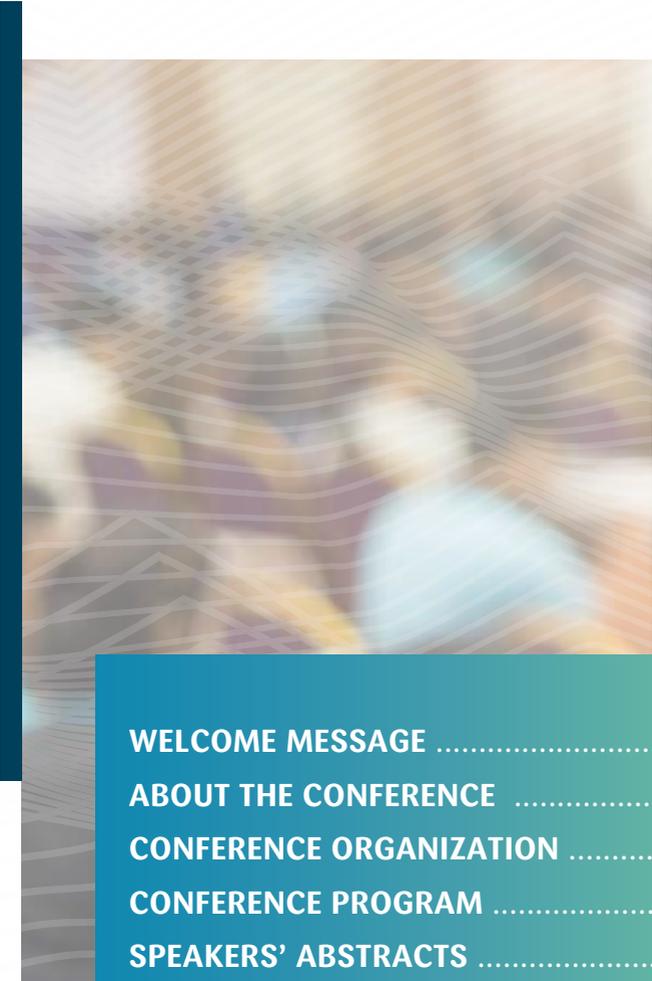




The background of the page is a deep blue color. It features a complex, abstract pattern of thin, light blue lines. These lines are arranged in a way that creates a sense of depth and movement, with some lines curving and others forming a grid-like structure. The overall effect is a textured, almost 3D appearance.

# SRC

## 2018



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# CONTENT



# WELCOME MESSAGE



## Dr. Mariam A. Abdulmalik

Chair of the Conference Organizing Committee &  
Managing Director of Primary Health Care Corporation

بالنيابة عن مؤسسة الرعاية الصحية  
الأولى، يسرني أن أرحب بكم جميعا في  
مؤتمر البحث العلمي الرابع.

On behalf of the Primary Healthcare  
Corporation, it is my pleasure to welcome  
you all to the 4th Scientific Research  
Conference.

يتميز المؤتمر هذا العام بوجود برنامج يناقش مجموعة متعددة من الاختصاصات، ولذلك تم دعوة متحدثين دوليين لمناقشة وتبادل الأفكار في مجال البحث العلمي. و عنوان المؤتمر لهذا العام « تعزيز الاجراءات الوقائية، و تحسين جودة الخدمات» و لذى يسلم الضوء على التقدم السريع المحرز في مجال البحوث والحاجة إلى ترجمة الأدلة والبراهين إلى إجراءات طبية.

و حرصا من التزام دولة قطر لتطوير الرعاية الصحية الأولى قمنا باستضافة هذا المؤتمر ليكون منصة لتبادل المعرفة وتسهيل المناقشات حول أفضل الممارسات في المجال الصحي حيث أننا في دولة قطر نطمح الى تطوير الصحة والرفاهية من خلال توفير خدمات رعاية صحية متميزة.

نحن نأمل أن يكون مؤتمر هذا العام بمثابة مساحة علمية لأفكار بحثية جديدة و فرصة لتعزيز التواصل بين المشاركين وتبادل الخبرات.

This year the conference brings together an exciting program led by a multi-disciplinary group, internationally renowned guest speakers to present, exchange and discuss break through ideas in the field of scientific research. The theme of the conference “Promoting Preventive Interventions, Improving the Quality of Care” recognizes the rapid advances being made in research and the need for the translation of evidence into clinical practice.

The Conference is a manifestation of Qatar’s commitment to development in primary healthcare research, providing a platform for knowledge sharing, facilitating discussions of best practice as well as reinforcing Qatar’s legacy in promoting the development of health and wellbeing through the provision of outstanding healthcare services.

We hope that this year’s conference will expand and inspire you, and result in new knowledge and networking.



# ABOUT THE CONFERENCE



## About the Scientific Research Conference

Welcome to Primary Health Care Corporation's (PHCC) 4th Scientific Research Conference.

The conference seeks to support the agenda of building a “knowledge-based economy” in which all sectors including health are evidence-led and make a significant impact on the population's health and economic wellbeing set out in Qatar National Vision 2030.

This year's conference theme, Primary Care Research: Promoting Preventive Interventions, Improving the Quality of Care, reflects recognition in the rise of chronic preventable conditions influenced by modifiable risk factors.

By better understanding causes and developing and implementing appropriately targeted, contextualized and effective preventive interventions in primary care settings, preventable conditions can be reduced and even eliminated.

The foundations to achieving this is through the use of research evidence in health decision-making, development of policies and practice. Strengthening the generation and use of evidence, helps target resources to achieve significant health gains.

**To gain updates about the conference logon to:**  
**<https://events.phcc.qa/src2018>**

**and/or**

**Download our SRC2018 App**

## PLANNING COMMITTEE MEMBERS

- Dr Hanan Al Mujalli (Chair)** - Executive Director Clinical Affairs Directorate, PHCC
- Dr Hayam Ali AlSada** - Regional Director, Western Region, PHCC
- Dr Hamda Abdulla A/Qotba** - Research Director, Clinical Affairs Directorate, PHCC
- Dr Paul Amuna** - Research SME, Research Department, Clinical Affairs Directorate, PHCC
- Ms Sonya Oliver** - Senior Project Manager, Clinical Affairs Directorate, PHCC
- Mr Omar Hosaen** - Event Officer, Communications & PR Department, PHCC
- Mr Mohamed Abdul Aleem** - Senior Programmer, Health Information and ICT Department, PHCC
- Ms Abeer Mohammed AM Almotawa** - Marketing Coordinator, Communications & PR Department, PHCC
- Ms Reem Jamal Abdelghani** - Public Relation Coordinator, Communications & PR Department, PHCC
- Mr Badruddin Shaikh** - Head of Procurement, Administration and Finance Department, PHCC

## SCIENTIFIC COMMITTEE MEMBERS

- Dr. Hamda A/ Qotba (Chair)** - Research Director, Clinical Affairs Directorate, PHCC
- Dr. Noora Al Mutawa (Co-Chair)** - Manager, Clinical Training, Workforce Development and Training Department, PHCC
- Dr. Muna Taher Aseel** - Program Director, Family Medicine Residency, PHCC
- Dr. Steven C. Hunt** - Professor of Genetic Medicine, Weill Cornell
- Dr. Hanan Abdul Rahim** - Associate Professor, DPH, Qatar University
- Dr. Jessie Johnson** - Associate Professor, University of Calgary
- Dr. Paul Amuna** - Research SME, Research Department, Clinical Affairs Directorate, PHCC
- Dr. Mohamed Ahmed Syed** - Specialist, Research Department, Clinical Affairs Directorate, PHCC
- Dr. Mohamed Hashem Mahmoud** - Consultant Family Medicine, Operations, PHCC
- Ms. Sonya Oliver** - Senior Project Manager, Clinical Affairs Directorate, PHCC
- Miss Hanan Khudadad** - Research Coordinator, Research Department, Clinical Affairs Directorate, PHCC
- Dr. Mohamed Iheb Bougmiza** - Community Medicine Consultant Trainer, Workforce Development and Training Department, PHCC
- Dr. Mohammed Elzoghbi** - Data & Performance Measurement Coordinator, Quality & Performance Department, PHCC



