



# SIP/IRS RESEARCH FELLOWSHIP 2025 GASP QUALITY IMPROVEMENT PROJECT

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# **1. General description and eligibility Criteria**

## **1.1 Background**

The GASP - **Global Access to Spirometry Project** - was **launched in Guyana in 2013** with the aim of improving the diagnosis and management of chronic respiratory diseases (CRDs) such as asthma and COPD. The project was pioneered by Dr. R. Levy and RRT Ms. C. Rempel in collaboration with the Chiesi Foundation.

The overall objective of GASP is **improving the quality of life of patients affected by Chronic Respiratory Diseases**, such as asthma and COPD through interventions targeted at educating local Health Care Personnel (HCP), **improving diagnosis and chronic management**, striving to implement evidence-based clinical guidelines in challenging and underprivileged environments.

The approach is based on the implementation of a chronic disease management strategy comprised of four pillars:

1. Improving technical skills of local HCP (mentoring, additional teaching)
2. Use of spirometry for diagnosis and monitoring of Chronic Respiratory Disease (CRD)
3. providing education and self-management skills to patients and families
4. advocating for access to optimal therapy

Fundamental to the project is the training of local healthcare professionals to assure sustainability and capacity for spread, including the ability of raising awareness among the community about Chronic Respiratory Diseases and supporting the patients and their family in the management of the disease. Over the years, local HCP have been proven quite receptive to such initiatives. Therefore, this increased awareness is being transferred also to local hospital and health administrators. This is rapidly becoming another key pillar of the GASP intervention.

The GASP to date, with an emphasis on training local health care professionals, has demonstrated the feasibility of developing an effective and sustainable model. Until now, the model has been applied in Georgetown, and a functional hub and spoke model has been set up, as follows:

**HUB is the Georgetown Public Hospital Corporation (GPHC)** which provides a fully integrated

- Asthma and COPD clinic service including but not limited to:
- Overall clinical visit
- Spirometry testing
- Spirometry interpretation
- Treatment plan
- Education
- Respiratory MD/nurse

**There are then six satellites centers** within Georgetown Enmore Polyclinic, Industry Health Centre, Kitty Health Centre, Campbell Health Centre, Festival City Clinic, Sophia where currently limited services are available, thus, the need for replicating the central model. Nonetheless, these centers can count on a travelling MD who can provide initial testing and follow-ups on case-by-case basis.

More than 30,000 patients have been seen since the implementation of the GASP.



Nonetheless, outside Georgetown the systematic approach to the diagnosis and management of patients with chronic respiratory disease is lacking. Furthermore, the need for improving technical skills of local HCP is necessary and important to keep the quality of the intervention up to recognized gold standards.

The success of the program has been well recognized by the Guyana Ministry of Health (MoH) and this has provided an opportunity to work strategically with the MoH to spread the program to other locations in the country.

### **Main risk factors to respiratory health in Guyana**

- **Smoking:** in Guyana smoking rates are generally higher than other richer countries, particularly among men
- **Air Pollution:** Industrial emissions, vehicle exhaust, and deforestation are major sources of air pollution in Guyana. Georgetown, experiences poor air quality due to vehicle emissions and waste burning. The use of solid fuels like wood, coal, and kerosene for cooking and heating is common, particularly in rural areas.
- **Mining sector:** it exposes workers to dust, fumes, and chemicals. Gold mining, in particular, exposes workers to toxic substances such as mercury.
- **Low awareness:** many people do not fully understand the risks associated with smoking and air pollution.

### **Main health system gaps for diagnosis and management of CRDs:**

- **Limited access to specialized care,** especially in rural areas. Respiratory specialists are concentrated in Georgetown, leaving a significant portion of the population without access to quality care
- **Lack of early detection and screening** as many diagnostic tools, like spirometers, are limited or unavailable
- **Underreporting due to lack of awareness and limited healthcare access,** many people with mild to moderate respiratory conditions do not seek medical care
- **The Data Gap:** the overall perception is that GASP has resulted in improved population health, net economic benefits with reduced costs to the healthcare system as well as to society with decreased job/school absenteeism. To date, the project has been focused on implementation, however creating a structured outcomes data framework to measure the impact of the program has been beyond the capacity of the program. This is clearly limiting from the public health care planning perspective.

