

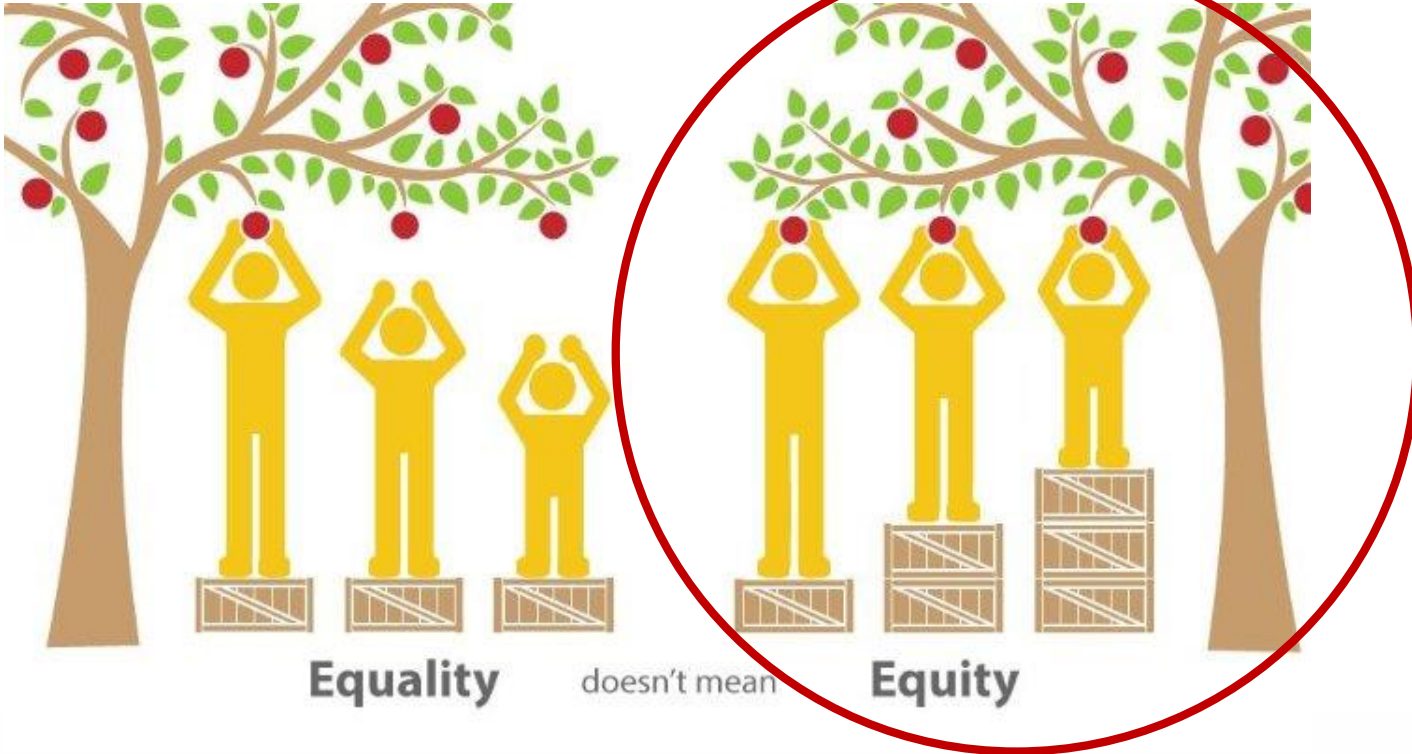
Conceptualise
Interprofessional
Education