# CONFERENCE PROGRAM

## DAY 1: DECEMBER 1, 2018 IN NASHIRA ROOM

- 07:30 – 8:30 am **Registration**
- 08:30 – 9:00 am **Opening ceremony**  
Dr Mariam A. Abdulmalik, Managing Director PHCC

### Moderators: Dr Hanan Abdul Rahim / Dr Muna Taher Aseel

- 09:00 – 9:45 am **Primary care research: Current state of the art and thinking ahead**  
Professor Sian M. Griffiths
- 09:45 – 10:30 am **Lessons from current changes of NHS in England and implications for how primary care services are organised and delivered**  
Dr Allyson Pollock

### 10:30 – 10:45 am **Tea break**

### Moderators: Dr Mohamed Iheb Bougmiza / Dr Noora Al Mutawa

- 10:45 – 11:00 am **The role of technology and inquiry in primary care**  
Professor Robert Crone
- 11:00 – 11:15 am **Evidence-based preventive health, where are we now?**  
Dr Michael Kidd
- 11:15 – 11:30 am **Using evidence to drive change: Understanding levers in primary care context**  
Professor Justin Konji
- 11:30 – 11:45 am **Panel discussion**
- 11:45 – 01:15 pm **Lunch Break, prayer and poster presentations**

### Moderators: Dr Jessie Johnson / Dr Mohamad El Zoghbi

- 01:15 – 01:30 pm **Harms and benefits: Misuse of research evidence in medicine and healthcare**  
Dr Khalid Al Ali
- 01:30 – 01:45 pm **Translating research evidence into health policy and practice: E- Health**  
Dr Juliet Ibrahim
- 01:45 – 02:00 pm **Research mapping with sustainable development goals for health in Qatar**  
Mr Mohamed Aly Ekeibed
- 01:45 – 02:00 pm **Panel discussion**
- 02:00 – 02:15 pm **Lunch break, prayer and poster presentations**

### Moderators: Dr Mohamed Hashem Mahmoud / Dr Steven C. Hunt

- 02:30 – 02:45 pm **Skill enhancement of health care professionals: Improving outcomes in Primary care through Inter-professional Education**  
Dr Noora A.M Almutawa
- 02:45 – 03:00 pm **Multisectoral approaches to preventive interventions for better health**  
Dr Paul Amuna
- 03:00 – 03:15 pm **Knowledge translation facilitating co-creation of evidence in public health**  
Dr Mohamed Ahmed Syed
- 03:15 – 03:30 pm **Panel discussion and close of Day 1**

## DAY 2: DECEMBER 2, 2018 IN NASHIRA ROOM

07:30 – 8:30 am **Registration**

**Moderators: Dr Steven C. Hunt / Dr Noora Al Mutawa**

08:00 – 8:45 am **Promoting preventive interventions in primary care**  
Professor Chris van Weel

08:45 – 09:30 am **Improving quality of primary care and family practice**  
Dr Michael Kidd

09:30 – 10:00 am **Tea break**

**Moderators: Dr Hanan Abdul Rahim / Dr Paul Amuna**

09:45 – 10:00 am **Diabetes prevention: What the evidence tells us**  
Dr Suhail Doi

10:00 – 10:15 am **Secondary prevention of type 2 diabetes mellitus: Evidence in action**  
Professor Shahrhad Taheri

10:15 – 10:30 am **Primary health care towards healthier communities in Oman: present and future**  
Dr Ahmed Hamed Al Wahaibi

10:30 – 10:45 am **Panel discussion**

**Moderators: Dr. Muna Taher Aseel / Dr. Mohamed Ahmed Syed**

10:45 – 11:00 am **Measuring quality and value for money in primary care**  
Dr Mukesh Thakur

11:00 – 11:15 am **Quality of clinical care for diabetic patients in primary health care centers in Qatar**  
Dr Saleh Attal

11:15 – 11:30 am **Patient experience and satisfaction of the colorectal cancer screening programme in Qatar**  
Dr Shaikha Abu Shaikha

11:30 – 11:45 am **Research self-efficacy and use of clinical guidelines among family physicians in Qatar: A research proposal**  
Dr Mohamed Iheb Bougmiza

11:45 – 12:00 pm **Panel discussion and close**

12:00 – 01:30 pm **Lunch break, prayer and poster presentations**

## CONCURRENT RESEARCH EDUCATIONAL WORKSHOPS: December 2 from 1:30 - 4:00 pm in Level 1 meeting rooms

### WORKSHOP 1

**Moderator:**  
**Dr Hamda A/ Qotba**

**Research Grants: How to develop good research proposals**  
Dr Mohammed Hussein Jarrar and Prof. Shahrhad Taheri

### WORKSHOP 2

**Moderator:**  
**Dr Paul Amuna**

**Fostering preventive medicine/ public health in future research programmes: Creating useful and useable research evidence**  
Dr Mohamed Iheb Bougmiza and Dr Jessie Johnson

### WORKSHOP 3

**Moderator:**  
**Dr Mohamed Ahmed Syed**

**Enhancing evidence-informed decision-making to support resilient and sustainable health interventions, policies and systems**  
Professor Deborah White





**SPEAKERS'  
ABSTRACTS**

## Key Note Speaker



### Professor Sian M. Griffiths

Professor Sian M. Griffiths, OBE, JP is an accomplished public health physician and academic. Her previous roles include as Director of Public Health for Oxfordshire, President of the Faculty of Public Health, Royal College of Physicians and Director, School of Public Health and Primary Care, Chinese University of Hong Kong, where she is now Emeritus Professor and Senior Advisor on International Academic Development. She chaired the Commission on Inequalities and Health for Oxfordshire in 2016 and Staffordshire University's Centre for Health and Development until 2018. She is currently Deputy Interim Chair of the Board of Public Health England and Chair, the Global Health Committee. Professor Griffiths is visiting Professor, Imperial College, London and Associate of the Moller Institute, Cambridge University, with special interest in healthcare in China.

## PRIMARY CARE RESEARCH: CURRENT STATE OF THE ART AND THINKING AHEAD

Primary care encompasses care for individual patients, whole populations and focuses on not only treatment, but prevention across health disciplines including on allopathic as well as traditional medicine. It is concerned with physical, mental, spiritual and social wellbeing.

The global movement to ensure universal healthcare recognizes the essential role of good primary care services, summed up within the United Nation's Sustainable Development Goal 3.

Three transitions namely; demographic, epidemiological and health, frame the challenges for primary care research and how it can position itself to provide evidence to recognize health need, to organize effective and efficient services and to move forward with advances in digitalization and technology to support patient care both within practice and in the community.

This presentation will explore these themes and suggest some challenges and opportunities for the future.



### Dr Allyson Pollock

Professor Allyson Pollock is a Consultant in public health medicine & Director, Institute of Health and Society, Newcastle University, UK. She is a leading authority on the fundamental principles of universal health systems, a researcher and author. Her current research is around access to medicines and pharmaceutical regulation. Her latest book “An Anthem for the NHS” is currently under prepration.

## LESSONS FROM CURRENT CHANGES TO NHS IN ENGLAND AND IMPLICATIONS FOR HOW PRIMARY CARE SERVICES ARE ORGANISED AND DELIVERED

Following devolution in 1998, each of the four countries of the UK has diverged in terms of the funding, organisation and provision of their National Health Services. The Scottish and Welsh NHS (Nationsl Health Service) have reintegrated care under area based health authorities and abolished the market contracting and purchaser provider split. Public funding and public ownership has been largely restored. This is also the case in Northern Ireland.

However, in England the NHS has been undergoing incremental marketization and commercialisation since 1990 culminating in the Health and Social Care Act 2012. The government is introducing new models of care drawn from the US Health Maintenance Organisation with a plan to award providers multi-billion pound contracts for periods of 10 to 15 years. Providers will include large companies and US multinational corporations.

These changes require fundamental changes to how primary care services are organised, delivered and funded. The current model of small locally provided community oriented practices where GP practitioners are independent but under a special contract with the government is changing. The small practice model is being replaced by large corporate structures increasingly distanced from the local population and ownership and control is passing to companies, which will employ GPs and staff. Despite enormous public opposition, the changes are being presented as allowing greater service integration. The changes are complex and the public lack the information needed to understand their potential implications for access and equity.