### **The GASP project addresses these constraints through several initiatives:**

- **Capacity Building:** Training local healthcare personnel at GPHC and community health clinics to improve their skills in diagnosing and managing respiratory diseases.
- **Establishing Respiratory Clinics:** Setting up asthma and COPD clinics at GPHC and other health facilities to provide specialized care. It is now expanding the access to different locations.
- **Education and Awareness:** Educating patients and their families about asthma and COPD to improve disease management and awareness.



At this point, the Guyana Ministry of Health has expressed interest in replicating the program in other underserved areas of the country and has asked the GASP team and Georgetown Public Hospital to partner in this ambitious project. This presents an excellent opportunity to proceed with starting to set the basis for data collection that will be pivotal to evaluate down the line the impact of implementing a structured chronic airways disease management program as new sites are initiated.

The **Project aims to improve the quality of the GASP by collecting patient relevant data through the introduction of a database system while improving the capacity and clinical skill of the local health care professionals.**

## 1.2 GASP Quality improvement project

The GASP Quality Improvement Project is a crucial component of the GASP, as it provides valuable insights into the project's effectiveness and helps guide future interventions. The collected data will be used to refine the GASP model and ensure its successful implementation in other regions.

**This Project is a collaborative effort involving the Italian Respiratory Society SIP/IRS, the Chiesi Foundation and the local partners, the GPHC, in coordination with the Guyana Ministry of Health.**

The **Project** will include **the establishment of a database to collect and analyze data on respiratory health outcomes.** This will help in tracking the progress of the project and identifying areas for improvement.

**SIP/IRS will identify and support two (2) early-career pulmonologists (Respiratory and Critical Care fellows, under-35 doctors) interested in developing a robust evaluation infrastructure framework for GASP.** These doctors will conduct two visits in Guyana throughout 2025, each lasting approximately two weeks. Their role will be also to support the local healthcare teams in diagnosing CRDs, mentoring them and contribute to the data collection and analysis.

## 1.3 Job description

The GASP Quality Improvement Project is a crucial component of a broader initiative to refine and expand the GASP model. We are seeking two early-career pulmonologists with a passion for clinical excellence, research, and global health. **The selected candidates will play an essential role in supporting the project's evaluation framework by conducting clinical visits in Guyana, mentoring local healthcare teams, and contributing to the data collection and analysis of respiratory health outcomes.** This position is designed for dynamic individuals eager to drive improvements in chronic respiratory disease (CRD) diagnosis and care in a Low- and Middle-Income Country (LMIC) setting.

### Key Responsibilities

- **Clinical Care & Mentorship:** Provide high-quality clinical respiratory care including the diagnosis, treatment, and management of pulmonary diseases. Support and mentor local healthcare teams in the diagnosis and management of CRDs.
- **Respiratory Function Testing:** Support the local team in performing and interpreting lung function tests, including spirometry, and guide them in these techniques.
- **Quality Improvement & Evaluation:** Contribute to the development of a robust evaluation infrastructure for the GASP project by designing, implementing, and refining data collection protocols. Establish and manage a database to track respiratory health outcomes, ensuring



accurate data collection and analysis. Use collected data to assess project effectiveness and guide future interventions.

- **Clinical Research:** Assist in the analysis and interpretation of research data to support continuous quality improvement.
- **Collaboration & Communication:** Work collaboratively with the Chiesi Foundation, Società Italiana di Pneumologia (SIP), Georgetown Public Hospital Corporation (GPCH), and the Guyana Ministry of Health to ensure seamless project implementation. Communicate findings and recommendations to stakeholders to help guide the refinement of the GASP model.