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

November 2010



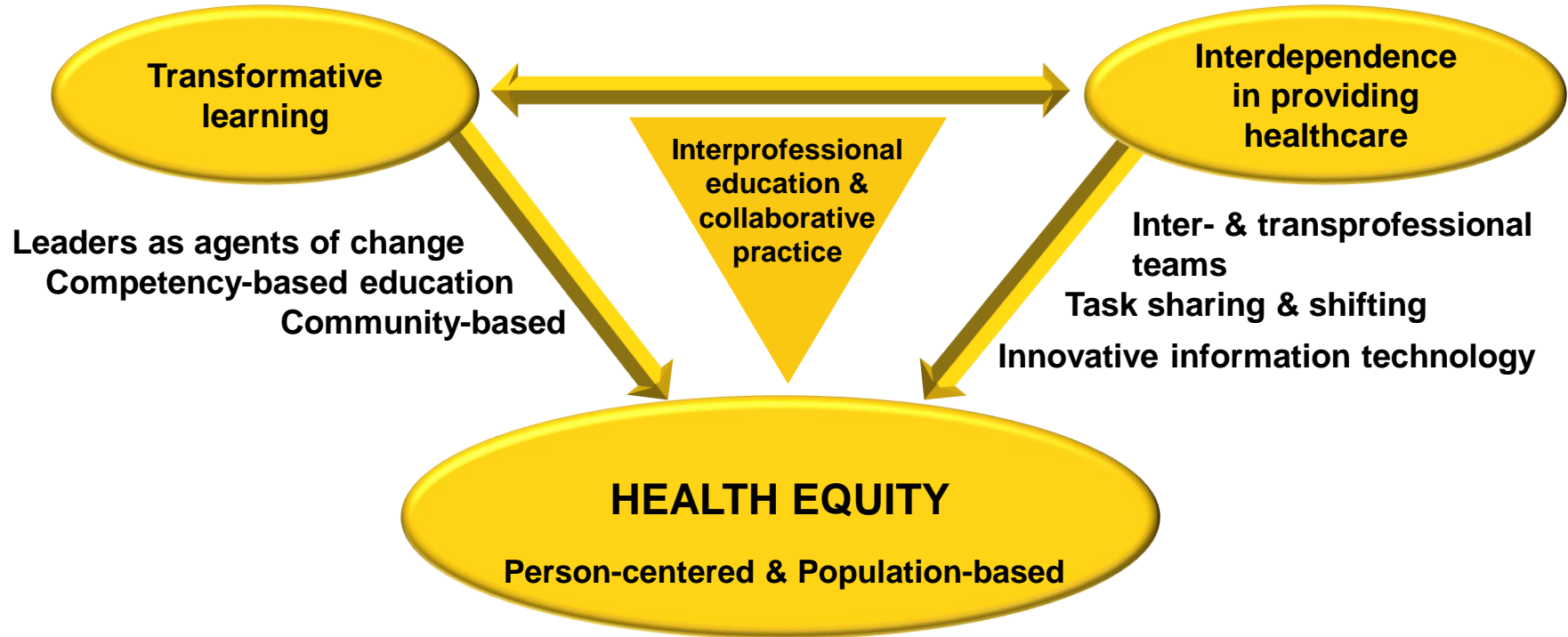
THE LANCET

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 Kistnasamy, Afaf Meleis, David Naylor, Ariel Pablos-Mendez, Srinath Reddy, Susan Scrimshaw, Jaime Sepulveda, David Serwadda, Huda Zurayk*

Health professionals addressing the health needs



**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**



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

	1942	1950
Syphilis	5.8%	2.3%
Impetigo	82%	7.8%
Kwashiorkor	10-12 Cases / Week	10-12 Cases / Year
Infant mortality rate	275	101 / 1 000 live births

