively few research results focused on care or the situation of patients as yet. Yet, it is essential that based on the incoming data, strategies of response are being improved continuously. Progress in this rapidly changing environment means that sharing experiences and building up common knowledge is extremely crucial in this pandemic. In this presentation we will show examples of international collaboration initiatives exploring various aspects of the Covid-19 pandemic impact on primary care in Europe. Following a general introduction to the issue, we will focus on one example of a study where comparable data from older people aged over 70 in Spain and in the UK are being collected longitudinally, in the context of the different states of COVID-19 lockdown in the two countries. The aim is to examine the impact of lockdown on health-related behaviour such as physical and social activity and access to GP and other health services and examine the impact on a measure of frailty and measures of quality of life over time. Early analyses have shown potentially important impacts of lockdown on frailty.

Keynote 3

Voices from less heard countries

Ana Kareli[1], Oliver Lammel[2], Yelena Khegay[3], MD, MPH
[1]General practitioner, trainer for students in family medicine and becoming a doctor module, member of Georgian Family Medicine Association
[2]General practitioner, Specialist in internal medicine, Board member of the Styrian Academy of General Practice (STAFAM)
[3]Family Physician, Postgraduate Family Medicine Trainer, Kazakhstan Association of Family Physicians

The COVID-19 pandemic, caused by SARS-CoV-2, continues to spread globally with more than 21 million cases, and over 772000 deaths reported as of August 17, 2020. Undetected infection and delays in implementing an effective test-trace-isolate (TTI) strategy have contributed to the spread of the virus becoming a pandemic. SARS-CoV-2 virus has a wide spectrum of manifestations including no symptoms (asymptomatic infection), mild to moderate to severe flu-like illness, loss of taste or smell, pneumonia and acute respiratory distress syndrome (ARDS), sepsis, multi-organ failure and death. We compare three less heard countries, Georgia, Kazakhstan and Austria.

Georgia
Population - 3,9 mln people, total number of cases - 1264, total deaths – 17 (as of Aug 11). Active steps to ensure the preparedness of the healthcare system to the pandemic, including PHC involvement (fever clinics, remote consultations), establishment of the network of healthcare workforce responsible for the identification, transportation and diagnostics of the suspected COVID-19 were implemented at an early stage.

Kazakhstan
Population - 18,8 mln people, total cases - 103033, total deaths – 1415 (as of Aug 17). Despite the early interventions (strict quarantine, T3 strategy), the PHC was initially excluded from the process of coordination and management of COVID-19 response. Only PCR-confirmed cases are included into official statistics. The access to PCR-testing in Kazakhstan is limited, and the quality is questioned. Deaths “with COVID-19” are not shown in the official statistics.

Austria
Population – 8,9 mln people, total cases - 23513, total deaths – 729 (as of Aug 17). Austria was one of the first European countries to adopt comprehensive lockdown measures, including protection of vulnerable groups, penalty fees for breaching self-isolation, and the National health hotline 1450 to facilitate testing at acute care settings and via mobile units. PCR testing is widely available at the PHC level in Austria.

Keynote 4

PhD in a rural setting - a blessing or a curse?

Ferdinando Petrazzuoli MD, PhD[1]; Donata Kurpas MD, PhD, prof[2]
[1] EURIPA Scientific Board Chair
[2] EURIPA International Advisory Board Chair

Overview

In this lecture we will show how a rural GP can pursue a PHD what are the advice and how to address the barriers.

This will be done in the form of an interview to doctor Ferdinando Petrazzuoli (FP), the actual Chair of EURIPA Scientific Board by Professor Donata Kurpas (DK), the Chair of EURIPA International Advisory Board

DK: Could you please share with us your background details?

FP: I am a middle-aged Italian family doctor who lives and works in a rural village in Southern Italy. My rural home village is called Ruviano in the province of Caserta, Campania region. It has less than 2000 inhabitants and is about a one-hour drive from Naples. I work in a solo doctor practice and my surgery is in a wing of my own house.

Living and working in the same building has its advantages and disadvantages. You save time and money but are on call all the time. My patient list consists of nearly 1500 patients. Over 35% of my patients are over the age of 65. (Children under six years are cared for by the local health district paediatrician.) Many patients are farmers.

I have been working as a family doctor since 1989. To be honest this was not my initial choice but the result of the lack of prospects in another field: cardiology. I have a diploma in cardiology and another in cardiac surgery and used to work at the University Department of Cardiology and Cardiac surgery of the University “Federico II” in Naples. Unfortunately, in 1989 my father, who was also a family doctor in my home village, died so I decided to take over. It was not an easy decision for me at that time, but one I will never regret.

I started attending the WONCA Europe Conferences in 2001 in Tampere Finland, and since then I have never missed one. In 2002, I started attending the European General Practice Research Network (EGPRN) Conferences in Avignon, France, and in 2008, I became the Italian national representative of EGPRN.

I joined EURIPA, in 2006, introduced by the beloved and never forgotten Claudio Carosino, and I have been involved in many initiatives, sometimes joint EGPRN EURIPA activities, over the past years. Recently I have been nominated chair of the EURIPA Scientific Board.

DK: What was your inspiration for a PhD?

FP: I have always been interested in research. In my previous stage at University I had carried out quite a lot of research on cardiology so, when I left University there was something missing to me.

I got a Master of Science (MSc) in Primary Care & General Practice at the University of Ulster (United Kingdom) from October 2004-June 2008.

The 13th of June 2019 I defended my PhD thesis at the Center for Primary Health Care Research, Department of Clinical Sciences in Malmö, Lund University, Sweden. Title of the thesis: Dementia management in European Primary Care.

DK: So where to start for pursuing a PhD? What are the first steps for a regular rural GP?

FP: Many Universities in Europe and overseas offer PhD programmes, also part time. In my case it was one of my colleagues Professor Hans Thulesius who I had met at the EGPRN conference way back in 2009 who first invited me in a research project on dementia. From a single study we started thinking of a complete PhD project. This project was then submitted to the Lund University by professor Thulesius

and subsequently accepted, becoming a project of Lund University. I had to apply for this project, and I succeeded. Professor Hans Thulesius became subsequently my supervisor. It took some time and I officially started in 2013 on a part time basis.

DK: What are the most important barriers to be expected?
FP: Lack of «Protected Time» to carry out research. Lack of financial support to face expenses, especially if you are doing your PhD in another country (flights, accommodation). Lack of a good command of English. Lack of colleagues' support to carry out research. Lack of career perspectives. Lack of a strong commitment.

DK: What were the most important facilitators of your PhD project?
FP: Being active member of National and International Networks: it is "essential".
Being stimulated and pro-actively supported by colleagues both academic and non-academic.

DK: How to incorporate PhD tasks into everyday life routine?
FP: Build your own «Protected Time» to carry out research. Don't try to concentrate on your project when you are tired. In my case I needed to utilize most of Saturdays, Sundays and national holidays

DK: How your PhD has changed and is changing your life (professional, personal, other)?
FP. Well it has increased my self-esteem and leadership; It is easier now to be involved in European Projects as a main coordinator of a Work Package.
There are stimulating factors: rural communities for example offer extraordinary opportunities to conduct more holistic, integrative, and relevant research using new methods and data sources.
Rural health research is crucial to the provision of quality health care for the rural population.

DP: Can you provide key tips for colleagues who are thinking about a PhD?
First of all, how to overcome the barriers:

- Build your own «Protected Time» to carry out research.
- Talk to your family and explain why this is important to you.
- You need a lot of commitment
- If done on a part time basis: unlikely to have a substantial economic support, so try to find alternative grants

Then think about facilitators:

- Supervisor
- Network
- Topic of your PhD which will be connected with your daily activities

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Workshops

Workshop 1 How to Run General Practice in COVID-19 Era - Tips and Hints Across Rural Europe.

Workshop 2 Psychological Reactions on Crisis provoked by COVID-19 on the Island Brač - Croatia

Workshop 3 COVID-19 Pandemic in Europe – Impact on now and for the future for the role of the nurse in the provision of Universal Healthcare Coverage

Workshop 4 Rural under- and postgraduate GP education during COVID 19

Workshop 1

How to Run General Practice in COVID-19 Era - Tips and Hints Across Rural Europe.
Oleg V. Kravtchenko, David Halata, Kateřina Javorska, Elena Klusova (TBC)

Aim

To compare different ways to cope with the pandemic in rural medical practices across Europe, to get an overview over the "new reality" after the beginning of COVID-19 pandemic and find the best possible modus operandi to adjust our General Practice to the new governmental requirements and according to GCP (Good Clinical Practice) Standards.

Structure

The workshop will consist of introduction, goal settings and interactive group work with the summary in the end. Ideally there will be 2-3 contributors from different European locations.

Workshop 2

Psychological Reactions on Crisis provoked by COVID-19 on the Island Brač - Croatia
Nataša Mrduljaš-Đujić, MD, GP, PhD, Assistant Professor
Vesna Antičević, professor of psychology, PhD, Associate Professor, CBT psychotherapist
Prof. Dolores Britvić, MD, PhD, specialist of psychiatry, psychoanalytic psychotherapist, and group analyst

Introduction

Mass crisis situations provoke stress reaction with possible psychological consequences in some patients. There are many factors, or cope mechanisms we can take care of as professionals, and try to teach our patients how to deal with that kind of stress.

Goals

- to inform colleagues about psychological reactions in time of crisis;
- to improve communication skills in talking about stress in COVID 19 time
- to learn about interventions and self help methods in COVID 19 time

Participants

family medicine doctors.

Outcomes

Workshop participants will learn:

- to recognize psychological reactions in crisis, diagnostic procedure and treatment options;
- to improve communication skills in consultation related with stress in COVID 19 time;
- to manage psychological problems of ourselves and our patients in crisis.

Workshop 3

COVID-19 Pandemic in Europe – Impact on now and for the future for the role of the nurse in the provision of Universal Healthcare Coverage

John Wynn-Jones, Immediate past chair of WWPRP
Joyce Kenkre, Professor of primary care at the University of South Wales and Associate Director for PRIME Centre Wales.

Justification

The COVID-19 pandemic has left many countries unable to deliver basic healthcare in rural communities.The Declaration of Astana emphasized the importance of primary health care in meeting the needs of those who are currently denied health care. The declaration went on to describe the primary care workforce as being multiprofessional and multidisciplinary. The future of rural health care will be in the development of dynamic teams of professionals working together and bringing their different skills and knowledge to meet the needs of their patients and communities. The Rural WONCA Statement from the Albuquerque meeting identifies how family doctors and nursing colleagues can work in partnership to achieve the goals of the WHO programme, Nursing Now 2020 and Universal Health Coverage (HUC) around the world.

Aim

The workshop will take the statement one step further, to plan the practicalities that are needed to develop the primary care workforce in rural areas across Europe in order to enable future universal healthcare coverage for all.