## 1.4 Recipient's profile

### Qualification and experience of the candidates

- SIP/IRS membership when applying for the fellowship
- Medical degree with specialization in pulmonology or respiratory medicine
- Residency or fellowship training in respiratory and critical care medicine; preference for early-career doctors under 35 years
- Licensed medical doctor
- Demonstrated experience in clinical respiratory medicine, physiology, and lung function testing
- Proven track record or interest in clinical research, including clinical trial design
- Experience with database development and management is advantageous

### Desired attributes for early career pulmonologists(s):

- fluency in English, ensuring effective communication within the Guyanese healthcare system
- proficiency in clinical respiratory medicine
- proficiency in clinical respiratory physiology
- proficiency in performance and interpretation of spirometry/lung function testing
- proficiency/interest in clinical trial design
- experience in clinical research
- experience/interest in database development would be advantageous
- experience/interest in healthcare in Low- and Middle-Income Countries
- excellent interpersonal skills with a strong ability to work as part of a multidisciplinary team
- Exceptional problem-solving skills, adaptability, and flexibility in resource-limited settings
- Commitment to quality improvement and a passion for mentoring healthcare professionals.

## 1.5 Location

- Location: Georgetown, Guyana with trips to centers outside the capital
- Accommodation: Cara Lodge Georgetown or similar
- Main Hospital: Georgetown Public Hospital Corporation, data collection will be done in smaller hospitals outside Georgetown (2 hospitals to be identified)



## 1.6 Time constraints

- Two missions in Guyana each lasting 2 weeks – one in spring (April/June) and one in fall (September/November), depending on the availability of the selected fellows
- Possible remote work in the periods between the two stays in Guyana and thereafter for a total of 12 months (up to 28<sup>th</sup> February 2026)
- Once the period has been agreed with the selected fellows, it should normally not be changed without approval of SIP/IRS

## 1.7 Other important information

- Visa & documentation: passport is needed, valid for at least six months from the time of arrival in the country. Entry visa is only required for travelers who intend to stay for more than 90 days.
- Vaccinations: Vaccination against yellow fever is mandatory for all travelers from countries at risk of disease transmission (even for only transit in the airport more than 12 hours). We invite selected candidates to arrange a visit to a relevant tropical medicine vaccination centre (or vaccination centre for international travel) that will inform them about recommended vaccinations. For any further information on additional vaccinations recommended but not mandatory, we recommend candidates to consult their doctor.

The SIP/IRS secretariat will support the winning candidates in each of these actions:

- purchase of airline tickets
- reservation of the hotel in which they will stay during the mission periods (according to availability [Cara Lodge](#), which also has a restaurant and is very close to the main hospital in Georgetown, where the local GASP team is located)
- conclusion of any insurance policies covering the candidate



## **2. Guidelines for application**

### **2.1 Application process and required documentation**

This role represents an exciting opportunity for early-career pulmonologists to gain international experience while playing a critical role in enhancing respiratory care in Guyana. If you are passionate about clinical excellence, quality improvement, and global health, we encourage you to apply.

#### **How to apply?**

Applications and all supporting documents must **be submitted in English**.

Please send your **CV, Cover letter** (outlining your motivation and relevant experience) **and the present document signed for acceptance in pdf** to SIP/IRS Secretariat [segreteria@sipirs.it](mailto:segreteria@sipirs.it) **within 7<sup>th</sup> March at 12 p.m.**

After all applications have been received, a day and time will be scheduled for an online oral interview with the scientific committee to select the winners.