These massive system-wide changes lack meaningful evaluation. However, it is possible to draw on the experience of the US health system and some English data to understand what the implications for equity, access, cost and coverage might be.



### Professor Chris van Weel

Professor Chris van Weel is an emeritus professor of Family Medicine & General Practice, Radboud University Nijmegen; former president World organization of family doctors (WONCA) from 2007 - 2010. He is founder of the EU Erasmus exchange program in primary health care and co-founder and board member of the Netherlands School of Primary Care Research. He has won numerous honours and awards including an Honorary Doctorate from the University of Ghent, Belgium.

## PROMOTING PREVENTIVE INTERVENTIONS IN PRIMARY CARE

Primary Care and Family Medicine consist of different components: cure, care and support; health promotion and prevention; and strengthening of autonomy of individuals and populations. Preventive interventions are best placed within primary care because of the strength it offers through its core values: continuity of care (person-centered care over time); integration of interventions (bringing together different approaches in a coherent management plan); and its community orientation (a focus on the population under care and their specific needs). This integration allows prevention to be interwoven within the trust relationship family physicians cultivate with their constituents over time from which benefits in terms of acceptability and adherence derive. In this presentation, the core values of primary care will be reviewed as a basis for promoting preventive interventions.

Operationalisation of preventive interventions may occur on the following levels: 1) Practice population. Knowing the practice population and living environment provides precious information of specific needs including insight into the most important health problems, the evidence of their (primary and secondary) prevention and their social determinants. Population/community surveillance will enable planning of community-specific priorities for prevention and intersectoral collaboration essential for successful implementation of prevention. 2) Individuals and their family context. Provides information of individual and family-related health risks and vulnerability and this knowledge can be translated into targeted person-centered prevention and health promotion. 3) Regular patient encounters over time. An important feature of prevention is in changing risks and behaviour. Continuity of care, with contacts over time provide most helpful conditions to coach patients and instigate lasting change. The various pathways through which prevention in primary care can be put into effect including the required practice organisation and research will be presented.



### Dr Michael Kidd

Professor Michael Kidd is Chair, Department of Family & Community Medicine University of Toronto, Canada and Senior Innovation Fellow, Institute for Health Systems Solutions and Virtual Care at Women's College hospital, Toronto. He is a professorial Fellow, Murdoch Children's Research Institute at the Royal Children's hospital, Melbourne, and Honorary Professor of Global Primary Care, Flinders University, Australia. He is Fellow of the Australian Academy of Health and Medical Sciences and Past President of WONCA. In 2009, Professor Kidd was made a Member of the Order of Australia for services to medicine and education in the Queen's Birthday honours list.

## IMPROVING QUALITY OF PRIMARY CARE AND FAMILY PRACTICE

Quality, efficiency and equity are three of the features that any well-functioning, people-centred, and socially accountable health system or service should seek to address. In primary care and family practice, we are committed to providing high quality health care and to ensuring that our services are as efficient and equitable as possible. Yet, key questions remain. How do we know if we are providing good health services to our individual patients and our communities? How do we know if our services are meeting the most significant health care needs of our patient population? How do we ensure that the most vulnerable members of our community are not missing out on health care?

Former World Health Organization Director General, Margaret Chan, says "What gets measured, gets done." So can we measure quality, efficiency and equity in family medicine? If so, how do we know if we are measuring the right things? And, given the diversity of primary care services around the world, can we compare performance within and between countries?

This presentation draws on experiences in many countries and with the support and advice of some famous dragons, explores how our colleagues around the world are tackling the challenges of quality, efficiency and equity, to see if we can find some answers about how each of us can deliver high quality, efficient and equitable health care to all our patients.



### Dr Michael Kidd

Professor Michael Kidd is Chair, Department of Family & Community Medicine University of Toronto, Canada and Senior Innovation Fellow, Institute for Health Systems Solutions and Virtual Care at Women's College hospital, Toronto. He is a professorial Fellow, Murdoch Children's Research Institute at the Royal Children's hospital, Melbourne, and Honorary Professor of Global Primary Care, Flinders University, Australia. He is Fellow of the Australian Academy of Health and Medical Sciences and Past President of WONCA. In 2009, Professor Kidd was made a Member of the Order of Australia for services to medicine and education in the Queen's Birthday honours list.

## EVIDENCE-BASED PREVENTIVE HEALTH, WHERE ARE WE NOW?

Prevention should be an integral part of the role of all health professionals working in family medicine and primary care. As is well known, every encounter with a patient is an opportunity for prevention. Yet challenges remain in implementing best practice evidence on preventive health care into our daily clinical work.

This presentation will draw on experiences on the development of evidence-based guidelines and recommendations, and their translation into clinical practice, with special reference to the work of The Canadian Task Force on Preventive Health Care, and the Royal Australian College of General Practitioners' Guidelines for Preventive Activities in General Practice ("Red Book").



### Professor Robert Crone

Dr Robert K. Crone is Vice Dean, Clinical Affairs and Professor of Clinical Pediatrics and Anesthesiology, Weil Cornell Medicine-Qatar. He has expertise in fetal cardiovascular physiology and served as founding Director of anesthesia and paediatrics at Harvard medical school, Boston, Massachusetts. He has special interest in international medicine with a focus on healthcare improvements for patients globally. Following service with the People-to-people health foundation, Harvard Medical International and Huron Consulting Group which he founded, his present focus is to contribute to the development of the healthcare and medical education sector in Qatar. He is a member of the board of Academic Health System Partners of HMC.

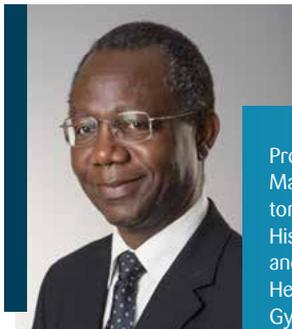
## THE ROLE OF TECHNOLOGY AND INQUIRY IN PRIMARY CARE

The primary health care system is (or should be) the backbone of any world-class healthcare system. In our current environment where populations are aging and non-communicable diseases are prevalent, finding innovative ways to prevent disease, promote health, and manage chronic disease in one's own home is our only hope of finding practical, financially sustainable, and humane models of care delivery.

This vision can serve as the mission and strategic direction for research in primary care. A myriad number of topics and approaches are possible and pertinent questions include:

- How does technology enable primary care in the home?
- How can we better educate our patients for healthy living and chronic disease management?
- How will drug discovery enable better health for our patients?
- How can we make care delivery more efficient and cost-effective?

These are just a few of the more practical concepts that can be implemented systems-wide in a primary health care environment. The support of the academic healthcare system, including the medical school(s), academic health center(s) and the funders of research can play a key role in ensuring that doable projects are conceived, implemented, and concluded in order to ensure positive change is achieved leading to better health at an affordable price. These issues will be explored in this presentation.



### Professor Justin Konje

Professor Justin Konje is Executive Chair, Women's Services Clinical Management Group at Hamad Medical Corporation, and Research Director for Obstetrics and Gynecology, Sidra Medicine and Research Center. His previous positions include as Professor of obstetrics and Gynecology and Head, Endocannabinoid Research Group, University of Leicester, UK. He also served on the Council of the Royal College of Obstetrics and Gynecology and was head of the Postgraduate School of OBG in the East Midlands, UK.

## USING EVIDENCE TO DRIVE CHANGE: UNDERSTANDING LEVERS IN PRIMARY CARE CONTEXT

Levers the most important of which should determine healthcare delivery include: (a) priority needs (b) evidence and (c) resources available. How effective this is, is a reflection of outcomes. Outcomes are not simply the result of advice or change instituted but a summation of several processes that ultimately deliver desired results. Results often determine the need for change, however, lessons learned from others may just be as important in driving change.

One of the most important levers of change is available evidence, essential to drive change. Yet it is critical to review the evidence to ensure that its application is timely, relevant and measurable. The manner in which support is provided, offered, or procured influences whether such support has positive, neutral, or negative consequences on the change. Evidence based-practice has been and continues to be used to influence change in both primary and secondary care. Evidence-based medicine is 'the integration of best research evidence with clinical expertise and patient values' or 'the integration of the best available research with clinical expertise in the context of patient characteristics, culture, and preferences' or indeed 'a decision-making process that integrates the best available research evidence with family and professional wisdom and values'.

