

FIT FOR PURPOSE: THE IMPORTANCE OF CONTEXT IN TRAINING

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“The demand for health care looks unlikely to be met by doctors in the way the past century’s was. For one thing, to treat the 21st century’s problems with a 20th-century approach to health care would require an impossible number of doctors ...”

Squeezing out the doctor, The Economist,
2nd June 2012

The need

- Health professionals who are “fit for purpose”
- “Something that is fit for purpose is good enough to do the job it was designed to do” [Macmillan dictionary]
- What is the purpose?

Purpose

“More health professionals are therefore needed, but not more of the same. A transformation of health professional education should put population health needs and expectations at the centre and should be directed by the reality of health service delivery.”

WHO initiative on transforming and scaling up health professional education and training. Report of the second meeting of the core guidelines development group.

March 2012



Clinical associates

- A new cadre of health worker for South Africa
- Addressing numbers AND nature of health workers

Development

- National Health Human Resources Report 2001 recommended training a midlevel medical worker (medical/physician assistant)
- Visits arranged to US, Tanzania, Kenya
- National Task team
 - Initial scope of Practice (where to focus)
 - Research project
 - Conditions
 - Procedures
 - Development of national curriculum framework

Top 20 conditions in District Hospitals

(listed alphabetically)



Abscess	Gastro Enteritis
Abdominal Pain	Gynae / PV Bleeding
AIDS	Hypertension
Asthma	Injury/Assault/Laceration/MVA
Body/Musc Skel Pain	Resp Infection Lower
Cardiac/ Vascular Illness	Sexually Transmitted Infection
Chest Pain	Stroke
Diabetes mellitus	TB
Epilepsy	Upper resp tract infection
Fractures/Dislocations	Urinary Tract Infection / Renal

Top 30 procedures identified

(listed alphabetically)



Abdominal paracentesis, ascitis tap	Inhalation therapy, nebulisation	Nasogastric feeding
Abscess: Incision and Drainage, Aspiration	Intercostal drain insert	Nasogastric tube insert
Blood administration	Intercostal pleural tap (diagnostic)	Patient accompany to: theatre, x-ray etc
Cardio Pulmonary Resuscitation	Investigation forms complete: x-ray, lab etc	Physical examination: abdominal, PV: Bimanuel examination
Central venous catheter insert	Investigations assist: X-rays	POP, back slab application
ECG recording	IV infusions insert, adult and child	Taking vital signs: pulse, temperature, blood pressure
Evacuation of uterus	Joint dislocation reduce: joint, tm, shoulder	Urethral catheter insert
Foreign body remove: ear, nose, cornea	Knee aspiration	Urinalysis
Fracture closed reduction and POP	Lacerations, minor wounds suture	Venesection phlebotomy: adult, child (bloodculture)
Gastric lavage	Lumbar puncture	Wound dressing /wound care/remove bandages

Scope

- Procedural skills
 - Investigations
 - Therapeutic
- Consultation skills
- Emergency care
- Counseling
- Teamwork
- Communication



The Bachelor of Clinical Medical Practice Program



- 3-year course of study
- Offered by 3 accredited universities in South Africa (Wits, Walter Sisulu, Pretoria)
- Registration with the Health Professions Council of South Africa
- Nationally standardised curriculum
- Competency-based outcomes making use of problem-based learning
- National exit exam



Graduates (approximate)



Intake	2010	2011	2012	2013 (Planned)
WSU	23	24	24	24
UP		51	97	100
Wits		25	32	50

Underlying philosophy

- Curriculum must meet health service needs
- Process of training must address recruitment and retention
 - Which students are selected
 - Where students are trained
- Students must be prepared for the specific role they will play
- Role definition is critical
- Context is not neutral in education

The Wits programme

- Taking risks
 - Students
 - Faculty
 - Leadership
- From 25 students in 2009 to 170 students over the three years, with an annual intake of 60
- Increasing demand from students (892 applications for 2013) and also employers
- High throughput rates due to small classes, integrated teaching and small dedicated team of teaching staff (7 full-time faculty + 1 administrative assistant)

CONTEXT

- C Community
- O Obligatory
- N New
- T Teaching is not learning
- E Excellence
- X X factor
- T Testing



C = Community

- Selection issues
- Training in situ:
 - North West cohort: 2 out of 3 years in province
- Understanding role of community
- Service commitment



O = Obligatory



- Context is not optional: it is there!
 - It cannot be avoided
 - Change from a hidden to an open curriculum
- Training almost entirely in district hospitals
 - Some presence in regional hospitals
 - Occasional visits to tertiary academic centres

N = New

- Innovation
 - Innovation occurs in response to need
- Patient-based learning
 - Seeing patients from second month
 - Positive consequences
- Life-cycle approach
- Totally integrated curriculum
- Health service orientation
- Introducing electronic logbooks



T = Teaching \neq Learning

- Focus on outcomes:
 - Procedures – levels
 - Conditions
 - Students responsible for learning
- Learning environment
 - Hands-on experience
 - Procedural competence
 - Common conditions

E = Excellence

- Challenge of quality
 - Problems in health service
 - Bad role models (physicians)
- Need for good faculty
 - Training of preceptors
 - Developing faculty
- External inputs
 - External examiners
 - National exam process
 - Partnership with Emory University

X = The X factor

- Messy reality
 - No ivory towers
- Service learning
- Interprofessional learning
- Learning is not just about academic development
 - Becoming a professional
 - Personal growth
 - Values



Testing

- Testing the boundaries
 - Outside of medical school
- Testing the students
 - Regular assessment
 - Feedback from managers & clinicians
- Testing the teachers
 - National process
- Testing the system
 - Transformation through training



Importance of context

- Context is Critical:
 - for learning
 - Relevance of curriculum
 - Appropriateness of skills
 - for future practice
 - for recruitment and retention
 - for development of other people in same context
- Core to primary care
 - Understanding patients in context and addressing their needs in context