**Official announcement of the awarded candidates will take place within March 2025**

### **2.2 Selection process**

The fellowship applications will be evaluated by a **Scientific Committee** made up by

- the President
- the President-elect
- the Secretary General
- councillor delegated to the co-ordination of Study Groups
- a member of Chiesi Foundation

In order to keep a high standard of applications SIP/IRS is strictly enforcing these fellowships management rules:

- SIP/IRS award fellowships to applicants based on scientific merit. To achieve this, selection is made after careful and in-depth evaluation of applications by the Scientific Committee.
- Applications will go through the Scientific Committee's evaluation process, an in- depth review of the applications and supported documents.
- Final decision on awarding or not fellowships is taken at the end of the process, after the oral interview, by the SIP/IRS Scientific Committee

No distinction will be made between candidates on the basis of gender, ethnic origin, sexual orientation, religious or political beliefs.

The assessments are strictly confidential and cannot be divulged outside SIP/IRS, or to the candidates themselves.

Appeals are not considered unless formal mistakes have been made by SIP/IRS

### **2.3 Unexpected events or project change after selection**

Any event or circumstance which might affect the fellowship or are likely to have an effect on the performance of the fellowship need to be notified to SIP/IRS at the earliest.



### **3. Grant Amounts**

#### **3.1 Calculation**

For the GASP Quality improvement project, SIP/IRS will award nr. **2 grants worth a total of 37.500€ (18.750€ each), which will be managed and allocated as follows:**

- **28.700€ (14.350€ each)** will be allocated directly by the SIP/IRS secretariat for the centralised management of
  - Flights purchase for 2 fellows A/R for 2 trips per year (with stopover in New York)
  - Accomodation in New York for 2 fellows 1 night twice per year
  - Accomodation in Guyana for 2 fellows 14 nights twice per year
  - Insurance for 2 fellows 15 days twice per year
- **8.800€ (4.400€ each)** will be allocated to cover the costs incurred on site by the two fellows upon presentation of the relevant receipts. The costs are estimated at around 70/80 euros per day.

**The above-mentioned costs are estimates. SIP/IRS reserves the right to revise the allocation depending on the actual costs and availability of flights, hotels, insurance, etc.**

The fellowship does not provide for the Fellow's family travel costs.

#### **3.2 Fellow's responsibility**

##### **Candidate's Obligations:**

1. **Candidates shall be responsible for obtaining and ensuring the validity of all necessary documents required** for travel, including but not limited to visas, travel permits, insurance coverage and any other official documents required by the destination country or any transit countries. Candidates shall ensure that all necessary documentation and arrangements are made in a timely and efficient manner.
2. **Candidates shall ensure that they meet all health and safety requirements** for travel, including obtaining any mandatory vaccinations or health certifications as required by the authorities of the destination country or any transit countries.
3. **Candidates shall be the sole entity responsible for their conduct, behavior, and actions** throughout the project. In the event that any issues arise from their misconduct or failure to comply with the terms of this agreement, candidates shall be fully accountable and shall address the matter accordingly.

SIP/IRS does not recognize recipients of its fellowships as agents or employees of the SIP/IRS and accepts no liability in respect of any of their actions or activities or in respect to their health or safety.





## **4. Reporting requirements and SIP/IRS research fellowship ending activities**

### **4.1 Publications**

- The Fellow will acknowledge SIP/IRS support in any publication or outcome related to the fellowship
- The Fellow will record and update the SIP/IRS on any publication activity and other outcome resulting from the fellowship

### **4.2 SIP/IRS Research fellowship ending activities**

Candidates shall provide to SIP/IRS a quarterly report, as follows:

- One narrative report within 30 days from the end of the first site visit in Guyana
- One narrative report within 30 days from the end of the second site visit in Guyana
- One annual report within 30 days from the end of month 12 which will be a final report

*Candidates shall observe the provisions set forth in this document; the conditions attaching to any consents and approvals applicable for the purposes of this document; keep complete and accurate records of all research, development and other work carried out in connection with the Project.*

***By signing this notice, applicants declare that they have read and accepted the terms set out, in detail concerning article 3.2.***

*Date and place* \_\_\_\_\_

*Name and Surname of the Candidate* \_\_\_\_\_

***Signature*** \_\_\_\_\_