Objective

To determine the barriers and benefits for the development of a multiprofessional and multidisciplinary workforce, including nurses to enable the provision of rural UHC in the future across Europe.

Organisation

Delegates will be invited to discuss their experiences and issues. The aim is to share knowledge to add to the debate on the future development of a multiprofessional and multidisciplinary primary care workforce, taking into consideration cultural issues for the workforce. By working together the workshop can develop a plan of action that can be taken forward in collaboration and contribute to the global agenda.

Participation

Participants will be expected to bring to the workshop their experiences, expectations and vision for the future of collaboration for the development multiprofessional and multidisciplinary team working to enable UHC.

Outcome

To develop a plan to support, advocate for, and promote nurses and midwives worldwide to be collaborative leaders and participants in the pursuit of true rural UHC through the primary healthcare team.

Workshop 4

Rural under- and postgraduate GP education during COVID 19

Robert Lambourn[1] ; Miriam Dolan[2]; Dr. Mark Cathcart[3]

[1]Rural GP and longstanding GP trainer, Wooler, Northumberland UK ; Rural Forum, Royal College of General Practitioners

[2] Maple Healthcare, Lisnaskea, Northern Ireland ; Rural Forum, Royal College of General Practitioners ; Sub-deanery, Federation Support Unit, Belfast ; UG tutor and PG GP trainer

[3] Lakeland Health Village, Erne Health Centre, Enniskillen ; GP trainer and a GP tutor (twenty years) ; Sub-deanery, Eastern Federation Support Unit, Belfast ; Faculty of forensic and legal medicine, Royal College of Physicians of London ; SW Federation, Northern Ireland

Abstract

COVID19 has changed how general medical services in rural areas are delivered. Physical distancing rules and the extra disease burden of COVID19 has driven transformative change in Rural General practice. Many consultations are now taking place remotely with approximately 70% of GP appointments now being carried out via video or telephone (RCGP July 2020). During face-to-face consultations appropriate Personal Protective Equipment is used. These transformative changes and the consequential challenges in often already under-resourced rural general practices are impacting on what is on offer during Undergraduate clinical GP placements and Postgraduate GP training and how it can be delivered.

Studies in many countries have shown that two of the main factors strongly associated with entering rural practice are: A positive clinical and educational experience in a rural setting as part of undergraduate medical education and also targeted training for rural practice at the postgraduate level (A. Strasser ea 2016). It makes re-considering and possibly re-structuring of education in Rural GP even more imperative as it ensures the sustainability of the rural medical workforce.

Arguably, the challenges faced by teaching practices and local educators to continue medical education in a safe and impactful way during the COVID19 are more substantial in rural areas due to recruitment issues with consequentially higher workload, often smaller premises and accessibility problems for students/trainees with aspects like being a possible asymptomatic spreader and lockdown measures to overcome. This is unfortunate as there has been clearly a committed investment by various Educational institutions to develop pathways for students and trainees to experience and choice Rural Practice through structures like longitudinal clerkships (H. Iago ea 2019) and the introduction of measures to improve accessibility.

The workshop: ‘Rural under- and postgraduate GP education during COVID 19’ will see rural GP educators coming together to discuss the challenges and consider the found and tested solutions.

Keywords

Medical Education, Pandemic, Primary Care, Rural Practice

Video webinar

Video Webinar available online during the whole forum

Vulnerability is courage: coping in crisis according to shame resilience theory

Sody Naimer

Key words
vulnerability, courage, creativity, shame

Introduction or Background
Theory of shame resilience was introduced over 10 years ago and recently has been disseminated through social media and bestselling literature. None of this has been applied to the medical profession where so needed.

Rationale, purpose of the study and research question
The objective of this presentation is to expose participants to the principles of this theory and realise the enormous benefits possible when applied to those working as medical staff and incorporation into the doctor patient encounter.

Subjects and Method
Family physicians are torn between personal and organizational demands on a regular basis. These domains include sacrificing emotional integrity, personal leisure and comfort for a dedicated profession, alongside paying the price of immense torment, carrying the burden of others' anguish and suffering. While being exposed to charged patient challenges, misfortune and grief, the organizations within which we work continuously bombard us by demanding optimal performance and function with minimal absence beside racing a tight-rope balance between financial and service availability constraints, quality measures versus endless patients' requests for top care and attention here and now. From a majestic position of the superior status of the legendary physician we feel cramped into a corner of near doom, often fostering frustration and defeat.

Results
A five-time best seller author, a Doctor of Social Work: Brene Brown, a renowned researcher and storyteller has explored the intricacies of struggle, uncertainty and shame. Her meticulous qualitative research has uncovered the secrets of vulnerability as a vital ingredient to courage and struggle inherently related to strength. These concepts appear essential to fortify the active clinical physician and enable us to understand our own personal emotions and behavior and those of our loved ones and those under our care. The content presented is aimed to provide uplifting acknowledgement of underlying currents and processes on both personal interpersonal communicative levels. It is assumed that such recognition will create a more wholehearted human, physician and prevent burnout.

Discussion and Conclusion
In this session the concepts and principles set by Dr. Brown will be presented, with illustrations as an introduction to entice participants to enter her world to learn the necessary paths to a wholehearted life as therapists and humans at large.

Oral Communications

Abstract 1

Adapting a social prescribing model to the COVID19 response

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Key words
lonely, isolated, shielded, community response

Introduction or Background
COVID19 has brought with it many challenges, especially within rural and isolated communities, where services are sparse, and communities dispersed. However, the response of the community in many of these locations has been immense, and both the concept of social prescribing and existing social prescribing programmes have adapted to the new situation. Small communities and local leaders have appeared, as if from nowhere to offer a helping hand, responding quickly to a changing situation. Bringing together the response from local residents, with the council led community re-assurance model together with small social prescribing teams has provided isolated communities with very local support. Local insight of workers has been beneficial in targeting small remote areas and isolated individuals.

Rationale, purpose of the study and research question
Social prescribing has often involved face to face meetings, however this has not been possible during COVID19. Previously services have been provided through centralised support systems. This case study aims to assess the impact of the community reassurance model and the re-designed social prescribing model offering telephone consultations.

Subjects and Method
Case study

Results
Delivery of practical support in the community with over 800 food parcels delivered to residents living in rural locations, supplemented by mental health support in the form of resources to support mental health and well-being, and a telephone service provided by social prescribing advisors taking referrals from the teams and from primary care.

Discussion and Conclusion
At a time of unprecedented change, services and teams have responded with speed and agility, mobilising within weeks to support local communities in need. Community members themselves have responded to the challenge of supporting neighbours and those in need. Those who have been shielding have been offered practical support, through food parcels and welfare support, and hour long one to one telephone support from trained social prescribing advisors, working to a new pathway. The pandemic has created a greater sense of responsiveness and demonstrated that new ways of working, can be achieved in very short periods of time, in contrast to the normal pace of change.

Abstract 2

A Bourdieusian approach to COVID-19 in an island setting.

Dr Louise Wilson, NHS Orkney, Scotland

Key words
COVID-19, Bourdieu, Island

Introduction or Background

The Covid-19 pandemic has required dramatic changes in health care provision to cope with the threat in remote and rural settings such as Orkney. The French philosopher Bourdieu provides a framework of "thinking tools" habitus, field and capital which can provide insight in to situations and responses.

Rationale, purpose of the study and research question

We wanted to understand areas of potential contention in the implementation of Scottish Government guidance on COVID-19 to health boards in the remote and rural setting.

Subjects and Method

Orkney has one rural general hospital, which serves an archipelago. Locum staff were required to provide an increased level of care for COVID-19 and peripatetic staff also covered some General Practices. Bourdieu's framework was used to consider the viewpoints of public health, infection control, medical and managerial staff as reflected in the development of local policies.

Results

A key issue was the testing of healthcare staff who worked elsewhere in the UK coming on island for shifts. Orkney had a low number of COVID-19 cases and they were perceived as a potential risk to the community or staff. The health board provided voluntary testing for those who wished it and key public health measures including personal protective equipment were promoted. The views of infection control experts, clinicians and managers were unaligned at times - creating a Bourdieusian field of competition with different forms of symbolic, social, economic and cultural capital. From a Bourdieusian perspective COVID-19 has created a hysteresis or major shift resulting in change of practice.

Discussion and Conclusion

Balancing perceived risks to staff and communities from COVID-19 is challenging and the interpretation of test results for COVID-19 can be nuanced. Application of Bourdieu's thinking tools of habitus, capital and field can enable a better understanding of how changes in practice occur in health care systems under strain.

Abstract 3

Educational needs-'coping stress' status during COVID-19 Pandemic: MOOC experiences

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Key words
coping stress, MOOC, primary care, resilience

Introduction or Background
In December 2019, an unknown pneumonia caused by a novel coronavirus was reported to the World Health Organization in China. This was later declared a pandemic and an International Public Health Emergency. Family Physicians (FPs) worked in the frontline to fight against the disease playing an important role for patient monitoring, patient information, triage, and patient follow-up.

Rationale, purpose of the study and research question
Due to the continuously changing conditions during the pandemic, FPs needed to increase their practical and theoretical knowledge of the novel coronavirus. In this study, we aimed to determine the opinions and suggestions of FPs in meeting their educational needs about COVID-19 through massive online courses and to create solutions and status of 'coping stress'.

Subjects and Method
The population of the study was FPs and residents from all over the world, who participated in the course of "Fighting COVID-19 with Epidemiology: A Johns Hopkins Teach-Out" by Johns Hopkins University. Epidemiological information was shared on the definition, evaluation, the investigation and the control of the outbreak.
Each participant followed the course material in his/her own time zone. After the completion of the course, a questionnaire will be conducted in English and sent via e-mail to the participants with the"Coping Self Efficacy Scale" added.

Results
208 FPs participated in this course, as a result of calls made on various social media platforms. Whilst the sample size is not calculated it is planned to ensure the participation of all individuals. Burnout of FPs is well-known but 'coping stress' status is not.

Discussion and Conclusion
Completion of this course broadened FPs' knowledge towards COVID-19 and gave them the capacity to save and improve the lives of countless patients worldwide who were infected by the novel coronavirus.

Abstract 4

Telemedicine satisfaction of primary care patients during COVID-19 pandemics

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Key words
Telemedicine, COVID-19, Satisfaction, Primary care

Introduction or Background
In Portugal, telemedicine is used in few services, but the COVID-19 pandemic forced its expansion through the entire health system. There have been no previous studies on this subject in Portuguese primary care patients. This work could bring information on its acceptance and effectiveness.

Rationale, purpose of the study and research question
To assess telemedicine satisfaction of patients from a primary health care center during the COVID-19 pandemic in Portugal.