Interprofessional Education and Collaborative Practice

- **Evidence:**

Improved patient outcomes

- **Philosophy:**

It's the right thing to do

- **Catalyst:**

For change





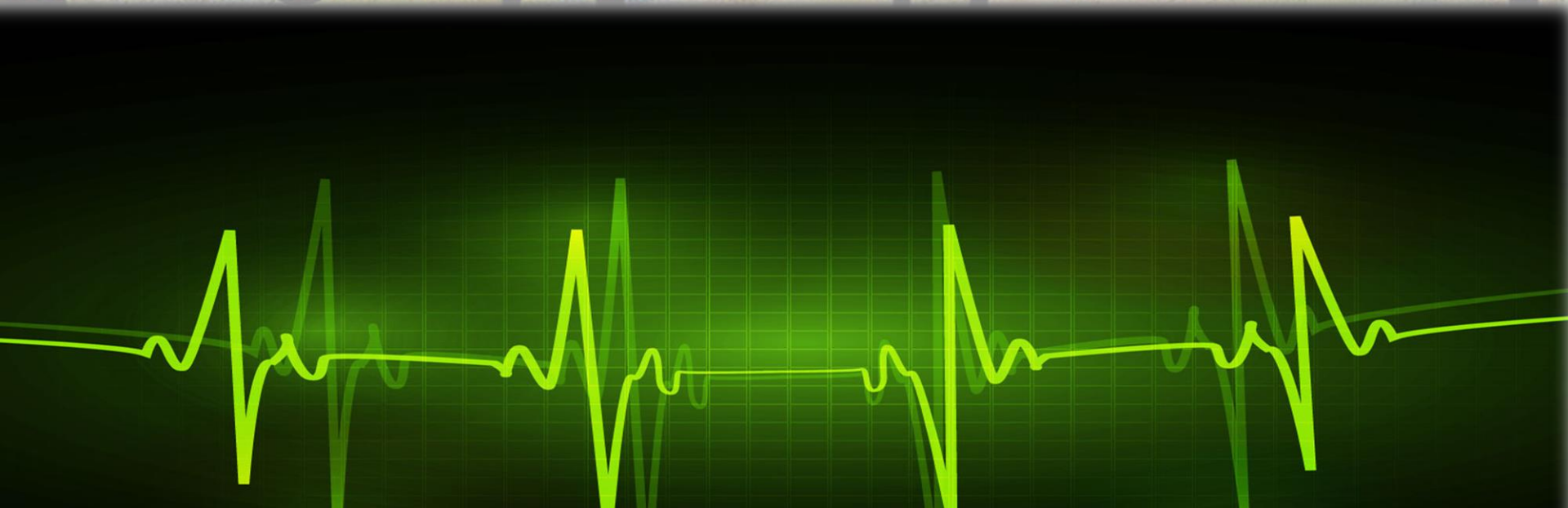


MIND

SOUL

SPIRIT

BODY







Improve Quality, Reduce Costs, Save

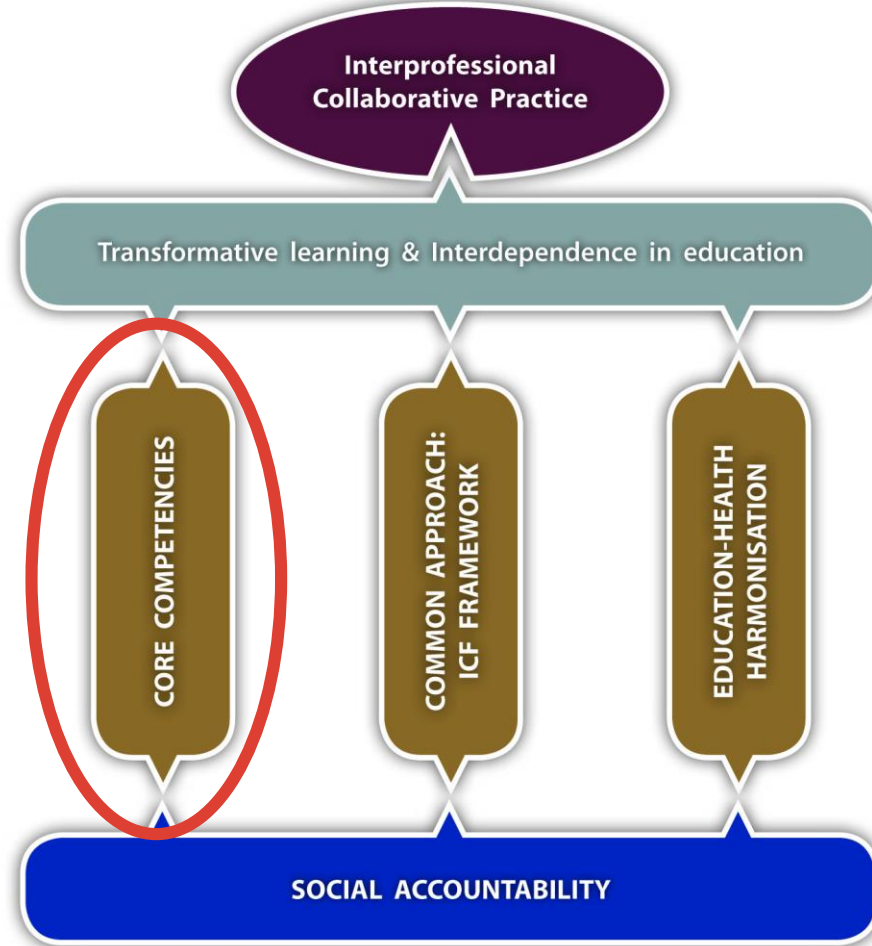
LONDON GENERAL TRANSPORT SERVICES LTD
No. 14 PERSTON HIGH STREET
LONDON
SW11 1BN





