

## WORKSHOP ABSTRACTS

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### *Meet the Professors: Building an Academic Career*

#### **Medical Research in Jamaica: Building a Sustainable Research Enterprise: Lessons and Insights Gleaned over a Lifetime**

*R Wilks*

Research for health is essential to providing evidence for the health system but the research enterprise in low and middle-income countries (LMICs) is often inadequately funded and underdeveloped. The World Health Organization advises that research for health should be characterized by high levels of organization, priority setting, capacity building, high ethical and other research practice standards and diligent translation of evidence into policy, practice and products.

While research can be done by individuals operating alone, if the results are to have the required impact, research should involve all relevant stakeholders and find resonance in the target beneficiaries' health agenda. This requires professional trust and collegiality, the building of teams around the programme or theme being pursued, recruitment and training to provide the required skill sets and the identification and mentoring of junior researchers to ensure competent succession. This also requires a framework of good governance including ethical review and oversight, administration and financial management.

Many good research enterprises falter with the departure of the director or principal investigator and/or the curtailment of research grant funds. The sustainability of research for health which aims to provide solutions for national, regional and international problems is critical.

Sustainability is favoured, if not guaranteed, by the embedding of the enterprise within the institutional framework. Such research enterprise need to have a structure, efficient systems and processes as well as constant attention to recruitment, training and mentoring of people to make them fit for purpose. It is facilitated by an enabling and supportive environment which allows for learning by doing, including learning from errors, in a non-judgemental setting.

Research enterprises must rest on high level critical thought leadership, consistent fostering of scholarship, the ability to analyse and solve problems, good research practice, high quality mentorship and collegiality complemented by the requisite skills alongside institutional support and governance.

We should aim to build this enterprise and achieve this status *via* a diligent strategic approach within the context of long-term vision.

#### **An Academic Career in Medicine: What to do and pitfalls to avoid**

*H MacRae*

Developing an academic career in medicine requires concentration on aspects of performance outside of the clinical realm. Clinicians spend a great deal of time and training to acquire their clinical skills, but should also pay attention to developing their academic skills. To enhance academic performance and promotion, once skills are acquired, individuals should actively seek out institutional support and mentorship. Focussing endeavors, both clinically and academically, helps to develop ones academic credentials.

#### **Getting your Research Published: The Editor's view**

*B Graham*

What does an editor look for in a submission about a clinical research study? The old adage that a paper has value if "it is new, true and matters" still has merit however, because hardly anything is actually "new", there is also room for studies that reproduce earlier results and especially for those that report negative results. As for being "true", no study is perfect, regardless of where it comes from, so authors can pre-empt criticism of their work by identifying the deficiencies of the methods used and speculate on the impact those deficiencies may have had on the observations and the conclusions flowing from them. Do those findings matter? That is really a question for the investigators to identify long before the study is carried out.

#### **Advancing your Academic Career: Making and Impactful Oral Scientific Presentation**

*M Burnstein*

Good presentations share an essential quality: the audience has paid attention. Maintaining audience attention is achieved primarily by presenting a compelling story; important messages, not too many, flowing in a clear, logical order. Other strategies include slowing down (at times,) respecting the audience, resisting the urge to be comprehensive (less is more,) using diverse ways to convey information (avoid death by bullet point,) and making sure the story is your story, reflecting personal ideas and approaches.

# Main Workshop: Violence, Trauma and Development

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## Mapping of Crime in Jamaica

*P Lyew-Ayee Jr, L Greene*

*Mona GeoInformatics Institute, The University of the West Indies*

The ability to capture and report on crime accurately requires more than simple statistics. Crime is inherently spatial, and its patterns and distributions can reveal much more than simple tallies, rankings and percentage values reporting increases or decreases. Crime may be reported at different geographic scales – parish-, community-, street-, or pTaumroperty-level reporting are common. There are also different types of crimes.

The mapping of crime, by itself, requires assumptions of accuracies in reporting, whether this is captured at crime scenes, or based on remote reports called or radioed in. How these are presented – daily, weekly, monthly or annually – is also a key concern in how the products of mapping are utilised. However, there is much more nuance as to how effective crime maps can be. Context is important, showing the relationships between crime and infrastructure or certain criminal or police activities and movements. Cause-and-effect relationships can also be explored and measured.