Subjects and Method
Transverse study with 253 individuals. A questionnaire was performed using Likert scale (1-very unsatisfied, 5-very satisfied) on patients with diabetes, hypertension and in healthy subjects, whose consultations occurred between 01/04/2020 and 01/05/2020. Collected data included sociodemographics, previous telemedicine appointments, satisfaction, level of doubt clarification and interest in further telemedicine follow-up. Statistics were performed using SPSS® software and sample evaluated by age groups. Satisfaction mean values were calculated with proper tests.

Results
Diabetes follow-up appointments accounted for 34.4% of total consultations. The majority of these were first-time consultations. Globally there was a high level of satisfaction and interest in future telemedicine follow-up. However, diabetic and older patients were less interested in this type of follow-up. Mean values higher than 4 were verified in all variables and groups. Statistically significant differences were found in age, sex and presence/absence of diabetes. There were no differences in the presence of hypertension alone. 70.6% of healthy patients preferred contact by e-mail over telephone.

Discussion and Conclusion
This study allowed us to confirm the importance of telemedicine in a rural setting, where distance to health center, time and costs are determinant aspects for treatment adherence and for a solid doctor-patient relationship. Participants recognized the usefulness of telemedicine and allowed future consultations. A selection bias is present because no randomization was made. The higher prevalence of diabetes consultations and the lack of adjustment for confounding factors can also affect results. Although videocall is the telemedicine preferential method, this was not performed.

Abstract 5

Psychological effects of the pandemic on the island affected by SARS Cov-2

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Key words
SARS – COV 2 pandemic, psychological reactions, isolation, health consequences

Introduction or Background
Pandemics, including COVID-19, have been linked to an increased risk of developing mental disorders and poor mental health.

Rationale, purpose of the study and research question
The aim of the research was to examine the differences in perceived stressors, perceived social support, and negative affectivity (depression, anxiety, and stress) between residents of Brač who were directly affected by the COVID-19 pandemic and residents of other islands not directly exposed to the pandemic.

Subjects and Method
A total of 613 inhabitants of the Croatian islands (73.3% residents of Brač and 26.7% residents of other islands) of both genders aged from 21 to 75 years were included in the analysis. A web-based survey was used to collect data. All participants answered the questionnaires about perceived stressors, social support and psychological symptoms during May 2020 while the peak of the epidemic on Brač was evident.

Results
Results showed that the residents of the island Brač reported significantly higher scores on items indicating concerns about the possible duration of social isolation, frustration for being isolated from other people, inability to move freely outside the home, and boredom compared to the residents of other islands who have not been directly affected by the pandemic. In addition, the residents of Brač experienced concerns about financial consequences of the pandemic, fear of infection, uncertainty due to duration of isolation together with prohibition on going out and isolation from others as the strongest pandemic-related stressors during the pandemic. Considering perceived support, the residents of Brač, during the pandemic, have received the most support from family members (parents and partners) and friends, as well as through online sources and social networks. They received significantly more support from religious communities and less support from the physicians compared to the residents from other islands. Finally, during the peak of the pandemic, the residents of Brač also scored significantly higher on the depression and stress in comparison with the other islands residents. Although the differences on the anxiety scale did not reach statistical significance, it was evident from the average values that the inhabitants of Brač also achieved higher results than the inhabitants of other islands.

Discussion and Conclusion

Despite the short duration, the psychological effects of a pandemic are more visible in residents of an island affected by a pandemic compared to residents of other islands who have not been exposed to infection caused by the SARS-CoV-2 pandemic.

Abstract 6

Neglected Indigenous Health in times of COVID-19

Narottam Sócrates Garcia Chumpitaz, Marcela Araújo de Oliveira Santana*, Paulo Henrique Arantes de Faria*, Matthew Martin Pavelka* , Karine Kersting Puls**
**Rural Seeds member*

Key words
COVID-19; Indigenous Peoples; Indigenous Health Services

Introduction or Background
Immunological vulnerability among indigenous people is well established, and constant contact with people from external communities increases the risk of some diseases. Considering this, COVID-19 may be a genocidal wave for the tribes.

Rationale, purpose of the study and research question
This study aims to elucidate the Brazilian government's carelessness and challenges in providing indigenous healthcare and seeks to instigate greater healthcare for them.

Subjects and Method
Narrative review that aims to discuss a broad aspect of this topic from a theoretical or contextual view through analysis and interpretation of existing research and recent data.

Results
According to national data from June 2020, Special Secretariat for Indigenous Health (SESAI) has invested more than 70 million reais in aid by sending more than 600,000 supplies, as masks and gloves, to the 34 Special Indigenous Health Districts. Despite the relief efforts, underreporting of COVID-19 and accessibility to healthcare seem to remain significant issues. In July, 2020, SESAI identified a total of 14,647 confirmed cases and 269 deaths. On the same date, the Articulation of Indigenous Peoples of Brazil (APIB) identified 19,773 confirmed cases of infected indigenous people and 590 deaths.

Discussion and Conclusion
COVID-19 pandemic intensified previous social vulnerabilities faced by indigenous people. As an example, Programa Mais Médico ended its agreement with the Cuban government in 2018, which has resulted in many doctors leaving native regions. The new Brazilian authorities try to replace the Cuban doctors with Brazilian doctors, but community leaders report poorer quality of care.
We suggest the government offer qualified health services to native communities and a stronger surveillance program that integrates data concerning new disease outbreaks. Investing in essential care and technology are important efforts necessary to prepare and precisely respond to the pandemic and its impact on the natives' well-being.

Abstract 7

São Miguel Island COVID-19 Epidemiological Investigation Team – practice report

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Key words
COVID-19, Public Health Surveillance, Contact Tracing, Rural Health

Introduction or Background
Coronavirus Disease 2019 (COVID-19), caused by SARS-CoV-2, has quickly reached pandemic status globally in 2020, reaching São Miguel island (Azores) in March. Contact tracing plays a pivotal role in the identification of potentially infected people who contacted with confirmed cases of SARS-CoV-2, allowing identification of and stopping chains of transmission. Primary care professionals were mobilized to different teams, including the Epidemiological Investigation Team (EIT).

Rationale, purpose of the study and research question
To report the experience of the EIT and its purpose in preventing the dissemination of SARS-CoV-2 in São Miguel island.

Subjects and Method
The EIT included General and Family Medicine trainees and the Public Health Unit. It worked in collaboration with the Local Health Authority (LHA) and the regional Public Health Coordination. The aim was to identify the close contacts of a confirmed COVID-19 case and provide that information to the LHA and the Active Surveillance Line. The latter was involved in the follow up of positive cases of COVID-19 and their close contacts. The positive cases complied with isolation whereas their close contacts remained in quarantine.

Results
From March 18th to May 16th, the EIT investigated 109 positive cases of SARS-CoV-2 of which 85.3 % recovered.

Discussion and Conclusion
Considering the island´s limited public health resources, General and Family Medicine physicians were an important asset in the EIT. This was a unique opportunity for teamwork between both primary care specialties. Family Doctors must be acquainted with broad knowledge in order to provide appropriate healthcare in remote areas. Some limitations included lack of human resources and long working hours dominated by intense telephone contact. Contact tracing was an important effective public health measure for the control of COVID-19 pandemic in São Miguel.

Abstract 8

Building empathy in pandemic context: Rural Health Success Stories experience

Paulo Henrique Arantes de Faria[1], Marcela Araújo de Oliveira Santana[1], Matthew Martin Pavelka[1], Naiana Palheta Moraes[1], Narottam Sócrates Garcia Chumpitaz[1], Karine Kersting Puls[1], Mayara Floss[1]
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Key words
blog; rural; COVID-19; stories

Introduction or Background
The Rural Health Success Stories blog (https://ruralhealthsuccess.blogspot.com/) was created in 2016 as a Rural Seeds project with WONCA Rural South Asia (WoRSA). The main purpose of the blog is to highlight the humanity in stories and experiences in rural health, using pre-existent technology.

Rationale, purpose of the study and research question
Showing how technology can be used as a support network for health professionals in rural and remote areas through sharing stories, specifically during COVID-19 pandemic.

Subjects and Method
The current article is a report of the Rural Health Success Stories experience and the data generated by the Blogger platform.

Results
Since its creation, the blog already has received 51 rural stories and more than 65,000 views from many places around the world. Starting the COVID-19 Pandemic, we received 4 new stories from different regions displaying health professionals concerned about the isolated scenario, the struggle under the COVID-19 consequences in rural areas and the frightening environment devastation that still takes place. The narratives show the difficulties, isolation feelings, fear of the unknown, new strategies of fighting the pandemic, and how the rural populations are behaving in response to the contamination risk and social distancing.

Discussion and Conclusion
The blog is intended to act as a space for storytelling about caring, experiences with patients, medical experiences, failures, fears, mistakes, improving connection potential, and reducing feelings of isolation for distant health professionals. COVID-19 increases the preexisting fear and insecurities of health professionals, intensifying vulnerabilities. The potential of stories to overcome daily challenges in the pandemic context is perceived as essential. The main limitation is the need to advocate for more health professionals from different parts of the world to write it.

Abstract 9

Portuguese coronavirus patients' daily telephone tracking: rural and urban reality

Maria João Nuno Lopes (USF São João do Estoril); Joana Araújo dos Santos (USF São João do Estoril); Rita Maia (USF A Ribeirinha)

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Key words
COVID-19, rural, urban, tracking

Introduction or Background
In 2019, a new coronavirus, totally unknown in the scientific community appeared, and we have to readapt our clinical methods. We have learned how fragile the human being can be when a new disease emerges and how important is the general practitioner's (GP) daily support. In Portugal, the Ministry of Health and other health authorities created a digital platform (TraceCovid) that allowed to list all positive COVID-19 patients. GPs were responsible for contacting these patients on a daily basis, recording symptoms and monitoring health status as well as test timings.

Rationale, purpose of the study and research question
Measuring the impact of daily telephone tracking of COVID-19 patients by Portuguese GPs: rural and urban primary care centers.

Is the daily telephone tracking by GPs important for COVID-19 patients? What are the main differences between rural and urban areas, concerning telephone tracking?

Subjects and Method
It's an observational, prospective study, where we undertook a total of 40 questionnaires (with quantitative and open answers) to COVID-19 positive people followed by TraceCovid in two Portuguese health centers: rural and urban during the pandemic. All participants signed a consent form. Work was undertaken in compliance with the Helsinki Declaration.

Results
We expect that the majority of the people responded favorably to daily clinics. The positive point is that they feel supported by GP and also report perceiving that the GP is concerned about their wellbeing. Until now, we notice that patients felt better followed up in rural areas because they are being traced by their own GP, which doesn't happen in the urban zone.

