





Saudi ALLIANCE

8-10 December 2012 Nofa Resort, Riyadh

EVENT-REPORT



PLA SAUDI ARABIA

BE INSPIRED















66

The [1st Saudi PLA was the] highlight of my ten years at the Academy.

JOHN M. FORBES, MBA Chief Operating Officer & Associate Executive Director, American Academy of Pediatrics (2002-2012)



PLA SAUDI ARABIA

Mission

To foster leadership excellence among Saudi physicians to stimulate improved quality of care and positive health system change healthcare for people with ADHD or chronic healthcare conditions.

Vision

In five years there will be a growing network of active leader physicians spearheading change in every part of the Kingdom of Saudi Arabia.

Objectives

To give Saudi physicians the skills they need to excel as leaders in their field

To establish a national network of PLA alumni who will collaborate on new initiatives

To promote the role of primary care physicians in the diagnosis and management of ADHD

The 2nd Saudi PLA

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The burden of ADHD can be reduced, but only once access to care is improved.

Section 1: Why ADHD?

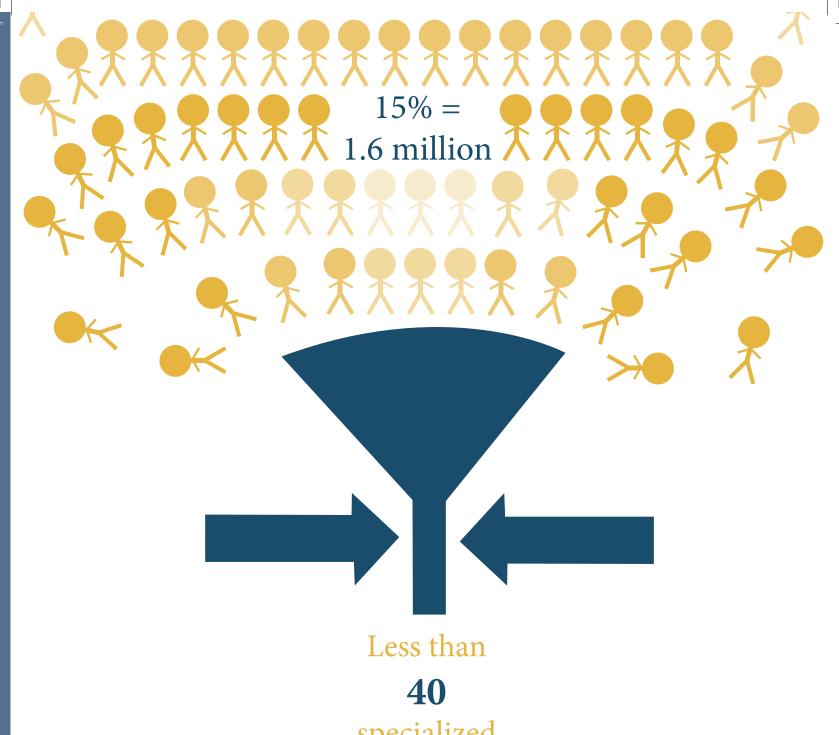
WHY ADHD?

ADHD is the most common behavioral disorder of childhood, and has a high socioeconomic impact if untreated; therefore it is essential that children with ADHD have access to physicians who can offer diagnosis and treatment.

... however

Studies indicate that 15% of Saudi Arabian children have ADHD, much higher than the international average, and higher than the incidence of many other chronic healthcare conditions.

The healthcare system is woefully lacking in its ability to serve these patients.



specialized physicians

provide diagnosis and treatment for ADHD in Saudi Arabia.

BACKGROUND

ADHD is the most common behavioral disorder of childhood¹, and has a high socioeconomic impact if untreated², so it is essential that children with ADHD have access to physicians who can offer diagnosis and treatment.

1.6 MILLION SAUDI KIDS

In the U.S., latest studies indicate that 9% of children have ADHD³. wheras in Saudi Arabia, 15% of school-aged children are estimated to have ADHD^{4,5}. The population of Saudi Arabia is around 28 million⁶, of whom 37.2% are under age 18⁷, therefore around one and a half million children are living with ADHD in Saudi Arabia.