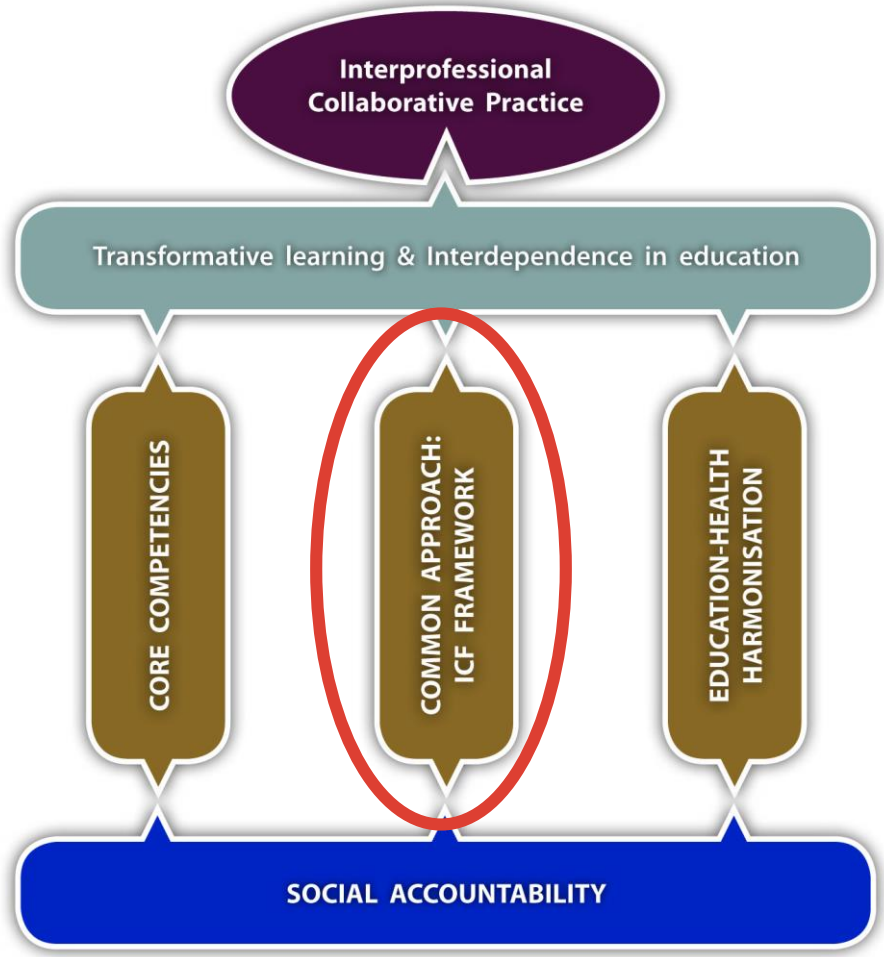


“Healthcare is a team sport,
currently being played by individuals”



Competencies for interprofessional collaborative practice

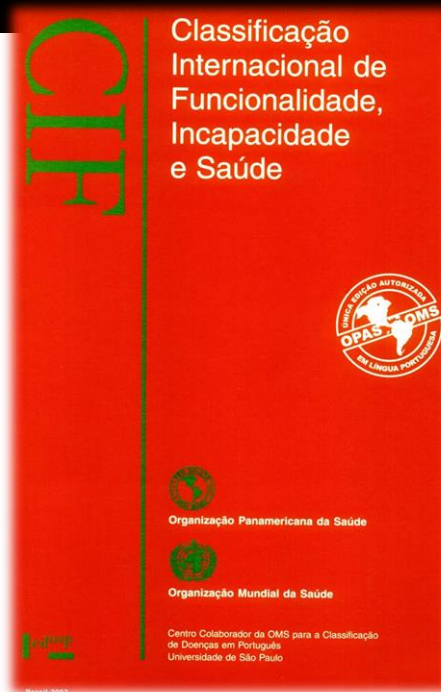




International Classification of Functioning, Disability and Health (ICF)