Discussion and Conclusion
During the COVID-19 pandemic there was a constant and broad adaptation of health professionals, as well as the adoption of telemedicine and technology as fundamental work tools. Daily telephone tracking strengthened the relationship between GP and patient giving both more security and confidence.

Abstract 10

COVID-19 impact on Portuguese primary care: rural and urban perspectives

Joana Araújo dos Santos (USF São João do Estoril); Maria João Nuno Lopes (USF São João do Estoril); Rita Maia (USF A Ribeirinha).

Corresponding authors: Carolina Carlos (USF A Ribeirinha); Cátia Reina (USF A Ribeirinha); Duarte Guedes (USF São João do Estoril)

Key words
Rural; urban; professionals; COVID-19

Introduction or Background
In Portugal, primary health care (HC) is essentially provided in family health units (FHU). The COVID-19 pandemic brought many challenges and has accentuated some differences between urban and rural areas. The lack of primary health professionals (PHP), the distance between villages, the older population with less access and knowledge about new technologies are some difficulties pointed out by PHP.
In urban areas, where there were a greater number of cases, PHP seem to be more exhausted.

Rationale, purpose of the study and research question
Was the impact of the COVID-19 pandemic really different among PHP in rural and urban areas?

Subjects and Method
It's an observational, prospective study, where we applied the same questionnaire (with quantitative and open answers) to different PHP. It's executed in compliance with the Helsinki Declaration.
Aims of study: Was the impact of the COVID-19 pandemic really different in rural and urban regions in Portugal? What were the main difficulties faced by PHP?

Results
We expect that the COVID-19 pandemic will accentuate the differences between rural and urban primary care. The greater number of cases, as well as the implementation of the daily telephone follow-up will lead to the exhaustion of PHP in urban areas. In rural areas, the isolation and less support from PHP were accentuated. An older population with less technological knowledge, made it difficult to work in these areas.

Discussion and Conclusion
In Portugal, the National Health Service should allow equal access, equity in HC and social solidarity. The creation of FHU has contributed to closer this reality, but there are still differences between urban and rural areas. The COVID-19 pandemic only accentuated such differences. The number of cases and the characteristics of the populations contributed to the different impact of the pandemic between these areas. Knowing these differences allows us to learn from each other, enabling us with more and better knowledge and strategies to deal with adverse contexts.

Abstract 11

The Modern Face

Rita Aguiar Fonseca, Liliane Carvalho

Key words
syphilis, infectious disease, sexually,

Introduction or Background

The incidence of syphilis in Europe has steadily increased in recent years, reaching unprecedented levels. Recognizing a disease with such a versatile presentation and unpredictable natural course, regardless of the treatment, can be challenging to any physician.

Rationale, purpose of the study and research question

This study has the purpose of raising awareness to the rising frequency of syphilis in our society, despite the available treatment.

Subjects and Method

To illustrate our topic, we would like to discuss a clinical case

Results

To illustrate our topic, we would like to discuss the case of a 56-year-old man who presented with a 1-week history of a painful ulcer of the penis. He did not report any other symptoms. He did not have any relevant past history, including sexually transmittable diseases.
He reported a steady sexual life with his wife as the only partner.
Physical examination showed one vegetative, well-defined ulcer of approximately 2cm around the external urethral orifice and on the foreskin. No urethral discharges or deposits were observed, as well as satellite lymph node adenopathies. The remaining dermatological examination was unremarkable.
Laboratory studies were negative for human immunodeficiency virus, hepatitis B and C, although he tested positive for the Venereal Disease Research Laboratory (VDRL) test.
The patient was treated appropriately with treatment with a single dose of 2.4 million units of long-acting penicillin G benzathine, and initiated follow-up in the Infectious Disease Service.

Discussion and Conclusion

In the present work, we intend to take our clinical experience to raise awareness between family doctors by reviewing the recent recommendations concerning the diagnosis and management of syphilis.
Although the relevant advances done in the field, syphilis remains a defiant disease.
The intervention of general practitioners is a determining strategy to target suspicious cases as well as potential sexual contacts.

Abstract 12

Refugee Health Initiative: Students bridging the gap between the healthcare system and the Tarrant County refugee population

Timothy Philip, Joshua Murphy, Alexandra Nguyen, Minh Le, Juhi Singhal

Key words
Refugee, Health, Student Initiative

Introduction or Background
Texas, a top state for refugee resettlement in the nation, still faces a number of barriers in providing healthcare access to refugees including cost of care, health education, resource navigation, language, and cultural barriers. In 2017, the Refugee Health Initiative (RHI), a student-run clinic at University of North Texas Health Science Center (UNTHSC), was founded to bridge the gap between established healthcare systems and the refugee population in Tarrant county, Texas.

Rationale, purpose of the study and research question
****N/A: This is not a research study and so we don't necessarily have a research question.* This is a student initiative organization at Texas College of Osteopathic Medicine. The purpose of this poster was to share our endeavors to provide care to a vulnerable and underserved population in Fort Worth, Texas.

Subjects and Method
The RHI Refugee clinic is currently held at two apartment complexes in Fort Worth that house a large number of refugees. While consulting with overseeing physicians, students run the clinics by gathering histories, conducting physical exams, offering ultrasounds, and educating patients. Services include screenings, disease management, and education. Interpretation is provided by volunteers and remote interpreters through a mobile app. Furthermore, RHI partners with local organizations that provide advertisement, translation, and other resources that are beneficial in providing care.

Results
****N/A: This is not a research study and so we don't necessarily have results.* This is a student initiative organization at Texas College of Osteopathic Medicine. The purpose of this poster was to share our endeavors to provide care to a vulnerable and underserved population in Fort Worth, Texas.

Discussion and Conclusion
One of the main challenges, among many, is finding translators who can come to the clinics in person. Some successes include being able to conduct regular health screenings for the refugees at these locations and helping connect them to healthcare systems already established.
To help bridge the gap between healthcare systems and the refugee population, RHI provides free services directly in their neighborhood, connections with local programs, and lifestyle education. The goal is to expand services, provide vaccinations, and incorporate clinic roles for other health professional students to foster cross-cultural care.

Abstract 13

Planetary health as Curriculum

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Key words
planetary health, curriculum, medical education

Introduction or Background
Planetary health is a developing field of medicine where human health is handled with the state of the natural systems to which it is dependent. It focuses on characterizing the link between human-induced disturbances in the natural systems of the earth and its effects on public health. Our global environment is changing, from the hottest years recorded to the destruction of pollinators worldwide, the global collapse of fisheries, and the use of approximately half of the planet's habitable surface to feed ourselves. It is necessary to raise awareness and educate medical students regarding the outcomes of changes in human health. For this reason, we prepared a novel curriculum for our medical students.

Rationale, purpose of the study and research question
In changing environmental conditions, conditions for diseases would change, as well. Therefore, there is a need to educate medical students to be prepared for the health outcomes of changing environmental conditions.

Subjects and Method
Learning outcomes were structured as;
Explain the outcomes of environmental changes on human health regarding non-communicable diseases, infectious diseases, nutrition, endocrine and metabolic diseases, heat-related diseases, and mental health
Describe the prevention measures of the health outcomes of environmental changes at the individual, community and policy level.

Results
The ecosystem and its components, ecosystem threats and their effects on human health, the effects of biodiversity loss on the ecosystem and the role of humans in the protection of biodiversity (climate change, misuse of soil, acidification of oceans, pollution of water and water resources, pollution caused by chemicals, effects of malnutrition on health and urbanization).

Discussion and Conclusion
How environmental changes affect human health regarding non-communicable diseases, infectious diseases, nutrition, endocrine and metabolic diseases, heat-related diseases, and mental health, and also what type of advice would be given their patients as preventive measures in terms of mitigation and adaptation.

Abstract 15

Protecting an Island Community

Helen Freer[1], Oliver Radford[2], Margaret Swindlehurst[3], Claire Bader[4]
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Key words
Covid-19 response, Manx, Community, Integrated Care

Introduction or Background

The Isle of Man (IOM) is an Island community of approximately 85,000 people living in a mix of urban and rural settings. It is a Crown Dependency, Independent jurisdiction with the UK providing defence and diplomatic services. In 2015 the Department of Health and Social Care (DHSC) published its strategy on the future of Health and Social Care and in 2018 the Department reorganised and Mental Health, Primary Care and Social Care became one directorate with the strategic direction aimed at improving outcomes for service users by implementing person centred Integrated Care. An Independent review in 2019 by Sir Johnathan Michael stated that "the IOM is well placed to make the changes required for its health and care system to become an exemplar of integrated health and care delivery and a model for others to follow" https://www.gov.im/media/1365880/independent-health-and-social-care-review-final-report-summary.pdf And this recent ongoing pandemic has put the work achieved to the test.

Rationale, purpose of the study and research question

The IOM Government's priority throughout the Covid-19 outbreak has been to protect the health of the Island's community and help everyone to stay safe.

The Government is constantly assessing the status of COVID-19 on the island, in the UK and further afield to provide robust and clear guidance for the island's residents according to four levels:
Level 4: Lockdown
Level 3: Stay at Home
Level 2: Stay Safe
Level 1: Stay Responsible
Level 0: Pandemic Over

The Government is committed to supporting people across the Isle of Man and to keeping our most vulnerable sector of society safe from the Covid-19 virus.

Subjects and Method

Integrated Community Care Covid-19 Response:

The community arm of the Manx Health and Social care system, including the private and third sector organisations contracted to provide direct care, created a coordination group 'Community Operational Bronze' to discuss key issues, challenges and ideas and collectively agree a way forward for approval by the clinical and governmental committees. This group enabled a vision for the integrated community care Covid-19 response to rapidly respond to real time learning to care effectively for current real needs in the following areas:

Community swabbing team People are referred for testing by clinicians at the Covid-19 111 helpline to either a mobile Covid-19 testing unit enabling them to be visited at home, or at a central drive-through hub for community.

Contact Tracing Under the oversight of Public Health and Environmental Health teams with strong collaboration from the Government Technology Services (who provide all information and communications technology), real time contact tracing was established from the first confirmed person with Covid- 19. The system grew from an initial Health Protection model on paper, to a large database integrated with information from the 111 Call centre.

Community Covid -19 bed facilities An old rehabilitation unit within the wider hospital grounds was transformed to create a 50 bedded Covid 19 unit including a step up and step down for people recovering and discharged from the main hospital.

Covid -19 Home Assessment and Treatment Team (CHATT) was created to work alongside GP's and other community professionals to provide home based care to people who tested positive for Covid -19 (or highly suspicious thereof) and required some level of support to remain in their own home. The aim was to divert demand away from the acute hospital, in order to protect capacity for those who were severely unwell and requiring specialist intervention.
Early in the pandemic the IOM closed its borders leaving some Island residents stranded. When repatriation commenced the team provided healthcare and wellbeing checks to returnees during their quarantine period.