In this presentation, the use of evidence-based practice to drive change in primary care will be discussed, using exemplars from the UK and other more resource countries of the world.



### Dr Khalid Al Ali

Dr Khalid Abdulla Al-Ali, Director of Higher Education Institutions' Affairs, Ministry of Education and Higher Education, Qatar, has a background in cytogenetics and bioethics. He was previously Vice President for faculty Affairs, Qatar University. He has served on, and chaired the World Commission on the Ethics of Science and Technology (COMEST) at UNESCO, and the Arab Committee for Science and Biotechnology Ethics. He chairs two IRB Committees: At Qatar University and the Biomedical research Institute, Qatar Foundation.

## HARMS AND BENEFITS: MISUSE OF RESEARCH EVIDENCE IN MEDICINE AND HEALTHCARE

The conduct of research in Qatar is characterized by high ethical and scientific standards where harm to subjects is limited. Maximizing the benefits of research involving human subjects requires that any risk of harm to subjects and others be assessed. Such assessment inevitably involves the exercise of judgment and human subject research can only be accepted when the potential benefits justify those risks. The continuous promotion of ethically sound research involving human subjects has been prioritized through the ethical standards and regulations set by the Ministry of Public Health (MOPH).

The risks involved in human subject research can be assessed by considering some concrete examples of misconduct in recent history as well as the challenges involved in ethical approval.

For ethical review bodies, there can be a profound tension between an obligation to give maximum scope to participants' freedom to accept risk and to ensure that research is conducted in a way that is beneficent and minimizes harm. Despite this inner tension, it can be easily agreed upon that the greater the risk involved, the more certain it must be that: (1) any risks will be managed as well as possible, and (2) participants clearly understand the risk they are assuming. In short, the most pressing question is not whether we should be conducting human subjects' research, but rather how we can balance the risks involved to subjects for the sake of the advancement of science. The clear ethical analysis of the various components in a research study seems to present advantages in paving the pathway for better assessment of harms and risks. In this presentation, the critical issues regarding research ethics will be explored.



### Dr Juliet Ibrahim

Dr Juliet Ibrahim, Director of eHealth Department, Ministry of Public Health, Qatar, is a family physician with special expertise in health systems administration. She has been leading and working in planning, strategy and policy at the Ministry of Health and in primary health care in Qatar over the last 10 years. Her achievements include the development of clinical effectiveness programs and implementation of clinical information systems.

## TRANSLATING RESEARCH EVIDENCE INTO POLICY AND PRACTICE: E-HEALTH

In our pursuit of personalized medicine, new technologies have provided platforms and new opportunities for greater patient engagement via eHealth. Such engagement offers patients and the general public information and guidance for managing existing health conditions and promoting better health and wellbeing and provides evidence to inform future health policy.

Though still a ‘young science’, evidence is accruing about the use of eHealth and its impact on individual health outcomes and value-for-money for health services. In order to test and quantify such potential benefits (and prevent potential harms of misuse), the Commonwealth Fund for instance recently issued a brief on “developing a framework for evaluating patient engagement, quality and safety of mobile health applications”.

### The objectives of the presentation will be to:

- Showcase examples of research on eHealth; with the aim to show how eHealth can support improved health service provision and health outcomes
- Provide examples of how eHealth research was used to develop health policy;
- Highlight the current situation of eHealth in Qatar



### Mr Mohamed Aly Ekeibed

Dr Mohamed Aly Ekeibed is a statistical and demographic expert with a special interest in social, developmental and migration studies and the welfare of the elderly in Qatari society. He has led national social demographic and health surveys in Mauritania and also served as population expert for the Technical Bureau, Permanent Population Committee of the General Secretariat for Development Planning in Qatar.

## RESEARCH MAPPING WITH SUSTAINABLE DEVELOPMENT GOALS FOR HEALTH IN QATAR

The third UN Sustainable Development Goal (SDG3) focuses on “Healthy lives and promotion of well-being for all at all ages”. In Qatar’s own developmental agenda (NDS 2016-2011) prior to the UN Declaration, the foundations had already been laid down for the development of a high quality health service which also preceded the adoption of the Qatar Vision 2030 agenda.

To date, Qatar has achieved remarkable outcomes in preventive care including maternal health care, early detection of diseases, encouraging the population to practice healthy behaviors, improving transparency in patients’ rights and responsibilities. Maternal mortality is almost eliminated with significant reduction in under-five mortality rate and neonatal mortality rate to less than 25 and 12 deaths per 1,000 live births respectively.

In this presentation, the focus will be on how Qatar has contextualized the global SDGs against its own national developmental objectives with specific reference to the health sector including health investments and mapping of achievements against national and international targets.

Highlights will include overall reductions in morbidity and mortality rates for both communicable and non-communicable diseases. Key recommendations include the need for coordination between stakeholders to obtain unavailable data to follow up certain SDGs’ targets including electronic data transfer and sharing systems; development of vital statistics registers to enable measurement of health sustainable development indicators (SDIs); updating indicators that are available only from specific surveys, such as current tobacco use; quality improvement and timely dissemination of data; and further research on more effective private sector participation as stakeholder for improved national health outcomes.



### Dr Noora A.M Almutawa

Dr Noora Al Mutawa is a senior consultant Family Physician with special interest and expertise in developing CME programs to support Family Medicine physician training, inter-professional education, enhanced professional standards, skills and competencies. As Head of Clinical Training, Dr Al Mutawa has raised professional standards in clinical training. She was instrumental in acquiring the Qatar Council of Health Practitioners' CPD Accreditation for the Primary Health Care Corporation.

## SKILL ENHANCEMENT OF HEALTH CARE PROFESSIONALS: IMPROVING OUTCOMES IN PRIMARY CARE THROUGH INTER PROFESSIONAL EDUCATION

Primary Health Care Corporation (PHCC) has adopted the Family Medicine Model (FMM) of patient-centered care comprising health promotion and disease prevention, diagnosis and management of acute and chronic diseases, continuity of care and long-term support to patients, their families and the community. This presentation is about a multicenter inter-professional collaborative learning approach currently being implemented to complement existing continuing professional development (CPD) activities to further enhance targeted health outcomes.

Professional groups participating include nurses, physicians, pharmacists, dentists, physiotherapists, and other allied health practitioners. Four inter-professional education (IPE) core competencies - values/ethics for practice, roles/responsibilities, communication and teamwork (Inter-professional Education Collaborative 2016) constitute core competencies being assessed. Learning platforms include peer reviews for case-based clinical scenarios, significant event analysis, and journal clubs. Others include simulation, virtual grand rounds, e-learning-hosted shared learning and consensus building/sharing of best practice. Topics will be identified using training needs analysis/subsequent CPD plan, health center data, clinical audits, review of significant adverse events, and other local data.

Plans for initial piloting of the approach in 5 health centers which meet requirements for associated service deliverables are highlighted. Educational sessions will be conducted on a regular basis for short periods of 1 hour, enabling staff engagement without affecting their other commitments. Qatar Council for Healthcare Practitioners (QCHP) accreditation will be sought for the program.

Expected outcomes include addressing challenges in implementing the FMM, improving knowledge, skills and attitudes of key IPE leaders in PHCC to teach, guide, inspire and continuously learn from, with and about members of the health care team and to improve health outcomes and enhance patient-centered care. Evaluation measures will include evidence of core competencies in proposed changes to clinical practice, improvements in care provision, patient satisfaction, and increased team collaboration.



### Dr Paul Amuna

Dr Paul Amuna is a physician scientist with extensive experience in training, research and health workforce capacity-building spanning over three decades in Europe, the Arab Gulf and Africa. His research interests include the materno-foetal relationships, early life experiences, obesity and later-life chronic diseases. He has a special interest in multisectoral actions in health and childhood obesity.