WHO TREATS ADHD ?

Internationally, treatment of ADHD is multi-disciplinary process involving a primary care physician as well as social workers, nursing staff and other medical team members. Only patients who are suspected to have comorbid psychiatric or neurological conditions along with ADHD are referred to specialists such as

pediatric neurologists or child psychiatrists.

p until the beginning of 2012 when we started this project, children with ADHD in Saudi Arabia were only treated by Pediatric Neurologists and Child Psychiatrists. However there are only 35 pediatric neurologists in the whole of Saudi Arabia (a ratio of pediatric neurologists to general population of 0.4 per 100,000 children⁸ - compared to 1.1 per 100,000 children in Canada, which is considered inadequate9) and in 1990, no more than two or three child psychiatrists in the whole of Saudi Arabia¹⁰. As of today, there are still only around six child



psychiatrists serving the whole country. These are certainly not sufficient to manage even a small proportion of potential ADHD patients, given the high prevalence.

WHAT IF THEY AREN'T TREATED?

DHD is a lifelong disorder. Children and teens with ADHD are prone to academic under-achievement, delinquency, substance abuse. pregnancy, and traffic accidents, as well as a decrease in workplace effectiveness¹⁰. Among adults, impairment from ADHD can lead to additional missed work days, difficulty accomplishing tasks in the workplace, and less job stability¹¹.

uch economic, social, and health costs are unnecessary. While ADHD itself is not preventable, the negative consequences stemming the untreated disorder from Research suggests evidence- based behavioral and pharmacological interventions can reduce the incidence of criminality, school drop-out, and substance abuse among those suffering from ADHD12. The burden of ADHD can be reduced, but only once access to care is improved.

PEDIATRICIANS HAVE AN ESSENTIAL ROLE TO PLAY

The American Academy of Pediatrics (AAP) emphasizes the essential role that pediatricians and other primary care physicians should play in the successful long-term management of ADHD¹³.

Only patients who suffer from ADHD combined with other neurological or psychiatric issues need to be referred to specialists.

However, in Saudi Arabia, there is little awareness of ADHD among primary-care physicians, and an unwillingness to become involved management of psychiatric disorders¹⁴. Our research suggests that a variety of reasons contribute towards this reticence, including not identifying within themselves the potential for initiating change, lack of administrative and collegial support, lack of clear methodology for creating new initiatives, and unavailability of specialized resources to support physician development as leaders. It has been suggested that physicians'

potentials as leaders are limited by the absence of a leadership-training component in the training of young physicians¹⁵.

THE SAUDI PLA

n 2011, we partnered with the American Academy of Pediatrics customize their leadership training curriculum to address our particular needs in Saudi Arabia. This was the first time for the program to be held outside the United States where it is an exclusive, nomination-only training program. The Saudi Pediatric Leadership Alliance (PLA) was inaugurated in Riyadh in February 2012 and was designed to stimulate the role of primary-care physicians in the treatment of ADHD and other chronic healthcare conditions by offering leadership training tailored for pediatricians using evidencebased leadership principles, to develop the core competencies public health leadership¹⁶ and to encourage participants to take an active rather than passive leadership role in an interactive program that has been shown to be effective in creating long-term changes in physician behavior17 and maximizing patient satisfaction¹⁸.

The program is tailored with a focus on ADHD care integrated into the curriculum, complemented by real case-studies from local practice and accompanied by a comprehensive introductory course on ADHD diagnosis and management.

The most effective management of ADHD is a multidisciplinary process that requires cooperation and communication between team members, so the Saudi PLA includes multiple team-building excercises as well as team projects that solicit shared goals towards effective management of ADHD in the primary care setting around Saudi Arabia.

The PLA
empowers
Pediatricians to
lead the change
for people with
ADHD.

hysicians who take on a role of leadership have the responsibility to acquire skills and abilities that will allow them to measure and understand and improve patient care but also acquire skills and abilities that will allow them to drive change.

Section 2: Event Report

OUR PARTNERS

HH Prince Sultan bin Mohammed bin Saud Al Kabeer

The Saudi Pediatric Leadership Alliance has been most fortunate to gain the support of HH Prince Sultan bin Mohammed bin Saud Al Kabeer, who not only generously held the Saudi PLA under his auspices, but also opened the doors to his beautiful Nofa Equestrian Resort along with its conference facilities and social activities for the faculty and delegates of the PLA.