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

- Provide scientific basis
- Interprofessional teamwork
- Common language
- Permit comparison
- Systematic coding scheme



How to use the

ICF

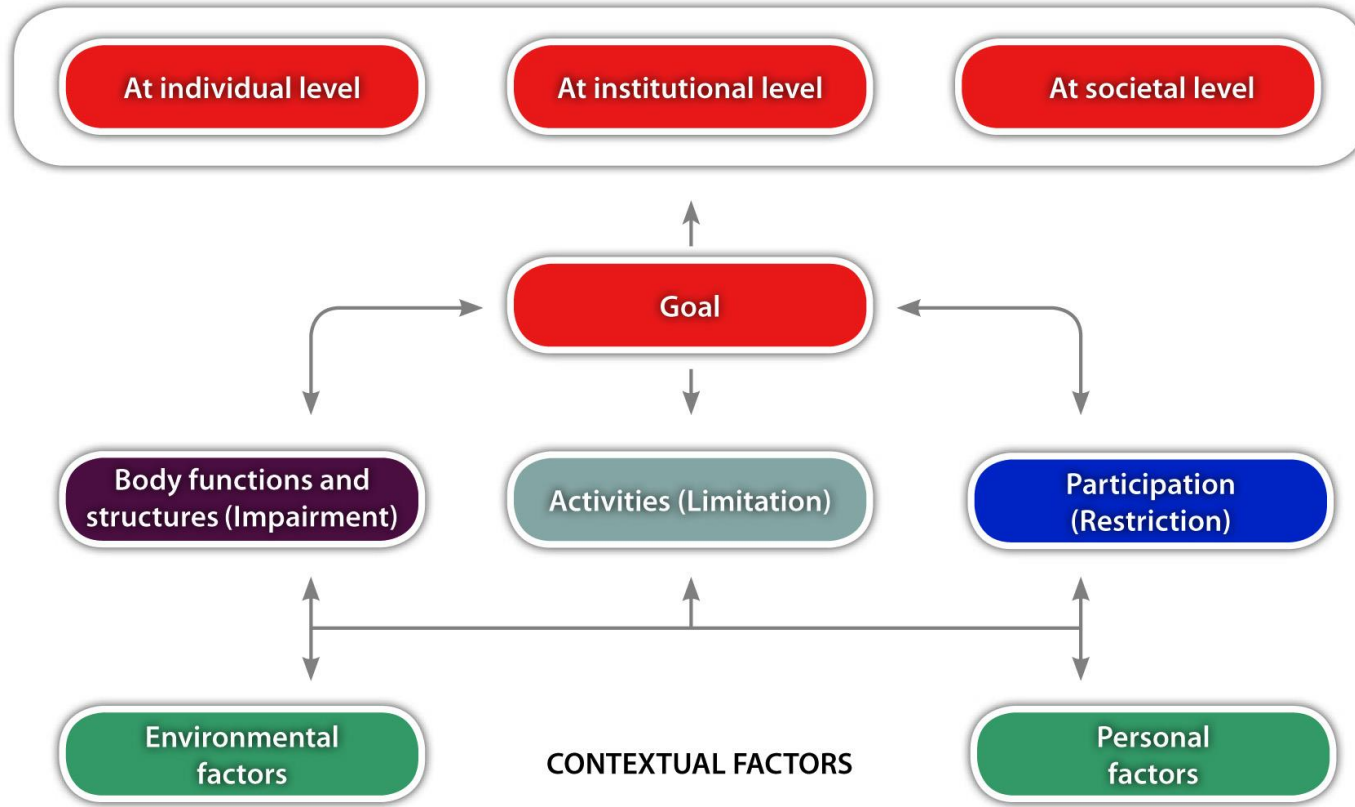
A Practical Manual
for using the
International Classification of
Functioning, Disability and Health
(ICF)

Exposure draft for comment
October 2013



World Health Organization
Geneva

Applications of ICF Framework



Bio-psycho-social-spiritual approach

ADVERTÊNCIA

Este texto não substitui o publicado no Diário Oficial da União



Ministério da Saúde
Conselho Nacional de Saúde

RESOLUÇÃO Nº 452, DE 10 DE MAIO DE 2012

O Plenário do Conselho Nacional de Saúde, em sua Ducentésima Trigésima Terceira Reunião Ordinária do Conselho Nacional de Saúde realizada nos dias 10 e 11 de maio de 2012, no uso de suas competências regimentais e atribuições conferidas pela Lei no 8.080, de 19 de setembro de 1990, pela Lei no 8.142, de 28 de dezembro de 1990, e pelo Decreto no 5.839, de 11 de julho de 2006, Considerando a Resolução no 54.21/2001, da Organização Mundial de Saúde - OMS, aprovada pela 54ª Assembleia Mundial da Saúde em 22 de maio de 2001;

