Conceptualise Interprofessional Education

Demonstrate impact of forming interprofessional teams on systems for health

Dr Stefanus Snyman (MBChB, MPhil (HealthScEd), DOM)
Centre of Community Technologies
Universal Health Coverage

Equality doesn't mean Equity
Health professionals for a new century: transforming education to strengthen health systems in an interdependent world

Julio Frenk*, Lincoln Chen*, Zulfiqar A Bhutta, Jordan Cohen, Nigel Crisp, Timothy Evans, Harvey Fineberg, Patricia Garcia, Yang Ke, Patrick Kelley, Barry Kitnesamy, Afaf Meleis, David Naylor, Ariel Pablos-Mendez, Srinath Reddy, Susan Scrimshaw, Jaime Sepulveda, David Serwadda, Huda Zurayk
Health professionals addressing the health needs

Transformative learning

Interprofessional education & collaborative practice

Interdependence in providing healthcare

Leaders as agents of change
Competency-based education
Community-based

Inter- & transprofessional teams
Task sharing & shifting
Innovative information technology

HEALTH EQUITY
Person-centered & Population-based

NELSON MANDELA UNIVERSITY
VISION
Change the World
Interprofessional Collaborative Practice

Transformative learning & Interdependence in education

- CORE COMPETENCIES
- COMMON APPROACH: ICF FRAMEWORK
- EDUCATION-HEALTH HARMONISATION

SOCIAL ACCOUNTABILITY

Interprofessional Education and Collaborative Practice Strategy

Change the World
Community-orientated primary care (COPC)

- **Trained** for 3 years after school
- **Visited** the same ±150 families in their homes every 4 - 6 weeks:
  - Built relationships
  - Collected information on births, deaths, nutrition status, illness, functioning, employment, sanitation, water, food, work, education, etc.

→ **Socio-medical diagnoses**

Drs Sydney & Emily Kark
Community-orientated primary (COPC)

Provided:
- Health advice & encouragement
- 1st Aid & Household treatment
- Smallpox vaccination
- Referral when needed
- Shared decision-making
- Continuity of care
- Feedback at community meetings

Drs Sydney & Emily Kark
Outcomes of interprofessional approach

<table>
<thead>
<tr>
<th></th>
<th>1942</th>
<th>1950</th>
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<tbody>
<tr>
<td>Syphilis</td>
<td>5.8%</td>
<td>2.3%</td>
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<tr>
<td>Impetigo</td>
<td>82%</td>
<td>7.8%</td>
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<tr>
<td>Kwashiorkor</td>
<td>10-12 Cases / Week</td>
<td>10-12 Cases / Year</td>
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<tr>
<td>Infant mortality rate</td>
<td>275</td>
<td>101 / 1 000 live births</td>
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</table>
Interprofessional Education and Collaborative Practice

- **Evidence:**
  Improved patient outcomes

- **Philosophy:**
  It’s the right thing to do

- **Catalyst:**
  For change
“Healthcare is a team sport, currently being played by individuals”
Competencies for interprofessional collaborative practice
International Classification of Functioning, Disability and Health (ICF)

A statistical, research, clinical, social policy and educational tool to:

- Provide scientific basis
- Interprofessional teamwork
- Common language
- Permit comparison
- Systematic coding scheme
RESOLUÇÃO Nº 452, DE 10 DE MAIO DE 2012


Considerando que o Brasil, enquanto país membro da OMS, foi urgido a utilizar a CIF por força da Resolução no 54.21/2001, da OMS, e ainda não incorporou a referida classificação em seu Sistema Único de Saúde (SUS), resolve:

Que a Classificação Internacional de Funcionalidade, Incapacidade e Saúde - CIF seja utilizada no Sistema Único de Saúde, inclusive na Saúde Suplementar:

• nas investigações para medir resultados acerca do bem estar, qualidade de vida, acesso a serviços e impacto dos fatores ambientais (estruturais e altitudinais) na saúde dos indivíduos;
INTERPROFESSIONAL PERSON-CENTRED ASSESSMENT AND REFERRAL / DISCHARGE REPORT

1. Facility

2. Name: ____________________________ Gender ____________________________
Folder n: ____________________________ Date of birth (age) ____________________________
Address ____________________________ Occupation ____________________________

Tel ____________________________

3. Current health problems / health conditions / health status
   (Including method of injury, onset, progression, previous treatment, medication)
10. **FUNCTIONING**

Describe the **relevant** life areas according to how the person performs during an assessment and/or how the person performs in his/her usual environments (e.g. home, school, community, work).

<table>
<thead>
<tr>
<th>Domain</th>
<th>Performance</th>
<th>Actions Needed/Taken</th>
</tr>
</thead>
<tbody>
<tr>
<td>Learning &amp; applying knowledge</td>
<td></td>
<td></td>
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<tr>
<td>(listening, learning, focusing attention,</td>
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<td></td>
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<tr>
<td>thinking, making decisions)</td>
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<td></td>
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<tr>
<td>General tasks &amp; demands</td>
<td></td>
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<tr>
<td>(undertaking single/multiple tasks, carrying out daily routine, handling stress)</td>
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</table>
11. **ENVIRONMENTAL FACTORS**

Physical, social and attitudinal factors, external to the individual, that make it easier to function well (facilitators), or if present, are barriers to the way the person lives and conducts his/her life.

<table>
<thead>
<tr>
<th>Domain</th>
<th>Facilitator (+) Barrier (-)</th>
<th>Actions Needed/Taken</th>
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<tbody>
<tr>
<td>Products &amp; technology</td>
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<tr>
<td>(for consumption (food, medication), for use in daily living, mobility, transport, education communication, employment, culture, etc.)</td>
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<tr>
<td>Physical environment</td>
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<td>(neighbourhood, housing, sanitation, roads, light, noise, air quality, etc.)</td>
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<tr>
<td>Support, relationships</td>
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<tr>
<td>&amp; attitudes</td>
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<tr>
<td>(from immediate/extended family, friends, employer, health professionals, etc.)</td>
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<td></td>
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<tr>
<td>Services, systems and policies</td>
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<tr>
<td>(health, housing, transportation, social security, labour, etc.)</td>
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</table>
### 13. PERSON-CENTRED GOAL SETTING AND SHARED DECISION-MAKING

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<th>Priority list / unresolved issues</th>
<th>Actions taken/needed</th>
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### 14. Name of Health Professional(s) | Signature | Professional no. | Date and time

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<th>Name of Health Professional(s)</th>
<th>Signature</th>
<th>Professional no.</th>
<th>Date and time</th>
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ICanFunction mHealth Solution (mICF)

“No mobile-friendly health service solution to see each person’s functioning as a dynamic interaction between the person’s health condition, environmental factors, and personal factors”.

WHO (2013)

www.icfmobile.org
Democratization of Health Services & Informatics
Interprofessional Collaborative Practice

Transformative learning & Interdependence in education

- Core Competencies
- Common Approach: ICF Framework
- Education-Health Harmonisation

Social Accountability

Interprofessional Education and Collaborative Practice Strategy

Change the World
Government & Professional

- Finances
- Organizational stability
- Healthy stakeholder relations and roles
- Coordinated policy framework between sectors
Institutional

- Staff development plans
- IPE policy and/or vision
- Synchronizing degree programmes (calendars, timetables, level outcomes)
- Assessment and accreditation requirements
What is needed to allow IPE to serve as catalyst for Universal Health Coverage?

- Decentralised, community-base training
- Patient-centred approach utilising ICF
- Interprofessional bio-psycho-social-spiritual approach
- Health information systems to enable Interprofessional Collaboration
- Democratization of health informatics
- IPE accreditation: time tables & duration of modules
- Funding
Change the World

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