American Academy of Pediatrics

In 2012, AFTA Society partnered with the American Academy of Pediatrics (AAP) to customize the PLA for a Saudi audience and to integrate ADHD case studies into the curriculum as a vehicle for the pediatricians' leadership program. The first Saudi PLA, held in February 2012, garnered rave reviews from faculty and delegates alike. AFTA Society, along with our partner the AAP, were eager to follow up this success with a second Saudi PLA before the end of the same year.

SABIC

ABIC was our main sponsor during the first Saudi Pediatric Leadership Alliance in February 2012, and they generously returned to sponsor us in the second PLA to support the ongoing initiative to stimulate leadership in primary care in Saudi Arabia and enhance management of ADHD in every region of Saudi Arabia.

Ministry of Health

The Saudi PLA has been the Saudi supported by Ministry of Health since the first PLA in February 2012. The Ministry has generously supported this initiative by nominating and sponsoring the travel and attendance of Saudi Pediatricians and Family Physicians from every region of the Kingdom of Saudi Arabia.



سابک خالہ کے







PLA JOINT FACULTY



GILBERT LIU, MD, MS, FAAP
PLA Planning Committee Chair
Associate Professor of Pediatrics
Indiana University
Indianapolis, USA



PLA Saudi Arabia - Organizing Committee Chair President, ADHD Society Consultant Pediatric Neurologist & Epilepsy Specialist King Faisal Specialist Hospital & Research Centre Riyadh, Kingdom of Saudi Arabia

SUAD AL YAMANI, MD



FRANCIS RUSHTON, MD, FAAP

Clinical Professor of Pediatrics University of South Carolina at Columbia South Carolina, USA The Saudi PLA is conducted by an joint faculty of international presenters and national facilitators. The main lectures are presented by the international faculty, while the national faculty present real accounts of local experiences with each of the 5 principles of exemplary leadership and also serve as group facilitators for each table of delegates. Through the experience of the local facilitators, this maximizes understanding, knowledge retention, and group interaction.



RAIDAH AL BARADIE, MD

Consultant Pediatric Neurologist King Fahd Specialist Hospital-Dammam & Dammam University



SAMI AL HAJJAR, MD

Sami Al Hajjar MD,FRCPC,FAAP,FIDSA Professor of Pediatrics, Consultant & Deputy Chairman, Head Infectious Diseases Director Pediatric Fellowship Program Director Pediatric Clerkship Program Department of Pediatrics, KFSH&RC/ Al-Faisal University / King Saud Uni.



AHMED RUMAYYAN, MD

Consultant Pediatric Neurologist King Fahad Medical City Riyadh



ABDULLAH AL BAHRANI, MD

Consultant Pediatric Neurologist Maternity and Children Hospital-Dammam

P R O G R A M OVERVIEW

The PLA is offered in the format of a series of didactic lectures followed by other modalities shown to enhance participant interactions¹⁹ and opportunities to practice skills, including role playing, team projects, small groups discussion and reporting out, self-assessment, surveys, case studies and review of videotaped scenarios.

articipants are required to demonstrate understanding of quality management strategic planning conflict resolution, community program development, advocacy, managing change and team building through a series of role playing sessions, case discussions, and other interactive formats which have shown to be much more effective in creating long-term change in physician behavior than purely didactic methods20.

The three-day program contained the following modules, which were supported by numerous group activities and assessment tools.