This presentation will discuss the resource requirements in mapping crime in Jamaica, as well as how scale affects how well the mapped information is utilised. It will also look at the inherent relationships, spatial or otherwise, between crime and other socio-infrastructure variables.

## Plenary Lecture

### The Cardiff Model: A Successful Violence Prevention Strategy

*J Shepherd*

*Emeritus Professor, Cardiff University*

A great deal of violence which results in emergency treatment is not known to law enforcement agencies – mainly reflecting lack of reporting of violence to police. This finding, replicated in many countries, sets the scene for what has become known as the Cardiff Model for Violence Prevention which has been adopted across the United Kingdom and in cities in the United States, Australia and elsewhere;

it is endorsed and promoted by the World Health Organization.

This approach centres not in the criminal justice system alone but in an organized, multi-agency preventive response to violence in which hospital emergency departments (EDs) are essential partners. Although over half of violent incidents are not reported to police, injured people seek treatment for their injuries. This means that EDs are sources of unique information which is highly relevant for violence prevention – information about precise violence locations, times and dates, weapons and numbers of assailants. The elements of this approach will be described: data collection, data de-personalisation, combination of data from police and EDs, data analysis and data sharing, together with translation of data into practical prevention action by local, multi-agency violence prevention boards.

The evidence of effectiveness and cost benefit of this approach and of the individual, evidence-based interventions which it comprises will be presented, together with the mechanisms through which practical prevention can be achieved.

## Psychological Impact of Trauma

*C James*

*Psychology Unit, Department of Sociology, Psychology and Social Work, The University of the West Indies, Mona*

At some point in our lives we have all experienced negative situations. When this experience upsets us to the point where it affects our ability to adapt and adjust then it may be considered a traumatic experience. Put simply, a trauma is as any situation or event that has a negative and long lasting impact or effect on self or psyche. Traumas can be developmental, situational, medical, environmental, complex (prolonged, repeated trauma) or isolated. Whether it is a vehicle accident, rape, or sudden death (Big “T” Traumas) or it be teasing, cutting out of friendship or bullying (Little “T” Traumas), the psychological impact is still the same as the victim now experiences their world through the lens of their trauma. There are many ways in which individuals may react to trauma, some examples include, but are not exclusive to: physical (aches, pains, headaches *etc*), emotional (shock, fear, anxiety, rage, numbing), cognitive

(I am worthless) and behavioural (alcoholism, body modifications, aggression). The aim of this 15 minute presentation is to help individuals gain a better understanding of the psychological responses to trauma, recognize common responses to trauma, understand how the brain responds to trauma and to share how persons who are suffering after experiencing a trauma can be helped.

### **Jamaica as a Pathfinder Country: A Road Map to Results**

*E Ward*

*Violence Prevention Alliance (Jamaica)*

In 2015, World leaders committed to ending all forms of violence against children by 2030. The Global Partnership to End Violence Against Children was hence created and Jamaica became the only country in the Caribbean to become designated as a Pathfinder Country in 2016.

In Jamaica, evidence has shown that 24% of patients seen at hospitals for violence-related injuries were 19 years or younger; eight out of 10 children between the ages of 2–4 years had experienced some form of violent discipline; 24% of girls aged 10–15 said their first sexual experience was forced; and 30% of students surveyed feared going to school because of bullying.

Pathfinder countries are guided by INSPIRE, a technical package developed by the World Health Organization consisting of seven strategies that together provide a framework for ending violence against children. The INSPIRE Framework includes; Implementation and Enforcement of Laws; Norms and Values; Safe Environments; Parent and Caregiver support; Income and Economic Strengthening; Response and Support Services; and Education and Life Skills.

The Road Map (2018–2023) is based on the draft National Plan of Action's Integrated Response to Children and Violence (NPACV) using INSPIRE strategies and was developed in consultation by many ministries, departments and agencies (MDAs), with support from UNICEF and civil society partners. It draws upon the United Nation's Sustainable Development Goal 16.2: *To end abuse, exploitation, trafficking, and all forms of violence and torture against children.*

**Objective of the Road Map:** To reduce the impact of violence on children through an integrated approach or prevention, mitigation, and improved response to violence against children so that children may preserve their rights and grow to be productive citizens of Jamaica.