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 atitudinais) na saúde dos indivíduos;



- Portal de Saúde Cidadão
 - Cartão Nacional do SUS
 - Informações de Saúde (TABNET) ▶
 - Informações Financeiras
 - Serviços
 - Publicações
 - Sistemas de Gestão
- Indicadores de Saúde e Pactuações
 - Assistência à Saúde
 - Epidemiológicas e Morbidade
 - Rede Assistencial
 - Estatísticas Vitais
 - Demográficas e Socioeconômicas
 - Inquéritos e Pesquisas
 - Saúde Suplementar (ANS)
 - Estatísticas de acesso ao TABNET
 - Tutorial
 - Módulo gráfico/mapa do TABNET











Change the World









Western Cape
Government

Health

RURAL DISTRICT HEALTH SERVICES
ICF version 3.3-2016

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).

Domain	Performance	Actions Needed/Taken
Learning & applying knowledge (listening, learning, focusing attention, thinking, making decisions)		
General tasks & demands (undertaking single/multiple tasks, carrying out daily routine, handling stress)		

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.

Domain	Facilitator (+) Barrier (-)	Actions Needed/Taken
Products & technology (for consumption (food, medication), for use in daily living, mobility, transport, education communication, employment, culture, etc.)		
Physical environment (neighbourhood, housing, sanitation, roads, light, noise, air quality, etc.)		
Support, relationships & attitudes (from immediate/extended family, friends, employer, health professionals, etc.)		
Services, systems and policies (health, housing, transportation, social security, labour, etc.)		

13. PERSON-CENTRED GOAL SETTING AND SHARED DECISION-MAKING

Priority list / unresolved issues

Actions taken/needed

14 Name of Health Professional(s)

Signature

Professional no.