Assessing Care of ADHD in KSA

Leading Effectively in a New World

Model The Way

Find Your Voice Set The Example

Inspire a Shared Vision

Envisioning the Future
Enlisting Others
Creating the Vision
Communicating the Vision

Challenge the Process

Experiment and Take Risks
Foster Risk-taking
Innovation & Creativity
Quality Improvement as a
Leadership Tool

Enable Others to Act

Foster Collaboration Strengthen Others

Encourage the Heart

Recognize Contributions Celebrate Values/Victories Vision in Action

ADHD Update

Diagnosis and Management Case Discussions Treatment Options







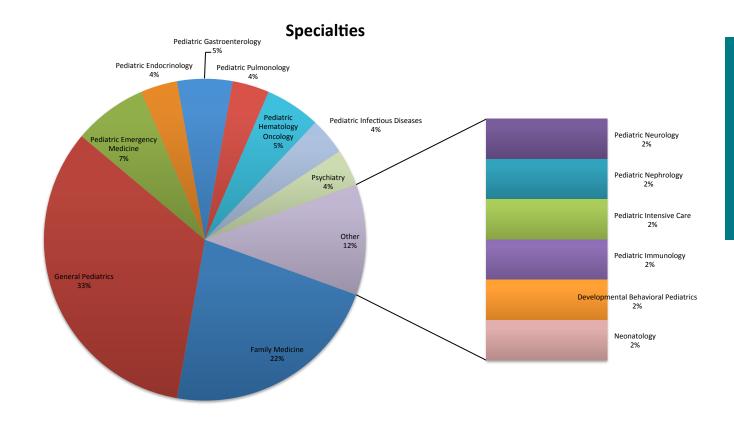


PARTICIPANTS

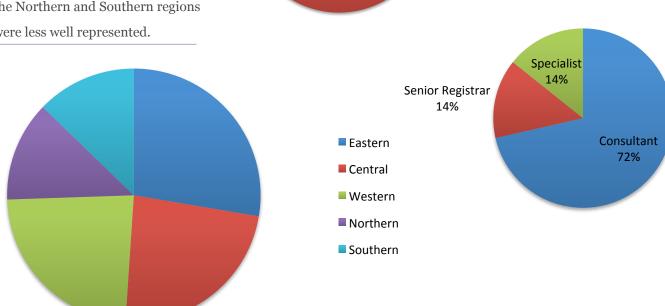
'n order to maximize AFTA Society's investment in this project, the acceptance criteria for the PLA are designed to ensure all candidates to have the potential effect maximum change in the care of ADHD in their local communities. As such, all delegates are required to be male or female pediatricians or family physicians who have completed subspecialty (fellowship) their training and are younger than 50 years of age. Sixty percent

of delegates in the second PLA had specialties that gives them maximum potential to initiate or improve services for ADHD in their regions: General Pediatrics, Family Medicine, Pediatric Neurology, Developmental Behavioral Pediatrics, and Psychiatry, while remainder were qualified general pediatricians who had pursued other subspecialties at the fellowship level. While our acceptance criteria required all applicants to have completed fellowship training, fifteen percent of accepted delegates did not fulfill

this requirement, but were accepted as they had long experience and leadership positions in smaller district hospitals.



The majority of attendees (80%) were male and below 40 years of age, and similar to the first two groups trained in February 2012 the number of trainees from the Central, Eastern, and Western regions were about equal, while the Northern and Southern regions were less well represented.



31-35

36-40

■ 41-45 ■ >46



LEADERSHIP CHALLENGE ASSESSMENT

On the first day of training, each participant was required to complete a leadership challenge assessment (LCA), which required them to self-rate themselves on a number of different leadership behaviors. On average, the majority of delegates felt that they displayed these leadership behaviors extensively.

68% - Leadership behaviors displayed extensively

30% - Leadership behaviors displayed frequently

2% - Leadership behaviors displayed occasionally

LEADERSHIP CHALLENGE ASSESSMENT (LCA) In the space provide radio "Rating", plants provide year self-ancormon in the littlening behavioral items. Plants rate such time homeoly about powerful using the wate provided below. 1 – This behavior is displayed activatively. 2 – This behavior is displayed accurately. 2 – This behavior is displayed accurately. 3 – This behavior is displayed accurately. 1 – I do not displayed in the configuration.						
genzzury	#14 72760' Plante sirvile fire mont					
As a preliately louder, comm	appropriate pating					
1. I go liveling for new shallenges that test my abilities	I.	1	3	-	1	
2. I speak with conviction to others about the higher purpose of our work.	1.	1	3	4	3	
History cheely to all points of view before making decisions	1.	3.	3	4	3	
I periodically sork out fordback on my performance	1.	2	3	4	1	
Lonach and provide finishnek to others	I.	2.	3	-61	1	
6. I chall erge the status que by thinking incornityally	I.	2.	3	4	1	
7. I remain positive and optimistic about future possibilities	1.	3.	3	4	3	

SCORING KEY Please insert your satings into the appropriate place and add the scores tegether. When finished, please answer the questions regarding your self alministration of this questionnaire.					
Total = ENABLE OTHERS TO ACT	Total - MODEL THE WAY				
1	4.				