**Outcome 1:** Strengthened Policy, Legal and Regulatory Framework to Ensure the Protection of Children from all Forms of Violence and Exploitation.

**Outcome 2:** Improved Quality of and Access to Services for Children Affected by Violence.

**Outcome 3:** Family and Community Capacities Strengthened to Address Children and Violence Issues.

**Outcome 4:** Enhanced Public Education, Sensitization and Training on Violence Prevention, the Care of Children Affected by Violence and Children's Rights.

**Outcome 5:** Integrated Framework for Effective Coordination, Implementation, Monitoring and Evaluation of the NPACV

### **RESULTS**

The main results are aligned with INSPIRE and include 1) Reducing the rate of child homicide 2) Strengthening social services for children who have experienced violence, particularly victims of sexual violence; 3) Outlawing the use of violent discipline in schools; and 4) Educating children, parents, teachers, and community members how to recognize violence in all its many forms and to use alternative methods of discipline; and 5) Collecting disaggregated data that is used to guide prevention and monitor responses to violence against children.

### **UNLEASHING THE ENERGIES FOR FUTURE DEVELOPMENT:**

#### **A Holistic and Primary Prevention Approach to Mental Health**

*FW Hickling*

*Professor Emeritus of Psychiatry, The University of the West Indies, Mona*

**Introduction:** Psychohistoriographic cultural therapy (PCT) was pioneered at the Jamaican Bellevue Mental Hospital in 1978, synthesizing large group psychotherapy, dialectic analysis and the creative arts to produce large scale behaviour modification. Dream-A-World-Cultural Therapy (DAW-CT) metamorphosed from PCT in 2006 as a psychotherapeutic response to dysfunctional primary school children.

**Method:** This Multi Modal Primary Prevention intervention was forged as a 2.5-year naturalistic control trial *proof of concept* project in one inner-city Kingston primary school; replicated in July 2013 as a *scale up* project in four inner-city primary schools. The DAW-CT project was redesigned as the Dream-A-World Cultural Resilience (DAW-CR) *pilot project* for 70 schools between 2014–2016 and a DAW-CR *proof of concept* randomised control trial in 20 schools in Eastern Jamaica in 2017.

**Results:** Six hundred and fifty-nine behaviourally challenged, underperforming Grade 3 students were randomised

into a DAW-CR cohort of 329 assigned to specially designed Grade 4 classrooms and a control group of 330 who were assigned to regular school classes. The Achenbach System of Empirically Based Assessment (**ASEBA**) was used to measure adaptive and maladaptive functioning. At the end of one school year (nine months) the DAW-CR cohort showed a statistically significant reduction ( $p < 0.05$ ) in the number of children having *borderline and clinical conditions* in the areas of *social problems, attention problems,*

*rule-breaking, externalizing problems* and *total problems on the syndrome scale* compared with the controls. The cost per child for the DAW-CT module was US\$2500 compared with US\$130 per child for the DAW-CR module.

**Conclusion:** The DAW-CR programme is a robust and vibrant primary prevention programme for the reduction of behavioural dysfunction and academic underperformance in Grade 4 primary school children.

## ASM Culture of Responsibility Workshop

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# AMERICAN SOCIETY FOR MICROBIOLOGY

*This workshop is designed to improve participant knowledge of laboratory safety, biosecurity, and the responsible conduct of research, in both professional and public contexts.*

### *Schedule of Events*

#### **TIME**

#### **BIOSAFETY**

1:00 pm

*Welcome and Pre-Workshop Quiz*

1:15 pm

**Module One:** *Biological Safety*

- *Is it safe to work in a laboratory?*
- *The 'Chain of Infection'*
- *Tools for Safety*

1:45 pm

**Module Two:** *Biosecurity*

- *Introduction to Biosafety*
- *Physical Security*
- *Personnel Security*
- *Pathogen and Data Security*
- *Incident and Emergency Response*
- *Biorisk Assessment and Management*

2:15 pm

**Module Three:** *Responsible Conduct of Research*

- *Introduction to Responsible Research*
- *Case Study*
- *Responsible Research in Action Handing out of certificates*

2:45 pm

*Handing out of certificates*

3:00 pm

**Closing Remarks**