Care Home Assessment and Rapid Response Team (CHARRT) was created to provide proactive support to Government, private and third sector owned care homes. Support was given through a series of discussions, infection control visits and medical reviews. Additional support was provided through a rapid response team in the event of a resident or service user contracting Covid-19. The team supported a total of 25 nursing and residential homes, 16 sheltered housing complexes, 28 community learning disabilities homes, 1 supported living complex for people with mental health needs, 1 supported living complex for people with physical disabilities.

Results
At the date of submission, the 3rd August 2020 the IOM had 336 confirmed cases in total on island, with the last positive case being reported on the 20th May 2020.

It is estimated that the total number of cases on the Isle of Man may have been between 1,680 and 2,520 based on the results of 3,892 Covid-19 antibody tests (July 2020). Further details can be found in the link below.
https://covid19.gov.im/media/1314/preliminary-results-on-covid-19-antibody-testing-on-the-isle-of-man-july-2020

Discussion and Conclusion
Our oral presentation will focus on the CHAT and CHARRT community response and how we will use the principles and lessons learnt in the establishment of an Integrated Care system on the Isle of Man. The CHATT will form the basis for home based Integrated Intermediate care and the CHARRT will focus on community frailty, both of which are part of a planned tiered model of Integrated care.

Abstract 16

Human parasitic diseases in Europe

Dr Patrick Ouvrard, Dr Ludovic de Gentile

Key words
parasitosis, dead end, native, prevention

Introduction or Background
Native parasitic diseases are pathologies frequently encountered by the general practitioner, especially in rural practice.
However, the great polymorphism of the clinical situations encountered makes their diagnosis sometimes difficult and often late.
The therapeutic arsenal available to us is specific, it has changed a lot in recent years and is often poorly understood by doctors.
To be effective, the doctor must know how to evoke and prevent these pathologies.
Parasites due to arthropods are on the rise
Diagnostic wandering and ordering inappropriate tests is expensive. Good care with the necessary examinations can generate very significant health savings.

Rationale, purpose of the study and research question
the great polymorphism of the clinical situations encountered makes their diagnosis sometimes difficult and often late, to be effective, the doctor must know how to evoke and prevent these pathologies

Subjects and Method
Oral presentation with a PowerPoint

Results
Improve diagnostic evocation and management by the GP

Discussion and Conclusion
Thinking about it will allow the GP to reduce diagnostic error.

Abstract 17

Chronic diseases prevention – barriers and facilitators of successful interventions

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Key words
prevention, personalized medicine

Introduction or Background
The prevention and management of chronic conditions is critical in healthcare. There is a need to manage it in an individualised manner, especially among populations that have limited access to health services. Empowering the patient to self-manage his or her condition, along with personalized treatment offered by healthcare professionals could help the situation. However, many interventions found to be effective in health services research studies fail to translate into meaningful patient care outcomes across multiple contexts.

It is important to identify and explore the barriers and facilitators of the intervention implementation process in order to increase its effectiveness. Barriers to the implementation may arise at multiple levels of the healthcare delivery:

- micro level: patient level, care partner level, healthcare provider level;
- meso level: organizational level;
- macro level: market/policy level.

Rationale, purpose of the study and research question
The overall goal of this study is to explore and identify the barriers and facilitators of the intervention implementation process.

Subjects and Method
In order to understand barriers, facilitators, enabling conditions, and conditions for success of interventions in different environments and populations, a questionnaire was designed, together with a scenario for focus groups and individual interviews with process stakeholders.

Results
The study is expected to collect information about:

- knowledge, attitudes and practices in non-medical interventions;
- barriers and facilitators of non-medical intervention implementation;
- conditions for successful intervention in different environments and populations;
- improvement areas in the intervention implementation process.

Discussion and Conclusion
Through engagement and empowerment of patients, and cooperation with patients' associations, policy makers and healthcare services payers, the study will address contextualization of programmes and policies that can significantly increase the results of the prevention and therapy of chronic diseases in non-standard populations.

Abstract 18

How social media affects relationship from general practitioner to patient

Rita Maia - USF A Ribeirinha; Maria Joao Nuno Lopes - USF Sao Joao Estoril; Joana Araújo dos Santos - USF Sao Joao Estoril

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Key words
social network, pandemic

Introduction or Background
In many healthcare systems, including in Portugal, general practitioners (GP) are encouraged to improve the accessibility of primary care (PC). In a World controlled by technology, and given the recent pandemic situation, perhaps the use of social networks (SN) can be a way of bringing GP closer to their patients, improving the control of chronic diseases or even the follow-up of patients diagnosed with COVID-19 who were at home.

Rationale, purpose of the study and research question
How SN affects relationship from GP to patient in a pandemic time

Subjects and Method
Research was carried out on “PubMed” database using the terms MeSH “SN”, “GP”, “patient” and “PC”. The aims are: how the use of social network can improve healthcare in PC; verify if the SN can bring the GP closer to patients

Results
We found 18 articles, but only 2 were selected. The two selected has shown the importance of SN in the proximity between GP-patient, and the value to use SN in the future

Discussion and Conclusion
SN can be beneficial to improve the quality of healthcare and strengthen the relationship between GP-patient. In urban areas it can have a positive impact, where the tight schedules, time spent on public transport can contribute to decreasing the GP’s demand, so their use is a way of bringing GP closer, mainly, to the younger patients. SN can contribute to a decrease of face-to-face clinics - it allows to evaluate clinical exams and review chronic prescriptions.
As a negative point, the patients look for GP when it suits them, often after laboral schedule.
It would be important to carry out a national study in order to see how SN could improve healthcare. This topic hasn’t yet been addressed in scientific articles, being novelty, especially in a pandemic situation.

Posters

Abstract 19

The experience of a solo rural GP during the COVID-19 pandemic in Northern Italy

Rosario Falanga, Family Doctor, Azienda Sanitaria Friuli Occidentale, Pordenone, Italy

Key words

Covid-19 pandemic, rural primary care, video consultation

Introduction or Background
There have been 249,901 cases of SARS- CoV-2 infection in Italy, with a death rate of 35,629(14,3%). 176 medical doctors died, 60 of which were family doctors. In my region there are 1,211,357 inhabitants, 3,439 of them were affected by Covid (3/1000) and 346 people (30/100.000) died. In my own village we had 2 deaths.

Rationale, purpose of the study and research question
How has the work and private life of a typical solo rural general practitioner in Italy been affected during the Covid-19 pandemic?

Subjects and Method
I am a rural GP in a small rural village (3.157 inh.) in North-eastern Italy. I care for 1,575 patients, 35% of them are over 65.

Results
Since the beginning of the pandemic, I have removed all the unnecessary objects from the waiting room. The access to the practice was limited to appointments after a telephone triage.
At the entrance, the secretary measured the temperature of patients and invited them to disinfect their hands and wear masks.
During the Covid pandemic the number of telephone calls, emails and video consultations increased.
Frequent cleaning and sanitizing of the medical practice were necessary, as well as a high air exchange.
As a contact person for the health care assistance of the Municipal Civil Defense Unit, I worked every day together with our Mayor and the Civil Defense Volunteers to inform the population with car megaphone and social network posts. Masks were distributed to each household. Medicines and food were provided to frail elderly.
When at home after work, I changed my clothes in the garage and for a while I lived isolated from my family inside a room with private bathroom in the attic.

Discussion and Conclusion
My work and private life has been severely affected by the Covid-19 pandemic and some attitudes have radically changed.
Critical issues: at the beginning no valid chain of command and lack of availability of personal protective equipment (PPE) which explains the high mortality rate of family doctors.

Abstract 20

Evaluation of patients' satisfaction in general practices in Latvia during pandemic

Maija Kozlovska[1], Evelina Gailane, Liga Kozlovska[1,2], Ruta Vintere[1], Gunta Ticmane[1,2]
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Key words
patient satisfaction, covid19, pandemic, Latvia

Introduction or Background
The research deals with the factor of patient satisfaction in the practice of family doctors in Latvia during pandemic, its role in improving the quality of health care.

Rationale, purpose of the study and research question
The aim of the study was to reflect patients' opinions on general satisfaction with general practice work, technical support of general practice, communication between doctors and patients, general practice competence, financial aspects, visitation time and doctor availability.

Subjects and Method
The questionnaire method was used in the empirical part on April, 2020- the COVID-19 infection pandemic in Latvia started on March, 2020. 113 respondents, who visited various general practices in Latvia, took part in this online survey. The survey was conducted using the questionnaire method.

Results
After analyzing the obtained data, the majority of patients (86%) are fully or partially satisfied with the services provided by health care in general practice. However, problematic issues were identified and present. Regarding the technical provision in the practice of GPs, 50% of the respondents indicated that everything is necessary to ensure full-fledged health care. A total of 57% of respondents did not agree that they are treated impersonally by a GP. 35% of respondents agreed with the statement "I have doubts about the accuracy of the diagnosis made by the family doctor". 65% of patients disagreed with the statement "I have to pay more than I can afford", 11%- fully agreed with this statement. 78% of the respondents state that the family doctor spends enough time during the visit.

Discussion and Conclusion
During the second month of pandemic in Latvia the results of patients' satisfaction were similar as of World Health Organization data, which is quite good. However, to lessen the footprints of drawbacks, it is necessary to have more education and governmental support, especially financial, for general practices and primary health care staff to improve the overall satisfaction of health care.

Abstract 21

Influence of pandemic on patients visiting their general practitioner

Beata Blahova, Jana Bendova*, Katarina Dostalova**
**Slovak Medical University, Faculty of Public Health*

Key words
coronavirus, pandemic, non-communicable diseases

Introduction or Background
Novel pandemic coronavirus (SARS CoV-2) was first reported in Asia in late 2019 and has now spread worldwide. Prevention and treatment services for non-communicable diseases (NCDs) have been severely disrupted because of it. This has also been the case in Slovakia where the government announced a state of emergency from the 16th of March 2020 to the 31st of May 2020. General practitioners (GPs) continued to offer their services..

Rationale, purpose of the study and research question
The care people with NCDs received from their GP changed and could have been inadequate compared to the usual care pre-COVID as many patients used phone, e-mail or videoconference to contact their GP. This study looks at the difference between GPs consultations from the 16th of March to the 31th of May 2020 compared to the same period in 2019.

Subjects and Method
Retrospective study. The amount of face-to-face (FTF) consultations, phone calls and FTF consultations for preventive examinations in two rural GPs from different parts of Slovakia between the 16th of March and the 31th of May in 2019 and 2020 were compared.

Results
The number of FTF consultations in 2019 was 2411, in 2020 it was 770. Phone calls made in 2019 totalled at 3439, in 2020 there were 4135 calls. FTF consultations for preventive examinations totalled 311 in 2019 and 166 in 2020.