Self-Assessment Tool for Leaders; Based on the KP Leadership Model

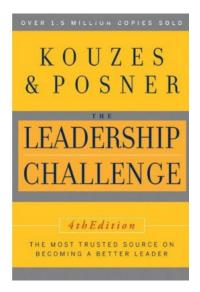
EVALUATION

on the final day of training, each group was given an evaluation form which asked them to rate the various components of the program as represented by the "5 Principles of Exemplary Leadership" on which the PLA is based. They were asked to comment on the amount of time spent on each component with a scale of Needed More > Adequate > Needed Less, and they were asked to evaluate the usefulness of each

module to their own leadership development using a scale of Highly Useful > Somewhat Useful > Not Very Useful.

The 60 Saudi clinicians attending the PLA who participated in the study, had a mean age of 31 (±2) years old; (f=48) pediatric and (f=12) family physicians. Participants were selected according to pre-criteria based on age, qualification, and experience. They participated in

the 3-day leadership training, and completed the Leadership Challenge Assessment (LCA). A proposed



program to be implemented in their workplace was solicited with encouragement to focus on ADHD management. A pre-evaluation design and Cronbach α were used to promote blind evaluation among participants.

As a unique initiative in Saudi Arabia, there lacks any precedent on which to base a quantitative estimate for the number of children who will benefit from improved services as a result of this training. However, measurement and follow up is an integral part of the program design, which will enable us to study the real-life impact in depth and consequently to enrich and enhance future PLA programs in Saudi Arabia.

Results:

total of 78.3% (f=47)successfully completed the LCA; 80.85% were males and all were employed in governmentfunded hospitals. The LCA indicated that participants display most leadership behaviors with 68.08% displaying extensively consequent to "enabling others to act" (SD=0.72). A significant correlation (sig p= 0.03, α =0.519)

was noted on this set of behaviors providing wider probability of accomplishing set goals. It is also notable that 28.08% will "challenge the process" (sig p=0.01, α =0.653). Moreover, participants who "challenge the process" will likely skip step/s (coef=71.667) while those who "enable others to act" will follow each steps leading to set goals (coef=42.0). Further, participants positively evaluated the training program (78.8%) having at least 35% of them intending to use their training for ADHD management activities while 55% intended for accreditation purposes.

M O V I N G FORWARD

The Pediatric Leadership
Alliance is just the beginning
of a nationwide partnership of likeminded pediatric professionals,
many of whom will go on to raise
the level of services for ADHD in
their regions, and all of whom will
initiate change on some level.

Sixteen of the physicians who attended the second Saudi PLA signed up as full members of the Saudi ADHD Society and expressed interest in

continued collaboration for ADHD in Saudi Arabia.

To facilitate and measure the long-term impact of the leadership training, at six weeks post-PLA, the attendees are sent a follow-up questionnaire to begin to assess the actual behavioral change that may have begun to take place.

The questionnaire asks questions regarding sharing of knowledge and information gained, and in what context, new collaborations formed, new mentor/mentee relations formed and other guidance given to junior colleagues. It also attempts to assess the level of utility of the specific tools learned in the PLA in the specific healthcare environments, and what challenges and barriers have been encountered.

ur goal is to create an ongoing relationship with all alumni of the PLA, and these are the first steps towards that goal.



OPENING CEREMONY

The Opening Ceremony of the 2nd Saudi PLA was held on the evening of the first day. All our sponsors and supporters were invited. The ceremony started at 7:00 and featured welcome addresses by Dr Suad Al-Yamani, President of AFTA Society and Saudi PLA Organizing Committee chair; Dr Gilbert Liu, PLA Planning Committee Chair and AAP representative; Mr Samir Al-Abdu Rabu representing our main sponsor SABIC.