Date and time

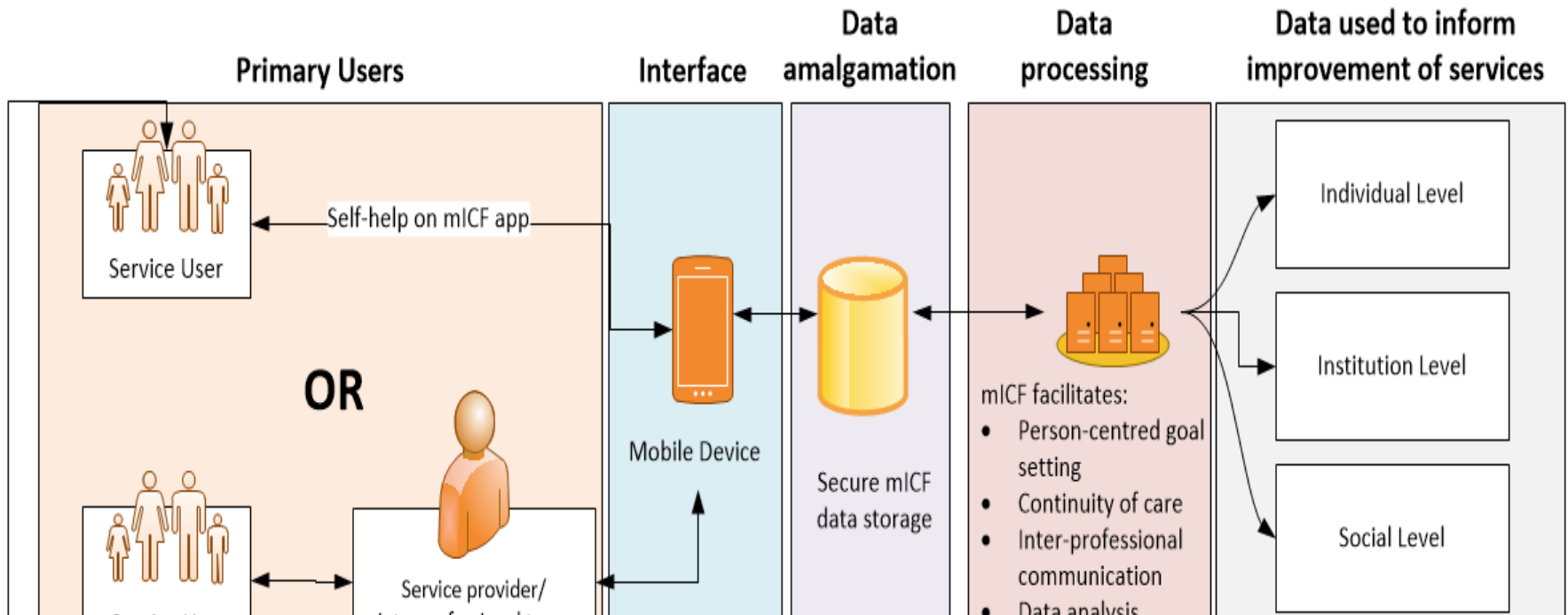


ICanFunction mHealth Solution (mICF)

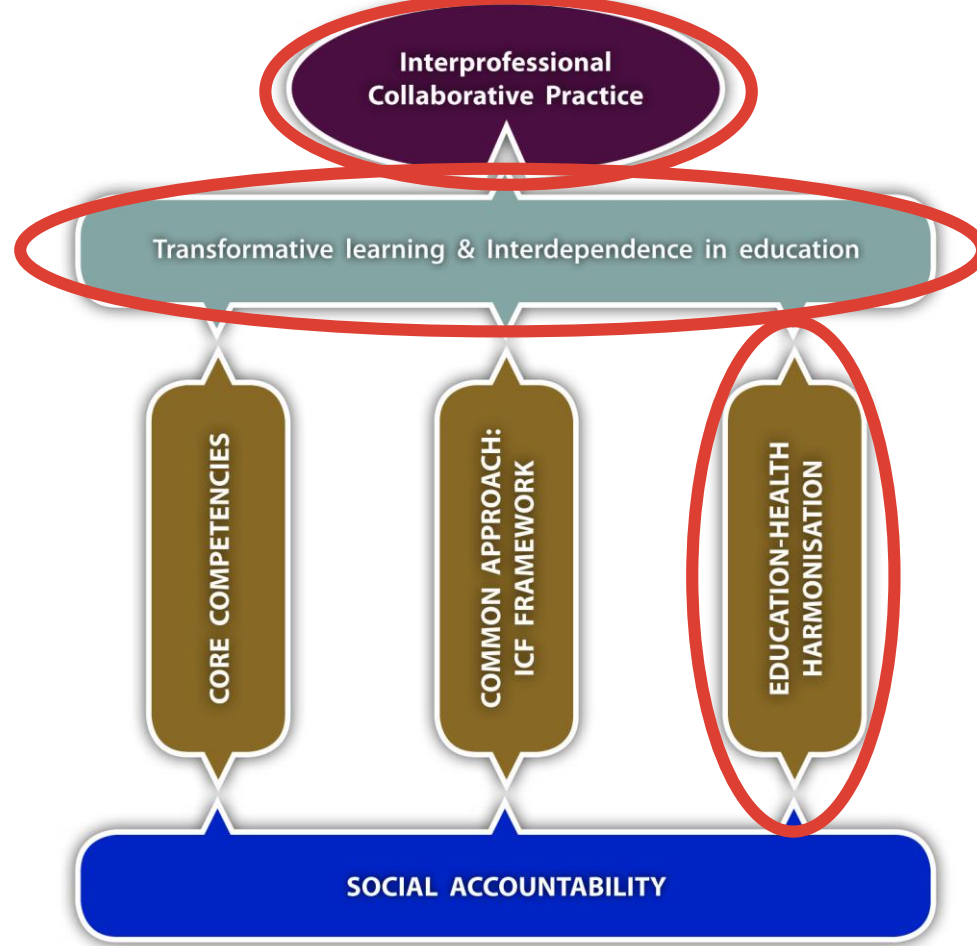


www.icfmobile.org

“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)



Democratization of Health Services & Informatics





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

mandela.ac.za

Stefanus Snyman

Email: stefanusnyman@gmail.com

Twitter: stefanusnyman

Linkedin: stefanus