## MULTISECTORAL APPROACHES TO PREVENTIVE INTERVENTIONS FOR BETTER HEALTH

As broadly defined, health encompasses not just the absence of disease or disability, but includes issues that influence human wellbeing such as where we live, work and our social and cultural networks and belief systems. The majority of public health interventions are complex, multi-faceted and require joint planning and collaborative inputs usually from multiple stakeholders and sectors for successful implementation and their sustainability over time. This multisectoral approach to improving public health is increasingly being emphasized as the best way to achieving common health goals based on accumulating evidence of its cost-effectiveness.

One area of global health concern is childhood obesity which has been increasing exponentially, and whose short, medium and long term consequences to the individual and society are well documented. Recently, the World Health Organization has sought to provide guidance on a harmonized multisectoral approach to tackling childhood obesity using the Ending Childhood Obesity (ECHO) zones model.

In Qatar, we have initiated a project aimed at understanding the different contributors to the problem of childhood obesity including individual, family, and environmental factors to help us identify stakeholders needed to collaboratively address the problem through planned and sustainable preventive interventions. The main focus of this presentation is to introduce the concept of multisectoral actions in health and specifically highlight and demonstrate their specific application to, and importance in tackling childhood obesity in Qatar.



### Dr Mohamed Ahmed Syed

Dr Mohamed Ahmed Syed is a physician by training and currently a specialist in public health research at Primary Health Care Corporation, Qatar. He previously held academic and health service posts in the UK and Europe. He has extensive national and international experience as an expert in preventive medicine and public health. Dr Syed's particular area of interest is in the 'evidence to policy and practice' interface of public health.

## KNOWLEDGE TRANSLATION FACILITATING CO-CREATION OF EVIDENCE IN PUBLIC HEALTH

Researchers, public health professionals and decision makers are actively pursuing ways to move research findings into broader use by frontline staff and communities. However, they are faced with a number of difficulties and challenges which include how to make sense of the diverse and contested definitions and terms, how to navigate their way through the fragmented literature and how to identify theories, models and frameworks which might be helpful to them.

The presentation will introduce the concept of 'Knowledge translation facilitating co-creation of evidence' and a conceptual framework.

The framework will highlight the key elements of Evidence Informed Public Health (EIPH) featuring 'co-creation' of evidence to provide an understanding of the gaps in the use of evidence and describe KT approaches facilitating co-creation of evidence to bridging these gaps in public health policy making and practice. An example study from Qatar using a KT approach facilitating co-creation of evidence will be presented.



### Dr Suhail Doi

Professor Suhail A.R. Doi is a consultant physician, endocrinologist and professor of clinical epidemiology at College of Medicine, Qatar University. His previous positions include Head, Clinical Epidemiology unit and Chair, Population Health Domain, the School of Medicine, University of Queensland; and Professor of Clinical Epidemiology, Australian National University. He has published widely and authored a number of textbooks on methods in epidemiology and public health. He is the co-author of the Doi-Thalib method for meta-analysis introduced in 2008 as an alternative to the random effects model. Dr Doi is Associate Editor of the Journal Clinical Medicine & Research and reviews for a number of highly ranked journals. His interests lie in research that addresses unanswered questions in patient care, methods of research design and analysis used in medicine including: epidemiology, prognosis, treatments and meta-analysis.

## DIABETES PREVENTION - WHAT THE EVIDENCE TELLS US

Identification of at-risk individuals for type 2 diabetes using targeted or universal screening that lead to appropriate lifestyle interventions could greatly help in preventing or delaying the onset of diabetes and thus reducing the burden of the disease.

In its 2018 Standards of Medical Care in Diabetes, the American Diabetes Association suggests that screening through an informal assessment of risk factors or with an assessment tool is recommended to guide providers on whether performing a diagnostic test for pre-diabetes and previously undiagnosed type 2 diabetes is appropriate.

There have however been calls for universal invasive screening. There have also been a multitude of trials indicating the benefits of intervention to prevent type 2 diabetes once those at high risk are identified. However, for the sustainability and success of interventions, critical questions remain about balancing cost-effectiveness with social acceptability as well as embedding interventions within the health system for maximum impact.

This presentation will explore the existing evidence-base and propose what the best practice should be when diabetes prevention programs are being planned.



### Professor Shahrads Taheri

Professor Shahrads Taheri is professor of Medicine and Epidemiology; Assistant Dean for Clinical Investigations and Director, Clinical Research Core, Weil Cornell Medicine-Qatar; and Honorary professor of Medicine, St. Bartholomew's hospital, London. He has led multi-disciplinary, multi-professional research and clinical teams to develop, implement, monitor and evaluate clinical services for patients with diabetes and obesity. Professor Taheri chairs research at the Qatar National Diabetes Strategy and the Qatar Metabolic Institute. He has contributed to national and local guidelines on obesity in the UK and Qatar. His research interests are increasingly focused on development, conduct and implementation science linking diabetes to mechanisms through laboratory studies. Professor Taheri has published extensively in highly-ranked journals and serves on numerous editorial boards.

## SECONDARY PREVENTION OF TYPE 2 DIABETES MELLITUS – EVIDENCE IN ACTION

Obesity and type 2 diabetes mellitus are significant challenges to healthcare services in Qatar and worldwide. The management of type 2 diabetes includes lifestyle change, and glycaemic, blood pressure, and lipid control to avoid diabetes macro- and micro-vascular complications.

It is generally believed that type 2 diabetes is a lifelong disease with progression of insulin resistance and pancreatic beta cell failure. However, increasing evidence shows that type 2 diabetes can be put into remission, or even reversed completely, if the underlying pathophysiology is addressed.

A key driver of type 2 diabetes is excess adiposity and fat deposition in the liver and pancreas. We have implemented an intensive lifestyle intervention for those with early type 2 diabetes in primary health in Qatar, adopting an emerging approach for the management of obesity.

The presentation will present early findings from the study in Qatar and place it in the context of the current evidence for management of type 2 diabetes.



### Dr Ahmed Hamed Al Wahaibi

Dr. Ahmed Hamed Al Wahaibi is a family physician and member of faculty of the Family medicine residency programme in the Sultanate of Oman, and OSCE Examiner. He leads the elderly and community care programme and works with patients with nicotine addiction.

## PRIMARY HEALTH CARE TOWARDS HEALTHIER COMMUNITIES IN OMAN: PRESENT AND FUTURE

Primary health care (PHC) in the Sultanate of Oman is an extensive and complex system that combines all the essential promotive, preventive and curative services and healthcare programs delivered to the public. PHC is also linked to secondary and tertiary healthcare through a referral system. The sultanate adopted primary health care as a core policy for the Ministry of Health soon after the Declaration of Alma-Ata in 1978. Shortly thereafter, Oman established its own national strategy to mirror the Global Strategy for “Health for All” by the Year 2000. Within thirty years after the declaration of Alma Ata, the PHC system in Oman had succeeded in tackling the main health problems, scoring high grades in performance.

The aim of this presentation is to provide a review of the elements of the PHC system and to describe and analyse the achievements and challenges. Secondary data analysis from historical national statistics, literature and local reports of PHC in Oman covering the period 2016 - 1970 will be presented. Examples of achievements and innovative services such as the geriatric health program which provides services at health institutions and in the community for 27,000 senior citizens will be highlighted as well as challenges and trends of new and emerging diseases such as non-communicable Diseases. Future plans and recommendations will be made.



### Dr Mukesh Thakur

Dr Mukesh Thakur received his consultant training in Internal Medicine at the Royal College of Physicians, Edinburgh. He is Assistant Executive Director for Quality and Patient Safety at Hamad General Hospital. He has 18 years of extensive clinical experience, mainly in the UK National Health Service, where he played vital transformational roles including pioneering the practice of simulation in acute medical training programs. His major focus at HMC are education and quality improvement. He is currently leading and transforming quality and patient safety initiatives.

## MEASURING QUALITY AND VALUE FOR MONEY IN PRIMARY CARE

Measurement of quality in healthcare is a process of using data to evaluate performance of health plans against quality standards. Donabedian classifies it as structure; process; and outcome measures; referred to as the “Donabedian model”.

Whilst the “Structure component measures” assess characteristics of a health care setting, “process measures” ensure that evidence-based practices are being applied and adhered to, which in turn inform “outcome measures” leading to good outcomes.