Conclusion: There is evidence of decreasing numbers of patients coming to our offices (68%). Due to this situation the number of phone calls increased (20%), but there were still around 16% patients “missing” – they didn’t contact the practice neither personally nor via phone call). There were fewer preventive examinations (47%). All these results are due to the pandemic of coronavirus which is now changing and challenging the whole world. The impact on mortality and quality of life of patients with NCDs will be revealed in the future. More research in this field should be done. Countries tried to manage the virus but impact on public health, wellbeing, social, economic, environmental, and cultural areas will be huge, too.

Abstract 22

The features of COVID19 in rural territory in Ukraine

Victoria Tkachenko

Key words
COVID19, rural territories, features, Ukraine

Introduction or Background
COVID19 pandemic is a big challenge for general practitioners as they are often the first contact for patients. The feature of COVID19 in different countries depends on different factors and may differ in rural territories.

Rationale, purpose of the study and research question
To analyse the features of COVID19 in a rural territory in Ukraine.

Subjects and Method
Observational cross-sectional cohort study in a district with a population of 75 thousand. 325 patients had a COVID19 PCR-test as they met the testing criteria between March-August 2020. Age profile 46.7±7.9 years, 10 children. Gender: 126 male, 189 female.
The age, gender, the presence of symptoms, the level of disease severity, hospitalization and mortality were analyzed. Statistics was done with Excel 2010, SPSS.

Results
Only 325 (0.4%) were tested as they met the testing criteria. 229 (70.5%) patients had confirmed COVID19, the rest were in contact/suspicion. 140 (61.1%) of the confirmed cases were women, 10 (4.37%) children and 79 (34.5%) men. This is in contrast to worldwide data showing a higher prevalence in older men. 96 (41.9%) patients had asymptomatic disease and 36 (15.7%) had severe COVID19 needing hospitalization and 7 (3.1%) died. The 30 patients with severe disease were older than 45 and 42% of them had concomitant disease (cardiovascular, diabetes, pulmonary and others). 6 of 7 patients who died were had cardiovascular co-morbidity and were aged 62.3±4.2 years.

Discussion and Conclusion
The patient profile and prognosis of COVID19 in rural areas may differ depending on gender, age, socio-economic level, presence of preventive measures and co-morbidity.

Abstract 23

SARS-CoV2 antibody/molecular biology discrepancy, a case report

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Key words
SARS-CoV2 , antibody, primary health care , swab

Introduction or Background
SARS-CoV2 which causes COVID-19 was first reported in Wuhan in China in December 2019. On the 11th of March 2020 the WHO declared a global pandemic.
The main symptoms of COVID-19 are cough, fever and respiratory distress. There are two types of diagnostic tests: viral tests and antibody tests. Both tests bring challenges to the primary health care physician.

Rationale, purpose of the study and research question
The purpose of this study was to demonstrate how the interpretation and integration of both types of diagnostic tests aren't always completely straightforward.

Subjects and Method
Case report of a patient who decided to take a antibody test along with the rest of his family without showing any previous symptom of COVID-19.

Results
Our study subject had a positive IgM antibody test and a negative nasopharyngeal swab. A month later the patient repeated both tests. Both IgM and IgG were positive and the nasopharyngeal swab came back as still negative. No symptoms were reported at any time by our patient or the rest of his family.

Discussion and Conclusion
This case report highlights the importance of patient education on SARS-CoV2 diagnostic tests by the primary care physician and even advising against testing if there is no history of COVID-19 symptoms or close contacts.

Abstract 24

Primary Health Care Center adaptation during the COVID-19 pandemic

Tiago Marabujo, Sílvia Almeida, Carmo Gonçalves

Key words
pandemics, COVID-19, organization, primary care

Introduction or Background
The Portuguese health system, particularly the primary care services, had to adapt their organization and update protocols and procedures in the context of the COVID19- pandemic in order to avoid unnecessary exposure to patients.

Rationale, purpose of the study and research question
The objective is to share the experiences of a rural primary health care center with a large elderly population during the COVID-19 pandemic.

Subjects and Method
Family health center"Vitrius" is located at Marinha Grande, Portugal, a small industrial town and provides primary care to a mainly elderly and rural population of 135,000. COVID-19 made it imperative to keep patients physically outside the health center to avoid creating a cluster of infection. Triage was introduced to separate possible COVID-19 cases. Patients who needed to be examined, requested paperwork or a prescription for a chronic condition were asked to leave their personal contact or paper request as this could be then organised later. Patients in need of urgent care were allowed to enter. A separate unit was created specifically to deal with suspected cases of COVID19. This unit was open daily from 8am to 8pm and was staffed by physicians, nurses and administrative personnel who worked in shifts. The rest of the primary care team kept working in their usual place of work dealing with paperwork, possible urgent presentations and follow up of patients.

Results
All professionals participate in the re-organisation of the team schedules and followed the updated protocols. The result was satisfactory and allowed to avoid unnecessary exposure. Most people accepted the new conditions and respected the professionals' work and effort. Although team fatigue was present, all professionals concur on the efficiency considering the circumstances.

Discussion and Conclusion
Revision and creation of procedures were important to keep people, especially seniors, out of the unit. Those who needed urgent care continued to be seen at health center or at home. Vaccination, child health surveillance and ante- and postnatal care were not interrupted. Some setbacks were also verified. Patients seemed to be afraid of exposure and therefore did not present to the unit when needed, which led to underdiagnosis and interrupted follow-up.

Abstract 25

The Perceptions of Impact Assessment of Stakeholders Involved in Decentralized Medical Education

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Key words

impact, assessment, medical, education,

Introduction or Background *

The positive impacts of DME on rural settlement of graduates are widely covered topics in the scientific literature. However, the impacts of such trainings on physicians, professionals, managers and on the rural area itself have not been reported so far.

Rationale, purpose of the study and research question

The Faculty of Medecine at Université Laval has been involved in decentralized medical education for more than 35 years. All medical students and residents have access to a rural training period lasting from 6 weeks to more than 3 years. Addressing the impacts of education in the context of increased clinical burden and government pressure on healthcare network is a priority.

Subjects and Method

The Morestin Public Policy Framework was used as the analysis model. Through an online survey, we investigated the perceptions of DME. We sent an email invitation to 1200 managers and professionals at 6 rural training sites for clerkships and residency programs.

Results

By November 2016, 301 people had completed the survey: 76% of them said they were involved in teaching; 49% directly and 27% indirectly. A response rate of 25% (301/1200). We observed a similarity of the results between respondents from the 6 rural training sites. A positive perception of medical education in their community was observed. Those perceptions are: competency development 78 %, interdisciplinary 68 %, recruitment 68 %, work satisfaction 61 %, humanization of care 58 %. Patient security 12 % is the only negative perception exceeding 10 %.

Discussion and Conclusion

The perceptions of DME in our rural centers are mostly positive. Effects not directly sought by decentralized training such as the development of interdisciplinarity and the competence of local Stakeholders are undeniable advantages for professionals. The divided perceptions of the impacts on equipment acquisition and financial resources should raise questions and encourage reflection. The impacts on quality and safety of care are interesting topics to explore in the future.

Abstract 26

How to reverse coronary heart disease through diet? A practical guide.

Rita Aguiar Fonseca, Liliane Carvalho

Key words
diet, coronary heart disease, prevention, primary care

What is the justification?
Coronary heart disease (CHD) is the leading cause of death in Western society. Interestingly, there are some cultures in the world, mainly situated in rural areas, where there is a very low prevalence of cardiovascular disease. What they seem to have in common is a plant-based diet. Studies from Western populations support this. Framingham study showed that cholesterol levels <150mg/dL were rarely associated with CHD and some studies have shown that following a plant-based diet containing <10% fat and taking a cholesterol-lowering medication give excellent results in patients with severe CHD.
The lack of focus on dietary and lifestyle interventions in primary care might prevent us from addressing the leading cause of death in the world. Better intervention strategies in primary care are required.

What is the objective of the workshop?
This workshop intends to raise awareness among GPs about the central role nutrition plays in CHD and to offer them practical tools which can be used in daily practice.

Describe the organisation of the WS
This workshop will be facilitated by a Portuguese doctor, who has experience in nutritional counselling in primary care and lifestyle medicine workshops in the community. After a brief introduction, the facilitator will share the existing scientific evidence on the subject and current worldwide interventions targeting cardiac patients. Practical tools to organize a proper meal plan will be given, followed by an interactive moment where we will discuss the difficulties of implementing this regimen among our patients, and we will work together, in small groups, to generate potential solutions. The results of the group work will be shared with all the participants and will form the basis of future activity in clinical practice.

What sort of participation will you be requiring of the delegates?
Being active and motivated

At the end of the WS, what are the expected outcomes?
By end of the workshop, participants will be equipped with the necessary tools to implement a plant based diet strategy as a therapy for coronary heart disease.

Abstract 27

Incorporating Medical Students into Rapid Cycle Quality Improvement Projects in Rural Clinics in Texas

Timothy Philip, OMS-II; Joshua Murphy, OMS-II; Lesca Hadley, MD; Jennifer Severance, PhD; & John Gibson, MD

Key words
Medical Students, Geriatrics, Quality Improvement

Introduction or Background
The Rural Osteopathic Medical Education (ROME) Program partnered with the University of North Texas Health Science Center's (UNTHSC) Center for Geriatrics to create Geriatric-focused rapid cycle quality improvement projects for medical students to complete in their rural Family Medicine clinical rotations with their Family Physician supervisor.

Rationale, purpose of the study and research question
Two programs, ROME and WE HAIL, created a geriatric-focused student project for third-year medical students in rural family medicine rotations to identify possible training development topics for their rural preceptors.

Subjects and Method
ROME students surveyed rural Family Physicians regarding geriatric needs in their patient population. The results of these surveys were analyzed to determine patient clinical needs as well as educational needs of the rural Family Physicians. Potential Geriatric quality projects were developed from the survey results.

Results
Family Physicians were most interested in learning additional information about the following: medication management; recognizing, evaluating, and treating Alzheimer's disease and related disorders; and treating patients with multiple problems. Topics most relevant to their practice included managing medications, Alzheimer's disease, and multiple comorbidities in the elderly plus assessing and reducing the risk of falls and assessing nutritional status. Distance, time, funds, and coverage were listed as physician barriers to training and education in the rural setting.

Discussion and Conclusion
Based on the survey results, ROME students will complete a geriatrics-focused practice improvement project during their Family Medicine rotation at rural sites. Students will identify best practices to address the health needs and concerns of older adults and their caregivers. The rapid cycle quality improvement projects will improve care for the elderly population in these rural settings as well as provide students with experience in implementing quality improvement methods that can be used in the students' future medical practices.