W E L C O M E ADDRESSES

Dr Gilbert Liu acknowledged the important contributions of Dr Suad Al Yamani and the ADHD Society. He noted that the ADHD Society and the AAP continue to move forward in creating more effective systems of care for children with ADHD and enhancing the leadership capacity of physicians in Saudi Arabia, and reaffirmed the AAP's commitment to sharing their educational programs, knowledge and experiences in the practice of "borderless pediatrics."





Eng. Samir Al-Abdu Rabu spoke about a number of SABIC's initiatives that make them regional and global leaders in their industry, and also affirmed their commitment to supporting AFTA Society in their initiatives to promote leadership among primary health care providers and in raising the level of services for children with ADHD in Saudi Arabia.

OPENING CEREMONY ATTENDANCE

HH Prince Mohammed bin Sultan bin Mohammed bin Saud Al Kabeer Eng. Samir Al-Abdu Rabu and Mr Naif Al-Obaid (SABIC)

Mr Majdi Saidm (Al-Gosaibi Co.)

Mr Islam El Hefnawy (Eli Lilly Co.)

Renowned journalist Mr Najeeb Al Zamil

Dr Khalid Al Abdulkarim

Mr Ahmed Almgairen (Al Jazeerah autos)

Mr Hafez Almadlej

Mr Askar Al Harthey

Mr Thomas E. Williams & Ms Rachel Smith (U.S. Embassy)

Dr Abdulrahman Al Shetwi

Dr Nawaf Alfoghom

Mr Mohammed Al Sager

Mr Khaled Attieyah

HH Princess Areej bint Sultan bin Mohammed bin Saud Al Kabeer

HH Princess Sara bint Sultan bin Mohammed bin Saud Al Kabeer

HH Princess Nourah bint Sultan bin Mohammed bin Saud Al Kabeer

HH Princess Madawi bint Saad bin Khaled Al Saud

Mrs Muneerah Al Sudairy

Mrs Reem Al Jazairy (wife of Sheikh Saad bin Laden)

Mrs Fowziah Al Essa

Mrs Sarah Al Essa

any thanks also to the professional announcing and speaker introductions by Mr Mohannad Abo Obeid from ROTANA Group.

VOLUNTEERS

The ADHD Society is most grateful for the efforts and support of their dedicated volunteers who dedicated several days of their time in providing logistical services for the PLA.

- Firas Al Mansour
- Alhanouf bint Badr bin Mohammed Al Saud
- Omar Al Ageel
- Mohammed Al Khudr
- Bassam Al Hassan
- Hatem Al Sawy
- · Ibrahim Al Mudayfer
- Ammar Naji
- Faisal Al Qahtani
- Fayez Al Faisal



















MEDIA COVERAGE

NEWSPAPERS

- Saudi Press Agency
- Riyadh Newspaper
- Al Watan Newspaper
- Al Eqtisadia Newspaper
- Okaz Newspaper
- Enayh Health (online newspaper)

TELEVISION

- Saudi TV1 Sabah Alarabiya
- Saudi Cultural TV News Item

RADIO

- Saudi Radio 1 Saudi Morning Program
- Saudi Radio 1 Our Lives Program
- Saudi Cultural Channel Morning Culture Program

ONLINE

- Twitter Promotion and live tweeting of event
- Facebook Promotion of event on AFTA Society Page
- Website: www.pla.sa promotion and online registration

SOCIAL ACTIVITIES

The faculty and delegates of the Second Saudi Pediatric Leadership Alliance numerous opportunities to enjoy the numerous and unique attractions of the beautiful Nofa Equestrian Resort where it was held. Our hosts provided sumptuous dining in the magnificent Grandstand that overlooks the race track and golf course, another pampered evening of relaxation at the heavenly African Village, and a morning adventure on a mini safari.









