

CONFERENCE ABSTRACT

An experience in training international health professionals in people-centred care: the imperative of bridging health and social perspectives

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Introduction/Problem statement: Providing quality health care remains a challenge in many low and middle-income countries. The challenges are two-fold: quality of care is often narrowly defined in biomedical terms or technical effectiveness and, health care delivery systems are fragmented in poorly connected subsystems such as preventive and curative care, primary care and disease control programs, health and social care. Additionally, health care providers, health managers and policy makers are mostly trained within a biomedical health framework and often lack experience with people-centred and integrated care.

Description /Aim of the intervention: The Institute of Tropical Medicine in Antwerp, Belgium, attempts to address this training gap in its international one-year Master in Public Health programme (1). Every year about forty experienced health professionals from Africa, Asia, Latin America and Europe are taught concepts and models pertaining to the analysis, planning, organization and evaluation of local health systems and their interactions with social services in the four-week course component on “Local Health Systems”. This course endorses people-centred and integrated health and social care as cornerstones of quality health care and aims to enable its participants to understand the strengths and weaknesses of dominant biomedical paradigms and to develop a more holistic vision on health care. Students are expected to use comprehensive models for the analysis of (local) health systems and the organization of health services.

To reach these learning outcomes the course uses methods for adult learning that emphasize a participatory approach. The diversity of the participants, in terms of professional experience and academic background, constitutes a unique and rich opportunity for meaningful exchanges and experiential learning. The concepts and models on people-centred and integrated health and social care are taught through different learning activities such as interactive lectures, critical reading of scientific papers and real life case studies introduced by a Belgian general practitioner. In parallel, students are coached in a personal assignment in which they analyse the quality of health care in a local health system in their own or a known context. In this application participants are expected to gain further insights and develop a set of analytical skills from the exchange with their peers, coaches and lecturers.

Beyond classroom learning, participants are also given the chance to observe the process of people-centred care in first-line health services and to interview key stakeholders such as

doctors, nurses, social workers and psychologists in various Belgian municipalities. This study visit also includes the Public Centres of Social Welfare and other frontline social services. The objective of the visit is to illustrate the complementarity of the health and social sub-sectors in ensuring global and integrated health care. Participants are made aware of the need to go beyond exclusive biomedical answers to adequately address the problems people present with at general practice level.

The participants are assessed in several activities: first, they present and discuss their personal analysis of a known local health system with peers and staff; after the study visits they share their analysis of the quality of care and the contribution of the social welfare system to people-centred health system; and finally the participants identify lessons from the Belgian situation that are relevant to their own local health systems and share these reflections in individual blogs. The presentations in the seminars and the blog writing exercise facilitate meaningful interactions amongst participants whilst enhancing their communication skills.

Findings/Highlights: Following the training, most participants understand the comprehensive and systemic characteristics of people-centred and integrated health care; as well as the importance of including the social sector when organizing health services at local level. Interesting statements obtained from feedback sessions and blogs are: “I experienced a shift in the way I think about the organization of health services to provide quality health care”_, “From the site visit [...] I think there are four important elements that promote PCC (people-centred care): sufficient time, qualified personnel, privacy and looking beyond the biomedical aspects (e.g. social security issues and system barriers) of a patient’s suffering ...”

Conclusions: Adequate public health training that broadens the vision on quality of care and allows the development of comprehensive analytical skills can contribute reducing barriers to implementing people-centred and integrated health care. Although the findings obtained during this course are useful, more research is required to define the most desirable skills mix that public health professionals and caregivers should possess.

Keywords: quality of care; integrated health care; people-centred care; social care; training