Where all these measures are in place within the health care system, such a system can be a value-based system not only in monetary terms but in its totality as an efficient and impactful system to deliver set targets against reference standards or benchmarks. Thus a value-based health system reflects maximum utilization of available resources with improved quality and a true value based-system controls and monitors cost through improving efficiencies whilst reducing wastes. The ultimate outcome is that it leads to providing a high quality of care at the same or lower cost.

These issues will be highlighted in this presentation with some case and practical examples based on our experience of applying the Donabedian model to our practice in Qatar.



### Dr Saleh Attal

Dr Saleh Attal is consultant in family medicine and endocrinology. He is the Lead for continuity of Care Clinics and Assistant Professor of Family medicine at Weil-Cornell Medicine-Qatar. He serves on numerous committees including the Diabetes Sub-Committee at HMC where he has a special interest in the endocrinology-diabetes-obesity interface vis-à-vis the continuity of care for chronic disease.

## QUALITY OF CLINICAL CARE FOR TYPE 2 DIABETES PATIENTS IN PRIMARY HEALTH CARE CENTERS IN QATAR: A RETROSPECTIVE ANALYSIS IN 2017

Diabetes mellitus remains high in Arabian Gulf countries including Qatar. Yet standards of care at primary care level remains largely understudied. Improving standards of primary care decreases referrals to secondary care and reduces the overall cost of diabetes care. The aim to assess adherence to current national diabetes care guidelines amongst clinicians at the Primary Health Care Corporation, measured against Behavioral Risk Factor Surveillance System (BRFSS), CDC/NCCDPHP 2008 as a reference benchmark.

A retrospective cross-sectional study of secondary electronic medical records data in a systematic random sample of 643 type-2 diabetes patients attending NCD clinics in 2017. Data was collected using a checklist generated from the ADA Comprehensive Diabetes Care 2017 guidelines. Results are presented as descriptive statistics.

Results of 643 patients, 72.3% received annual retinal examination, 89.6% had comprehensive foot examination, and 80.9% had annual albuminuria screening compared to the (BRFSS), CDC/NCCDPHP reported rates of 53.4%, 68.0%, and 33.3%, respectively. Eight hundred, sixty-eight (97.7%) 628 (97.5%) and 538 (83.7%) respectively had recent records of HbA<sub>1c</sub>, blood pressure and lipid profiles. Of these, 35.5% had HbA<sub>1c</sub> less than 7.0%, 73.8% had LDL less than 2.6 mmol/L and 66.8% had controlled BP. The majority (88.0%) of patients were either overweight or obese; 15.2% were documented as smokers, 88.8% had other co-morbidities, and 27.8% were on Insulin. With the exception of low percentage of HbA<sub>1c</sub> values below 7%, overall the PHCC values and compliance rates were higher when compared with the reference (BRFSS), CDC/NCCDPHP values. However, there were differences in these indicators between Health Centers.

In conclusion, there is good adherence to international standards with most areas exceeding the targets. A lack of local (national) data for comparison provides opportunity for a larger study to capture such data for future use. Improved efficiency and coordination among members of the diabetes care team, patient education and self-care are also recommended.



### Dr Shaikha Abu Shaikha

Dr Shaikha Abu Shaikha is a consultant in Community Medicine with expertise in Health Care Management. She is the Cancer Program manager in Primary Health Care Corporation where she plays a vital leadership role in the implementation of national population-based breast and bowel cancer screening. Her focus is to expand preventive and community-based care including public engagement to ensure a deeper understanding of the value of early cancer screening.

## PATIENT EXPERIENCE AND SATISFACTION OF THE COLORECTAL CANCER SCREENING PROGRAMME IN QATAR

Colorectal cancer (CRC) is in the top five most common cancers in both men and women with a total population incidence of 115 and accounting for approximately 56 (37 males and 19 females) deaths per year in Qatar. An annual national CRC screening programme was initiated in 2016 targeting individuals aged 50 years and above using fecal immunochemical occult blood testing (FIT). Potential barriers to colorectal cancer screening adherence include patient experience and satisfaction.

The focus of this study was to investigate patient experience and satisfaction with the programme during 2017 in order to maintain this high participation rate in the future. The invitation to participate in CRC screening included a scheduled appointment at one of three screening units. Following the appointment, patients were requested to participate in a questionnaire survey which included 14 questions across 4 categories (appointment scheduling, front desk personnel, technologist and facility) and reasons for selection of screening unit. A 4-point Likert-like scale (1= poor, 2= average, 3= good and 4=excellent) was used to record responses. Responses for each question were analysed and reported as overall percentages.

7373 (54 %) of 13645 patients who attended an appointment in 2017 completed a questionnaire. Majority (over 95%) of patients said they felt the service was excellent in terms of the categories and questions related to appointment scheduling, front desk personnel, technologist and facility.

The findings will help develop recommendations for further improvements to the programme going forward. The programme received positive feedback from participants and was viewed as a vital service. Emphasis on participants' experience and comfort led to an overall positive outcome.



### Dr Mohamed Iheb Bougmiza

Dr Mohamed Iheb Bougmiza, Consultant, Community Medicine, Primary Health Care Corporation, Qatar, is a physician and consultant in community medicine trained at Sousse University in Tunisia, and an expert in public health, quality and risk management from Bordeaux and Paris Diderot Universities, France. He has vast experience in Quantitative research methods, and has published over 50 peer-reviewed articles.

## RESEARCH SELF-EFFICACY AND USE OF CLINICAL GUIDELINES AMONG FAMILY PHYSICIANS IN QATAR: A RESEARCH PROPOSAL

Implementation of clinical guidelines and their translation into physicians' daily practice remains insufficient even within organizations that have made efforts to promote evidence-based practice. Understanding of barriers and facilitators is important for development of effective implementation strategies.

To understand the relation between research self-efficacy and the use of clinical guidelines in Qatar.

A cross-sectional web-based survey will be conducted among all physicians employed by PHCC for more than 6 months. Physicians will be contacted via e-mail with an information letter and a link to the electronic version of the questionnaire. The letter states the purpose of the study and that the participation is voluntary.

In addition to the socio-demographic data and frequency of use of clinical guidelines, information about the physicians' research self-efficacy will be gathered using Phillips and Russell's research self-efficacy scale. It is a -33item questionnaire with four subscales including (a) research design skills (8 items), (b) practical research skills (8 items), (c) quantitative and computer skills (8 items) and (d) writing skills (9 items). Each item is given a score that varies from 0 (belief of inability) to 9 (belief of performing in the full item ability). The total score for each participant varies from 0 to 297.

Descriptive and analytical statistics will be performed using SPSS 21.0.

It is envisaged that the results will provide a framework and guidance to permanent integration of clinical guidelines in physicians' daily practice to ensure that patients are always receiving appropriate care.

# Workshop Speakers

## Workshop 1

### RESEARCH GRANTS: HOW TO DEVELOP GOOD RESEARCH PROPOSALS

It is vital that applicants have a full understanding of what is required, as well as knowing the various stages of the research grant application process, so they are able to maximize their chances in being successful in their grant application. This workshop aims to provide participants with practical insights into research grant processes and requirements including:

- Research grant application processes
- Research budget for grants
- The review processes of grant proposals, what reviewers want and how to meet requirements



### Professor Shahrad Taheri

Professor of Medicine & Epidemiology, Assistant Dean for Clinical Investigations & Director of the Clinical Research Core. Weill Cornell Medicine – Qatar.

### Dr Mohammed Hussein Jarrar

Dr Mohammed H. Jarrar is a bio scientist with expertise in functional genomics and biotechnology. He is senior manager of biomedical and health research at Qatar National Research Foundation and previously served in academic and research positions in the Gulf and the United States. His research focuses on the application of informatics, genomics and proteomics and recombinant DNA to study obesity complications and co-morbidities.



## Workshop 2

### FOSTERING PREVENTIVE MEDICINE/PUBLIC HEALTH IN FUTURE RESEARCH PROGRAMMES: CREATING USEFUL AND USEABLE RESEARCH EVIDENCE

The aim of this workshop is to gain an understanding of the importance of identifying and applying research evidence in health systems, policies and practice related decision making impacts on their potential success and ensures appropriate use of limited health care resources.