Abstract 28

Chronic Pain in General Practice: a best practice guide

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Key words
pain, prescribing

Introduction or Background
Chronic pain is a major health problem and we wanted to understand the prescribing trends of gabapentin, the chronic pain pathways and pharmacological alternatives available to family doctors in a rural setting.

Rationale, purpose of the study and research question
We aimed to support the holistic assessment of patients, and support accessibility to current chronic pain resources including national guidelines within General Practice consultations.

Subjects and Method
A review of guidance was undertaken, and structured interviews were carried out with patients and doctors and other clinicians.

Results
A need was identified to coordinate and streamline the various available pathways and resources which could be accessed real-time to provide support to both clinicians in General Practice and patients presenting with chronic pain.
We designed a digital visual aid using the acronym HEARRT, standing for:
-Hear the Patient
-Equip the patient to self manage by signposting to resources
-Assess the Patient
-Recap the Key points of discussion
-Referral(s) (where appropriate)
-Treatment Plan
A digital format rather than a hard copy was selected for ease of access and ease of editing as guidelines evolve over time.

Discussion and Conclusion
Chronic pain management is a key issue for local rural general practitioners who welcomed the development of the tool.
The key aims of the HEARRT tool are
- To standardise and align patient consultations;
- To support prescribers to consult current best practice;
- To support clinicians to signpost patients to a range of current resources;
- To assist clinicians to fully explore available alternatives to medication;
- To act as an aide memoire when assessing and treating patients with chronic pain;
- To increase documentation in patient notes.

We feel that the approach taken could be readily adapted to other rural European settings.

Abstract 29

Glycemia self-monitoring in non-insulin-dependent type 2 diabetes: investigation work

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Key words
Glycemia self-monitoring; type 2 diabetes; costs to National Health System.

Introduction or Background
Capillary blood glucose (CBG) self-monitoring is an important step in controlling and managing insulin-dependent diabetes, but its use in patients treated with oral anti-diabetics (OAD) is controversial. Portuguese data demonstrates the prescription of diabetes test strips (DTS) in more than 1/3 of these patients, leading to substantial costs for the National Health System (NHS), without proven benefits. DTS cost 65.6 million euros per year in Portugal, with 26.2 million corresponding to patients using only OAD.

Rationale, purpose of the study and research question
This is an observational, cross-sectional, retrospective study, with the main purpose of evaluating CBG self-monitoring in non-insulin-dependent diabetic patients.

Subjects and Method
To assess CBG self-monitoring, the prescription of strips or lancets in the last 18 months was checked. Other data was analyzed: sex, age, years of disease, medication.
The sample size was calculated using the website www.surveysystem.com/sscalc.htm A 5 and 95% confidence interval and index were used, respectively, resulting in 265 patients (31.2% of type 2 diabetic patients in the health centre).
The exclusion criteria were: insulin-treated patients; patients without prescription of OAD and patients who died.

Results
National data indicates that patients taking multiple OADs have more DTS prescribed compared to monotherapy.
Of the 265 patients analyzed, 145 (54.7%) monitored CBG; 120 (45.3%) did not. It was found that 49.1% of patients on monotherapy, 54.5% of patients on dual therapy, 86.7% of patients on triple therapy and 50% of patients on quadruple therapy checked CBG.

Discussion and Conclusion
The rational use of DTS must be encouraged as it will lead to significant savings for the NHS. It appears that the patients of our health centre have more prescriptions for strips and lancets compared to national findings. It is speculated that this could reflect the prescribing habits of some doctors especially in isolated rural settings. The findings could be a starting point of a move towards improved prescribing practice.

Abstract 30

New diabetes workshops – a health intervention project

Maria S. Ferreira, Gisela M. Santos, Mafalda David, Marta Pinheiro, Miguel Alves, Luísa Sá, Sónia Cardoso, Catarina Miranda

Key words
Diabetes Mellitus, Intermediate Hyperglycemia, Patient Empowerment, Health Education

Introduction or Background
Diabetes Mellitus (DM) is a chronic and complex disease that requires continuous medical care. The implementation of health education strategies improves quality of life and glycemic control and reduces hypoglycemic episodes and hospital admissions.

Rationale, purpose of the study and research question
Empower patients to deal with DM or Intermediate Hyperglycemia.

Subjects and Method
Health intervention project with time horizon of 10 months. The target population was patients with a diagnosis of type 2 DM or Intermediate Hyperglycemia. Two educational sessions were held. The first session addressed the diagnosis, treatment and self-surveillance of DM and the second session focused on healthy eating habits. A questionnaire was applied before and after the sessions. The impact of these sessions on correct questionnaire answers and on weight and glycated hemoglobin (HbA1c) of the participants was evaluated.

Results
22 patients signed up. In the first session the participation rate was 77%, whereas in the second one the participation rate was 95%. We obtained 52% correct answers in the questionnaire before the sessions and got 71% correct answers after the sessions. There was an increase of 10% of participants with HbA1c within the targeted value and a reduction of weight in 57% of them.

Discussion and Conclusion
The intervention was successful. It met the objectives which were to improve the percentage of correct answers to the questionnaire by 10%, a weight reduction in at least 10% of the participants and an increase by 10% of participants with a HbA1c within the target value. The only objective that wasn't met for the first session was to have a variation of less than 20% between the number of the patients who signed up and attended, but that was accomplished in the second session. We hope to roll this project out to other patients

Abstract 31

Tourist morbidity on the territory on Bar municipality

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Key words
tourists, morbidity

Introduction or Background
The rapid development of tourism in the world has contributed to the development of a new branch of medicine - Tourism Medicine. Due to its geographical location and natural beauties, Montenegro has undergone a rapid development of the tourism economy in the last 20 years. According to official Monstat data, 1 517 376 tourists visited our country in 2014, which is 1.7% more than in 2013.

Rationale, purpose of the study and research question
The aim of the study was to determine the most common reasons for a visit to a doctor, ie. what were the most common diseases registered by doctors.

Subjects and Method
We achieved the data sample by analyzing medical records from two outpatient outpatients of the Public Health Center Dom zdralja Bar for 2013 and 2014. Patients were classified by gender, age, and diagnosis.

Results
The total number of patients examined for the observed period was 4779 - 2017 (42.21%) male and 2762 (57.79%) female. The most commonly reported diseases were: respiratory infections - 25%; gastrointestinal problems - 20%; allergic reactions and dermatological problems - 21.5%; injuries - 13.25%; spinal and joint problems 8.5%; cardiovascular problems - 6, 5%; urological problems -3.5% and sensory, eye and ear problems - 1.75%

Discussion and Conclusion
By analyzing the data obtained, we have been able to determine that the morbidity of foreign tourists in the observed period does not differ significantly from the morbidity of the domicile population. The morbidity of foreign tourists is no different from the morbidity of the domicile population in the observed period. In order to better understand the quality of the forms for recording tourists' visits to the doctor these should be modified so that the organization and operation of tourist offices can be planned in the future.

Abstract 32

Recipe for Lifestyle Medicine- Endocrine perspective of LSM at Primary Care

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Key words
lifestyle medicine, primary care, preventive medicine

What is the justification?
Lifestyle interventions reduce the risk of developing diabetes and obesity in high-risk people and may slow down progression once the disease is diagnosed. Diet modification (medical nutrition therapy) and lifestyle interventions are the standard-of-care for new-onset type 2 diabetes. While IGT moderate to severe insulin resistance, impaired 2nd phase insulin secretion in muscles, IFG hepatic insulin resistance, impaired 1st phase insulin secretion (2nd phase insulin secretion is preserved and normal/near-normal insulin sensitivity in muscles), so the recipe could be structured. It is clear that the initial choice of therapy for subjects with IGT should be lifestyle intervention. Lifestyle medicine is a useful tool for prevention of non-communicable diseases.

What is the objective of the workshop?
At the end of this workshop; the participants are expected to be able to explain the relationship between lifestyle and DM, define lifestyle risk factors, describe the importance of lifestyle interventions in prevention and management of DM.

Describe the organisation of the WS
1. Introduction 7-10 min
2. The participants should be divided into 2 groups: -first group will prepare for 2 plays, and choose which 4 people will present. -with this group,one of them will be from authors, -the second group will discuss rehabilitation and later presented the issues.
3. Role plays (2 people from the audience for each scenario, with 10 min to prepare scenario) - Scenario 1: Being a role model as a physician ; - Scenario 2: Attending to the surgery with nonspecific issues and when the history gets deeper
4. Discussion about the primary care perspective:
5. Conclusion

What sort of participation will you be requiring of the delegates?
FPs, Trainees of FPs and students of FoM

At the end of the WS, what are the expected outcomes?
The participants who attend the workshop are expected to:
1. Assess the relation between lifestyle behaviors and Obesity/DM
2. Assess the importance of healthy lifestyle interventions in prevention, management and even reversal of DM
3. Assess the socioeconomic-environmental risk factors for a healthy lifestyle
4. Practice the interventions of LSM

Abstract 33

Prevalence of depression and correlation of its severity with multimorbidity

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Key words
depression, comorbidities, family physician practice, patient

Introduction or Background
The number of patients with depression is increasing every year. Depression causes long term disability, mortality, and decreases quality of life. It is known, that only 10% or approximately 13,000 patients with depression were treated by psychiatrists or family physicians. Meanwhile the point prevalence of depression is 13.6% in family physician practice, but lifetime prevalence of depression is 22.4% (Vrubļevska, 2018). Many people do not realise their illness and do not ask for doctors' advice, aggravating the situation.

Rationale, purpose of the study and research question
The aim of the study is to find out the relationship between the severity of depression and other comorbidities and whether severity of depression is more severe in multimorbid patients.

Subjects and Method
During an epidemiological study 138 patients in a GP's practice were surveyed.

Results
Statistically significant correlation was found between the number of comorbidities and severity of depression – if the number of comorbidities increases by 1 unit, then severity of depression grows by 1.7 times. The results also showed that patients with more severe depression have more comorbidities. It can be recognized clinically significant depression is present if the patient has 6 or more comorbidities. During analysis of this scientific research it was found that there was a defined connection between depression and psychiatric, cardiovascular, pulmonary, gastrointestinal, oncologic and other diseases.

Discussion and Conclusion
The analysis of results among the various groups and depression shows that statistically significant more comorbidities were found in patients who work, more points in depression test(PHQ-9) were in status "One adult with children" and in age groups 45-54 year olds and older than 65 year olds, and depression was more frequent in women. The results of the study point out the at risk groups for development of depression, which could help GPs to purposefully offer these groups the facility to fill in the depression test. GPs need to be encouraged to engage in the treatment of depression. The GPs' awareness about patients visits to medical specialists also needs to be improved.