جريدة يومية تصدر عن مؤسسة اليمامة الصحفية

الثلاثاء 27 محرم 1434 هـ - 11 ديسمبر 2012م - العدد 16241

«افتا» تختتم فعاليات مؤتمر إعداد القادة الأطباء الثاتي



جريدة يومية تصدر عن مؤسسة اليمامة الصحفية

الاثنين 26 محرم 1434 هـ - 10 ديسمبر 2012م - العدد 16240

خلال افتتاح مؤتمر إعداد القادة الأطباء الثاني

د سعاد يمانى: هدفنا أن لا يتواجد طفل من دون رعاية صحية متكاملة

اجتماعي / " افتا " تنظم مؤتمر تدريب القادة الأطباء الثاني



ثقافي / ختام مؤتمر تدريب القادة الأطباء الثاني بالمزاحمية



دافنشىي كان يعاني منه

اضطراب فرط الحركة.. المرض الذي لم يعق المبدعين



مختص: إذا لم نهتم بالأطفال المصابين فسنفقد جيلاً مبدعًا التفكك الأسري وفرط الحركة .. ترابط خطر



فريق طبي "متجول" لرصد المصابين بـ"فرط الحركة" 15٪ نسبة الأطفال الذين يعانون من المرض في المملكة



أكدت ملازمة الاضطراب والإبداع في 50 %

رئيسة افتا: رسام موناليزا كان يعاني من فرط الحركة وتشتت الانتباه



ختام مؤتمر تدريب القادة الأطباء الثاني بالمزاحمية

التفاصيل تاريخ النشر: الثلاثاء, 11 كانون1/ديسمبر 2012 00:00 المجموعة: صحية عامة



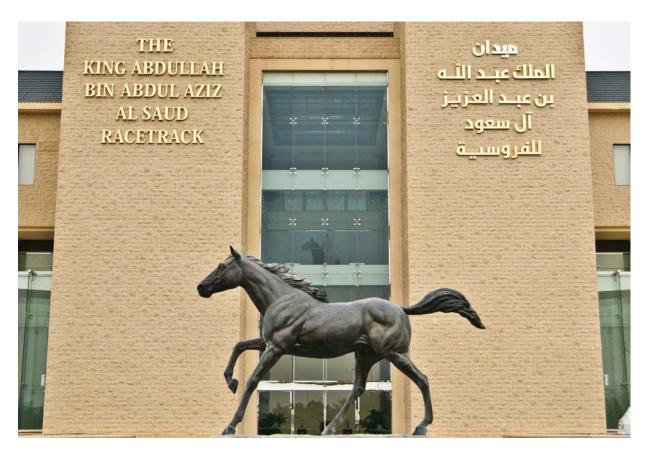
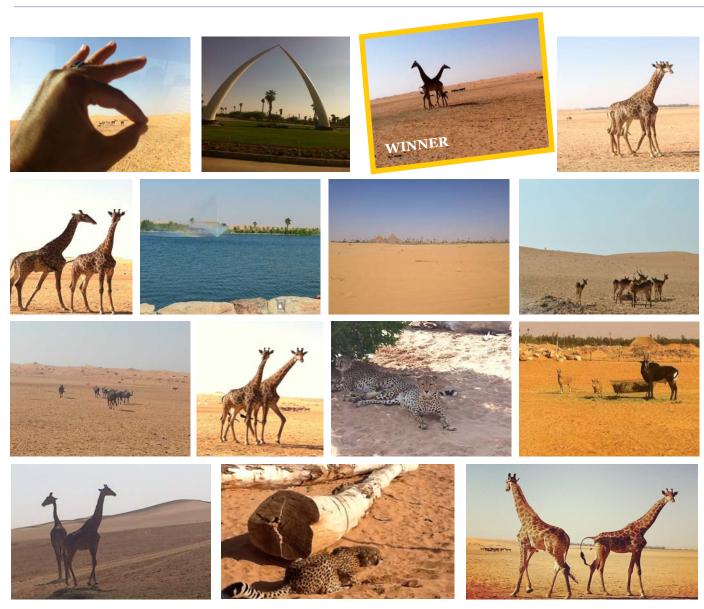




PHOTO COMPETITION

During the mini-safari, delegates were given the opportunity to participate in a photography competition. They were challenged to capture images that symbolized the principles of leadership that they had been learning about during the course so-far.



Leadership. 4. Depicts a Direction towards attaining goals. 5. Depicts the influence of Nature.



Leaders of Change

PLA SAUDI ARABIA

December 2013





Together we can lead the way to build a better future for our children.

American Academy of Pediatrics