**The workshop will help participants appreciate the importance of research evidence and how to obtain and utilise it to good effect including:**

- To establish and influence current priority research areas within preventive medicine and public health that need to be addressed.
- To identify ways in which useful and useable research evidence on priority areas can be generated, with a particular focus on how to study the transferability of innovations from one setting to another.
- Acquire new knowledge and practical skills in identifying and influencing research priorities and topics as well as undertaking evidence reviews.



### Dr Mohamed Iheb Bougmiza

Dr Mohamed Iheb Bougmiza, Consultant, Community Medicine, Primary Health Care Corporation, Qatar, is a physician and consultant in community medicine trained at Sousse University in Tunisia, and an expert in public health, quality and risk management from Bordeaux and Paris Diderot Universities, France. He has vast experience in Quantitative research methods, and has published over 50 peer-reviewed articles.

### Dr Jessie Johnson

Associate Professor, University of Calgary, Qatar, Professor Jessie Johnson has a strong background in acute care, community health and long-term care, with particular interest in supporting inter-professional education and collaborative model of care for chronic disease management. Her research spans across collaborative models of care and comparative policy analysis. She has extensive knowledge of, and expertise in ethnography, phenomenology and interpretive description.



## Workshop 3

### ENHANCING EVIDENCE-INFORMED DECISION-MAKING TO SUPPORT RESILIENT AND SUSTAINABLE HEALTH INTERVENTIONS, POLICIES AND SYSTEMS

The aim of this workshop is to draw generic lessons and identify 'good practices' in generating the right research evidence and ensuring its uptake and use. Explore the obstacles and enabling factors that determine the impact and success of knowledge transfer. Help identify what elements can really support implementation of evidence-informed policies and practice and how this can be supported.

**The workshop will provide participants an understanding of:**

- How research evidence is used and by whom
- How to communicate evidence based medicine/science with different audiences
- The possible impact of factors to be taken into consideration when seeking to translate research evidence into policy and practice
- How to conceptualise and communicate ethical and political issues associated with evidence informed decision-making

## Professor Deborah White

Professor Deborah White is the Dean and Chief Executive Officer (CEO), University of Calgary, Qatar, and past Associate Dean of Research at the University of Calgary in Alberta, Canada. Her research focuses on patient safety, quality of care, health workforce development and organizational practices. Her current research includes a 5-year comparative analysis and evaluation of strategic clinical networks and a study of traditional maternity care and their associated outcomes in Alberta, Canada.





# POSTER PRESENTATIONS

POSTER	TITLE AND AUTHOR (S)
SRC18/PO1	<p><b>COMPLEMENTARY AND ALTERNATIVE MEDICINE IN THE MANAGEMENT OF PAIN IN DIABETIC PERIPHERAL NEUROPATHY: A LITERATURE SCOPING</b>  Ehab Hamed, Mohalall Abdelmonem. Primary Health Care Corporation</p>
SRC18/PO2	<p><b>EFFECTIVENESS OF SCHOOL-BASED INTERVENTION TO PROMOTE MENTAL HEALTH LITERACY AMONG SECONDARY SCHOOL TEACHERS IN QATAR: A RANDOMIZED CONTROLLED TRIAL (STUDY PROTOCOL)</b>  Rowaida Elyamani, Mohamed Yacoub, Noura Alkubaisi, Iheb Bougmiza  Hamad Medical Corporation, Primary Health Care Corporation</p>
SRC18/PO3	<p><b>IDENTIFYING FACTORS THAT INFLUENCE THE RECRUITMENT OR RETENTION OF FAMILY PHYSICIANS: A SYSTEMATIC REVIEW</b>  Abdulaziz Alhenaidi, Kate O'Donnell, Jill Morrison. University of Glasgow-UK</p>
SRC18/PO4	<p><b>PATIENT EXPERIENCE AND SATISFACTION OF THE COLORECTAL CANCER SCREENING PROGRAMME IN QATAR</b>  Shaikha Sami Abushaikha, Hamda Abdulla A/Qotba, Samya Ahmad Al Abdulla, Ahed Bani Hamdan, Mohamed Ahmed Syed . Primary Health Care Corporation</p>
SRC18/PO5	<p><b>EFFECT OF REGULAR FOOTBALL TRAINING ON CHILDREN PHYSICAL FITNESS AND SELF-CONCEPT: A PRELIMINARY ANALYSIS</b>  Izzeldin El Jack Ibrahim, Suzan Sayegh, Husam Rezeq, Lena Zimmo, Anastasios Rodis, Abdulla S. Al-Mohannadi. Aspetar Orthopaedic and Sports Medicine Hospital</p>
SRC18/PO6	<p><b>PARENTS AND PHYSICIANS PERCEPTION OF CHILDREN'S EATING BEHAVIOR AND ACTUAL BODY MASS INDEX IN PEDIATRIC AMBULATORY SETTING -QATAR</b>  Manasik Hassan, Hatim Abdulerhaman, Mohamed sobhy, Ahmed Alhammadi  Hamad Medical Corporation, Sidra</p>
SRC18/PO7	<p><b>ROLE OF VIRAL PATHOGEN IN HOSPITALIZED CHILDREN WITH COMMUNITY ACQUIRED PNEUMONIA IN QATAR</b>  DR. Manasik Hassan, Amal Al-Naimi, Aji Varughese, Magda Youssef, Ahmed Alhammadi. Hamad Medical Corporation, Sidra</p>
SRC18/PO8	<p><b>THE ASSOCIATION OF HIGH IRON INTAKE AND ITS EFFECTS ON COGNITION IN OLDER CHINESE ADULTS</b>  Zumin Shi, Ming Li, Youfa Wang, Jianghong Liu, Tahra El-Obeid  Qatar University, University of South Australia, Xi'an Jiaotong University, University of Pennsylvania School of Nursing</p>
SRC18/PO9	<p><b>SHOULD WE BE CONCERNED ABOUT LOW VITAMIN D AND VITAMIN B<sub>12</sub> LEVELS IN ACTIVE-DUTY MALE FIREFIGHTERS IN QATAR?</b>  A Al Sulaiti, G. Karani, P. Amuna  Ministry of Interior, Primary Health Care Corporation, Wales Metropolitan University-UK</p>
SRC18/PO10	<p><b>ELECTRONIC NOTIFIABLE DISEASE REPORTING SYSTEM FROM PRIMARY CARE HEALTH CENTERS IN QATAR: A COMPARISON OF ELECTRONIC VS CONVENTIONAL REPORTING</b>  Dina Ali Abuelgasim Ali, Hamda Abdulla A/Qotba, Hanan Al Mujalli, Khalid Alawad, Catherine Kiely, Mohamed Ahmed Syed, Zienab Shehata, Merin Alex, Bongwiwe Patience Vilakazi  Primary Health Care Corporation</p>
SRC18/PO11	<p><b>THE CURRENT STATUS OF TYPHOID FEVER AND PARATYPHOID FEVER IN THE STATE OF QATAR: FIVE-YEAR TREND ANALYSIS</b>  Hamad Al-Romaihi, Nandakumar Ganesan, shk.Mohammed Al Thani, Elmoubasher Farag, Lylu Mahadon, Manal Rashid, Lolwa Al-Mohannadi  Ministry of Public Health</p>