Abstract 34

Evaluation of diagnostics of recurrent depressive disorder in general practices

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Key words
recurrent depressive disorder, depression, family doctor, patient

Introduction or Background
Without delving into the meaning of unendurable psychological suffering, we might consider that a lifetime of refractory mental illness might be unendurable and can—and, for many, does—result in a shortened life span. [Ho AO, 2014; Constance E. George, 2016]

Rationale, purpose of the study and research question
A quantitative retrospective research method was used to develop the research work- assessing the symptoms of patients, prescribed treatment, and compliance with the guidelines of the LPA (2015).

Subjects and Method
The study part analyses patients diagnosed with recurrent depressive disorder (RDD), their symptoms and treatment from 2015 to 2019. The resulting data was processed using the Microsoft Excel and SPSS 22.0 computer programs. The study included a total of 185 patients [n= 2748] - 142 women and 43 men.

Results
As of Jan 1, 2015, antidepressants prescribed by family doctors in RDD patients increased more than 2 times. When compiling the results of the study and comparing them to the data from NHS, it can be concluded that family doctors of patients with RDD care are well-founded, the most common symptoms and the choice of medicines were consistent with the guidelines. Comparing the population of patients involved in the study with the population of Latvia as a whole, it is concluded that the diagnosis of recurrent depressive disorder is at an insufficient level.

Discussion and Conclusion
In order to ensure full involvement of GPs in the diagnosis and treatment of recurrent depressive disorder, it is important to encourage the regular education of family doctors. Patients should be offered the opportunity to more frequently complete the PHQ 9 survey (Patient Health Questionaire-9). "Any patient-physician relationship is a combination of science and art— establishing and maintaining the relationship—and balancing physician beneficence with patient autonomy. Being able to adjust within this challenge and to choose continuity of patient care would seem the best course." [Lazarus, 2003]

Abstract 35

E-Continual Professional development system, an opportunity for rural General Practitioners

Jean-Pierre Jacquet, EURIPA

Key words
e-learning, CME/CPD

Introduction or Background
Rural GPs had a disadvantage regarding CME/CPD programs due to the burden of workload, the remoteness, the lack of locums, the lack of rural academics GPs

Rationale, purpose of the study and research question
Covid19 pandemic has highlighted and boosted e-learning programs.
Nevertheless, it will be an opportunity only if we respect qualitative and organisational criteria

Subjects and Method
the main issues:
independence, transparency, relevance, evaluation, based on evidence.
(that means: programs available, conflict of interest declaration,
but not only:
-funded by GPs organisations (from local, to international)
-fit with the needs and desires of rural GPs and patients
-completed by locals meetings, as peer a review process, quality circles
-validated by GPs organisations themselves
-rewarding for GPs, in term of recognition, career and money

Results
The task is ahead, and EURIPA in collaboration with all the stakeholders (WONCA Europe, Union Européenne des Médecins Omnipraticiens, CPME - Standing Committee of European Doctors must be all involved

Discussion and Conclusion
Rural GPs have to help themselves to enhance the quality of rural health.

Abstract 36

How well controlled are my hypertensive patients?

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Key words
Hypertension; Blood Pressure; Treatments.

Introduction or Background
What is already known in the literature, what is still unexplored and what new knowledge will be provided by your study. Arterial Hypertension (AHT) is one of the most frequent pathologies in primary care, and one of the most important cardiovascular risk factors. The control of this disease provides great benefit for our patients without requiring sophisticated materials that are often absent in rural areas.

Rationale, purpose of the study and research question
Identifying the percentage of hypertensive patients with controlled blood pressure in a primary care consultation. AHT's prevalence following consultations. The description of the most used antihypertensive treatments.

Subjects and Method
Design: retrospective observational study.
Scope: Rural Primary Care, Rueda, Medina del Campo Rural, Spain.
Population: quota: 971 subjects, 260 have been diagnosed of AHT; amongst them, 115 were randomly chosen for this study.
Variables studied: age, sex, blood pressure levels, associated cardiovascular risk factors (BMI, Smoking, cholesterolemia, diabetes mellitus, chronic kidney disease), antihypertensive treatment received.

Results
Prevalence: 26.78%.
Men: 52.17%, Women: 47.83%; Mean age: 70.58; BMI: normal: 57.4%; overweight-obesity: 42.6% 27.71; Smoking: 22.6%
Associated diseases: DM2: 33.92%; Cholesterolemia: 65.2%; IRC: 39.39%. Other associated pathologies (cancer, rheumatological diseases…): 40.87%.
Patients poorly controlled 38.26%.
Treatments: Diet + exercise: 3.5%; AIIRA: 33.91%; ACEi: 56.52%; Beta-Blockers: 15.65%; Calcium-antagonists: 20.87%; Doxazosin: 4.4%; Indapamide: 3.5%; Diuretics: Loop-Diuretics: 11.3%; Thiazides: 44.35%; Spironolactone: 2.6%.
Use of drugs: 4-drug families: 4.35%; 3-drug families: 10.43%; 2-drug families: 43.81%, of which: ACEi+Diuretics: 19.13%; AIIRA+Diuretics: 13.39%; AIIRA/ACEi +Calcium-antagonists: 3.47%; Beta-Blockers+other drugs: 7.82%

Discussion and Conclusion
According to ESC/ESH (2018) guidelines, the prevalence of hypertension is 30-45%, which would indicate that it is underdiagnosed in the studied quota. It is more frequent in men than in women.
38.26% were found to be not on target.
41.41% were on monotherapy: when hygienic-dietary measures fail, it is recommended to start with double therapy: AIIRA/ACEi+Calcium-antagonists/Diuretic.

This type of analysis is very useful in primary care in order to improve our hypertensive patients' levels of blood pressure. It allows us to critically analyze what has been done so far and change the items which can be improved.

Abstract 37

Evaluating the priorities and PHC management in Latvia during pandemic

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Key words
family doctors workload, pandemic, covid19, management

Introduction or Background
“Pandemics have traditionally been seen as unpredictable, acute events, but to better prepare for them, responders must not fall into the trap of a vertical response and instead horizontally address the health system that is treating them. With primary health care systems founded on trust among clinicians and community members, outbreaks could likely be stopped quickly and regionally.” [Dolan, 2020]

Rationale, purpose of the study and research question
The aim is to evaluate the organizational work in general practices of Latvia during the pandemic of COVID-19 infection.

Subjects and Method
5 stakeholders were engaged in informal working groups to identify and prioritize the future needs in general practice during the pandemic.

Results
On August 7, 2020 Latvia was rated as of low risk [cumulative incidence of 14 days is 3.8 cases per 100 000]. The Ministry of Health mobilized cooperation with all health care services, introduced paid tele-consultations, gave discounts for vaccination for flu, allowed the prescription of compensated medications, sickness leaves by tele-consultation, if there is increased risk for the patient, and GP. Also 22 GPs started to take COVID19 express tests by themselves to simplify testing. Problems with E-Health persist- medical information cannot be stored, the prescription of some discounted medicines and sharing among all health services, society- have left some issues. Especially, when patients have to risk their own health or spread the infection to reach or forward the documentation by hand. Fear-induced flow of patients, depressions, family violence, chronic disease exacerbations have risen, providing overload for all the PHC team. The additional risk and workload has been undervalued and under-paid. Tele-consultations have grown a lot and are paid as additional fees. Increased paperwork during the pandemic has lead to more frequent GPs' burn-out syndrome.

Discussion and Conclusion
Improved E-Health, more support, cooperation and funding from the government, lessened paperwork would be of utmost importance to alleviate the daily work of GPs.

Abstract 38

Personalised medicine – Best practices exchange in European regions

Dorota Stefanicka - Wojtas, Marta Duda-Sikula, Donata Kurpas

Key words
Personalised medicine, regional policies, interregional cooperation

Introduction or Background
Personalised medicine (PM) has started to overcome the limitations of traditional medicine, by adapting medical treatment to individual needs of a patient. PM offers the potential to detect disease at an earlier stage, when it is easier to treat it more effectively. There are many potential benefits and facilitators in PM, but also many barriers.

Rationale, purpose of the study and research question
To identify primary barriers in PM adoption within the healthcare system and carry out systematic actions in order to remove as many of those barriers as possible. The aim is to create a future where PM is fully integrated into real life setting – qualitative study concept under the project “Interregional coordination for a fast and deep uptake of personalised health” - Regions4PerMed (H2020).

Subjects and Method
Each Regions4PerMed project key action will be followed by a focus group or semi structured qualitative interviews. The questions asked during the research will concern barriers and facilitators in the implementation PM in the country of the subject. Questions will be asked to members of the project Advisory Board/representatives of the Interregional Committee from the region where the actions take place and chosen conference/workshop speakers. The question will concern every key action: Big Data, Electronic Health Records and Health Governance; Health Technology in Connected & Integrated Care; Health Industry; Innovation Flow in the Healthcare; Socio–Economic Aspects.

Results
The focus group analyses along with semi-structured interviews are supposed to deliver more qualitative data. The qualitative study outcomes could be implemented to the daily practice of the healthcare system’s stakeholders. The project is in progress - at the data collection stage.

Discussion and Conclusion
Implementation of the results of the research in the daily healthcare practice. Also in the Rural Setting, will lead to tailor-made prevention and treatment strategies for individuals or groups. Patients will receive specific therapies that work best for them without wasting money on trial and error treatments.

EU grant
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Abstract 39

Assessment of an active participation of PHC team to affect vaccination

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Key words
vaccination, family doctor, pandemic, general practitioner

Introduction or Background
During this time of fear and uncertainty during the COVID-19 pandemic, it is especially important to assess the impact and effectiveness of the active participation of the family doctor team in the work of the implementation of mandatory vaccination in children aged 0-2 years in general practices worldwide and in Latvia.

Rationale, purpose of the study and research question
Research question: Can the teamwork and active participation of a family doctor affect the results of vaccination in children aged 0-2 years in the practice of a family doctor?

Subjects and Method
We looked in the PubMed database for studies published over the period 2003-2019, most of which were 2017-2019 studies. 280 studies were evaluated through the MeSH terminology system in the PubMed database.

Results
The results of the studies are unambiguous and difficult to compare due to geographical, financial and governmental differences, resulting in different vaccination schemes and different vaccines being applied. In general, the studies highlighted the effectiveness of vaccination and the problem of lack of vaccination uptake or delayed vaccination in different regions, which should be addressed. It was most commonly recommended that patients be educated without specific recommendations, or solutions. Only two studies [Canada and India] developed and recommended a real scheme options to try to improve the attraction of vaccination. The principles of crisis and emergency risk communication show that, in order to maintain confidence, it is important to remain calm in discussions involving risk. [Reynolds, 2011] While maintaining calm, a member of the family doctor's practice team still controls the situation and is better able to focus on more robust responses to the denial's comments.

Discussion and Conclusion
There is a lack of qualitative and quantitative studies on the specific nature of the work of the team of family doctors and the impact on the implementation and health of the child vaccination scheme, both in the world and in Latvia.

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