POSTER	TITLE AND AUTHOR (S)
SRC18/PO12	<b>TYPES AND PRESENTATION OF REFRACTIVE ERRORS IN YEMENIS: A CROSS-SECTIONAL STUDY</b> Dr. Tawfik Dhaiban Primary Health Care Corporation
SRC18/PO13	<b>CHRONIC KIDNEY DISEASE MANAGEMENT IN PHCC: HEALTH CENTRE AUDIT AND REFLECTION ON CURRENT PRACTICE IN AL KHOR</b> Naela Darwish Saad, Sanaula Sheik, Ehab Hamed, Doaa Abdel Salam Mohammed Primary Health Care Corporation
SRC18/PO14	<b>CLINICAL AUDIT REPORT ON HEALTHY LIFESTYLE SERVICE IN PRIMARY HEALTH-CARE CORPORATION, QATAR</b> Manickavalli Anand, Noora Al Kubaisi, Hanan Al Mujalli, Abdul Ali Shah Primary Health Care Corporation
SRC18/PO15	<b>CLINICAL AUDIT REPORT ON DIETETIC CARE IN PRIMARY HEALTH CARE CORPORATION, QATAR</b> Soraimah Sarip Socor, Manickavalli Anand, Hanan Al Mujalli, Abdul Ali Shah Primary Health Care Corporation
SRC18/PO16	<b>CLINICAL AUDIT REPORT ON BOWEL CANCER SCREENING PROGRAM IN PRIMARY HEALTHCARE CORPORATION, QATAR</b> Noora Al Kubaisi, Manickavalli Anand, Hanan Al Mujalli, Abdul Ali Shah Primary Health Care Corporation
SRC18/PO17	<b>CLINICAL AUDIT REPORT ON VITAMIN-D DEFICIENCY MANAGEMENT IN CHILDREN IN PRIMARY HEALTHCARE CORPORATION, QATAR</b> Noora Jassim AlKubaisi, Abdul Ali Shah Nesa Ruby Kumar, Noble Tufail, Hanan Al Mujalli Primary Health Care Corporation
SRC18/PO18	<b>CLINICAL AUDIT ON CERVICAL CANCER SCREENING IN PHCC</b> Nesa Ruby Selvakumar, Soraimah Sarip Socor, Abdul Ali Shah, Hanan Al Mujalli Primary Health Care Corporation
SRC18/PO19	<b>CLINICAL AUDIT ON TRIAGE IN THE PRIMARY HEALTH CARE CORPORATION, QATAR</b> Sharif Ullah Khan, Nesa Ruby Selvakumar, Noble Tufail, Hanan Al Mujalli, Abdul Ali Shah Primary Health Care Corporation
SRC18/PO20	<b>PHYSICAL EXERCISE REGIMEN COMPARED TO METFORMIN TO REDUCE INSULIN RESISTANCE IN ADULTS WITH METABOLIC SYNDROME AMONG PHCC EMPLOYEES: A PLACEBO-CONTROLLED TRIAL PROTOCOL.</b> Sara Elsheikh Ahmedana, Musa Basheer, Ahmed Sameer Alnaumi Primary Health Care Corporation
SRC18/PO21	<b>IRON DEFICIENCY ANEMIA AND IMPACT ON SCHOOL PERFORMANCE AND ATTENDANCE AMONG CHILDREN AGED 4-6 YEARS OLD IN QATAR: PROTOCOL FOR A CROSS-SECTIONAL STUDY</b> Saqib Ahmed, A. Jaleel Zainel Primary Health Care Corporation
SRC18/PO22	<b>A CROSS SECTIONAL STUDY OF UTILIZATION OF THE 6-WEEKS POSTNATAL CHECK (PNC) FOR MOTHERS AT PRIMARY HEALTH CARE CENTERS IN QATAR IN 2017</b> Marissa Relloso Dizon, Omayma Muftah A.L. Mohamed, Hessa Ibrahim Shahbic, Hatoun Saeb. Primary Health Care Corporation

POSTER	TITLE AND AUTHOR (S)
SRC18/PO23	<p><b>ASSESSMENT OF AUTISM SPECTRUM DISORDER SCREENING AND REFERRAL OF 18 and 30 MONTH-OLD CHILDREN AT PRIMARY HEALTH CARE CENTERS IN QATAR</b></p> <p>Sadriya Mohd Al-Khoji, Marissa Relloso Dizon, Hessa Ibrahim Shahbic, Hatoun Saeb Primary Health Care Corporation</p>
SRC18/PO24	<p><b>EPIDEMIOLOGY OF INFLUENZA-LIKE ILLNESS IN CHILDREN UNDER 5 YEARS OLD IN QATAR (2017)</b></p> <p>Shazia Nadeem, Hamad Al Romaihi, Aiman Aly Elberdiny, Muhammad Ali Raja, Nandakumar Ganesan. Ministry of Public Health</p>
SRC18/PO25	<p><b>EFFECT OF SUPERVISED EXERCISE THERAPY VERSUS PHARMACOLOGICAL TREATMENT IN ADULT PATIENTS WITH NONSPECIFIC LOW BACK PAIN AT PRIMARY HEALTH CARE LEVEL: A RANDOMIZED CONTROLLED TRIAL PROPOSAL</b></p> <p>Anwar Joudeh, Nasr Elderaw. Primary Health Care Corporation</p>
SRC18/PO26	<p><b>PREVALENCE AND IMPACT OF ALLERGIC RHINITIS ON QUALITY OF LIFE AMONG 6 TO 16 YEAR OLD SCHOOL CHILDREN IN QATAR: A PROPOSAL</b></p> <p>Yahoo Pudukayil Pudiyamalyakkal, Paul Amuna. Primary Health Care Corporation</p>
SRC18/PO27	<p><b>INTERPROFESSIONALISM IN PRIMARY HEALTHCARE SETTING: QATAR UNIVERSITY: PUBLIC HEALTH STUDENTS' PERSPECTIVES</b></p> <p>Ghadir Fakhri Al-Jayyousi, Qatar University</p>
SRC18/PO28	<p><b>VIOLENCE AMONG ADOLESCENTS IN QATAR: RESULTS FROM THE GLOBAL SCHOOL-BASED STUDENT HEALTH SURVEY, 2011</b></p> <p>Mohamed Bala, Mohamad Chehab, Ayman Al-Dahshan, Salah Saadeh, Abdulhameed Al Khenji Hamad Medical Corporation, Primary Health Care Corporation</p>
SRC18/PO29	<p><b>CROSS-SECTIONAL STUDY ON SATISFACTION AMONG PATIENTS ATTENDING CONTINUITY OF CARE CLINIC IN WEST BAY HEALTH CENTER, QATAR, 2018</b></p> <p>M.Salem, A.Al-Ali, L. Almeslamani, H. Almahdi, S. Abed, M.Abu-Geseisa, S.Qaisi, S. Omer, E. Abuhazima. Primary Health Care Corporation</p>
SRC18/PO30	<p><b>USING MECHANICAL DIAGNOSIS AND THERAPY (MDT) IN MANAGING NON-SPECIFIC NECK PAIN AMONG PATIENTS ATTENDING PHYSIOTHERAPY CLINICS IN PHCC, QATAR: A RANDOMIZED DOUBLE BLIND CONTROLLED CLINICAL TRIAL PROTOCOLY</b></p> <p>Reham Mohammed, Ahmed Alnuaimi. Primary Health Care Corporation</p>
SRC18/PO31	<p><b>PREDICTORS OF CONTINUED BREASTFEEDING AT ONE YEAR AMONG WOMEN ATTENDING PRIMARY HEALTHCARE CENTERS IN QATAR: A CROSS SECTIONAL STUDY</b></p> <p>Amal Nasser, Fadumo Omer, Fatima Al-Lenqawi, Rehab Al-awwa, Tamam Khan, Ghadir Al-Jayyousi*. Qatar University</p>
SRC18/PO32	<p><b>PREDICTORS OF CONTINUED BREASTFEEDING AT ONE YEAR AMONG WOMEN ATTENDING PRIMARY HEALTHCARE CENTERS IN QATAR: A CROSS SECTIONAL STUDY</b></p> <p>Amal Nasser, Fadumo Omer, Fatima Al-Lenqawi, Rehab Al-awwa, Tamam Khan, Ghadir Al-Jayyousi*. Qatar University</p>
SRC18/PO33	<p><b>THE UTILIZATION OF CLINICAL DECISION SUPPORT TOOLS (CDST) ASSOCIATED WITH ELECTRONIC MEDICAL RECORD SYSTEM IN PRIMARY HEALTH CARE FACILITIES IN QATAR: A KAP STUDY FOR PHYSICIANS</b></p> <p>Asmaa Mohamed, Ahmed Sameer Alnaumi Primary Health Care Corporation</p>



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# VENUE INFORMATION



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The PHCC  
Scientific Research  
Conference (SRC)  
will be held at



*See below for the hotel site map which shows the names and locations of the conference and workshop rooms*

**THE REGISTRATION DESK WILL BE OPEN THE WHOLE DAY DURING THE CONFERENCE. ENTRY ONLY WITH AN SRC BADGE PROVIDED UPON REGISTRATION.**

