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HRH Info: Why is Teamwork in Healthcare Important? Teamwork in health is defined as two or more people who interact interdependently with a common purpose, working toward measurable goals that benefit from leadership that maintains stability while encouraging honest discussion and problem solving. Researchers have found that integrating services among many health providers is a key component to better treat underserved populations and communities with limited access to health care. More... Page 2 A peer education intervention was implemented to promote use of HCT among secondary school students and apprentices in Ibadan, Nigeria. Baseline data were collected from 1281 students from six schools and 100 apprentice workshops in four Local Government Areas of Ibadan. [from abstract] Recent Ebola epidemic in West Africa have put viral hemorrhagic fever diseases in the spotlight. Uganda has had several outbreaks throughout the years, which have successfully been managed. Nurses' patient education plays an important role in the work to increase public awareness about viral hemorrhagic fever diseases. The objective of this study was to assess how nurses at the emergency department educate the patients and relatives about the viral hemorrhagic fever diseases. [from abstract] It is hoped that this background paper supported by the interactive discussions at the convention will help all of us including the People's Council of Education to initiate a strong countervailing process and movement which will stimulate a re-thinking in the direction content and relevance of health sciences education in the country making it more relevant to people's needs and health for All. [from introduction] This report describes a US National Institute of Health (NIH) funded Medical Education Partnership Initiative (MEPI) to enhance expertise in neurology, developed between Makerere University College of Health Sciences in Kampala, Uganda, and Case Western Reserve University School of Medicine in Cleveland, OH, USA. [from abstract] The Tutorial Group Effectiveness Instrument was developed to provide objective information on the effectiveness of small groups. Student perception of small group effectiveness during the problem base learning (PBL) process has not been previously studied in Xavier University School of Medicine (Aruba, Kingdom of the Netherlands); hence, the present study was carried out. [from abstract] Numerous studies have revealed that study skills have a constructive role on the academic performance of students, in addition to educational quality, students' intelligence, and their affective characteristics. This study aims to examine study skills and the factors influencing them among the health sciences students of Urmia University of Medical Sciences in Iran. [from abstract] There is a shortage of faculty that can provide high-quality training and mentorship for current training programmes and continuing education opportunities for health workers. The use of new information and communication technologies (ICTs) can help to overcome these challenges. [adapted from introduction] Uganda, like other low-income sub-Saharan African countries, bears a heavy burden of surgical conditions with low surgical output in health facilities and significant unmet need for surgical care. To address this lack of adequate surgical services in Uganda, a diverse group of local stakeholders met in Kampala, Uganda, in May 2008 to develop a roadmap of key policy actions that would improve surgical services at the national level. This article is a critical discussion of these health policy priorities with references to recent literature. [adapted from abstract] This pilot study followed 37 Ethiopian nationals enrolled in a spaced education course over a six-month period, attempted to determine the acceptability and effectiveness of the electronic delivery methodology in a low-resource context. [adapted from abstract] Although significant improvements in teaching methodologies have been made in all areas of medicine and health care, studies reveal that students in many areas of health care taking an objective structured clinical examination express difficulties. This feasibility study assessed the educational effectiveness of an integrated objective structured clinical examination using both standardized patients and virtual patients. [adapted from abstract] This study was undertaken to explore the viability of supervising pharmacy students remotely – a model referred to in the literature as role-emergent placements as a possible model to fill the gap in on-site pharmacy preceptors at role-established sites. This paper discusses pharmacy preceptors and long-term care facility non-pharmacist staff experiences with this model. [adapted from abstract] This study compared the effects of an externship program and a corporate-academic cooperation program on enhancing junior college students' nursing competence and retention rates in the first 3 months and 1 year of initial employment. This presentation outlines the methodology, aims and results of a highly successful and innovative program of pre-sevice health education at Lurio University that links future health professionals with the community by assigning each student to a family. The student monitors the family's health status and analyzes the social, economic and cultural aspects impacting on the individuals' and family health such as education and nutrition. This cross-sectional study evaluated the effect of three influenza vaccination promotional strategies on medical students' intention to get vaccinated and associated factors. It also concludes that given previous vaccination is a factor associated with the intention to get vaccinated, education on vaccination of health care workers should begin while they are students. [adapted from abstract] This guide gives recommendations about how the global health eLearning courses can be used to enhance face-to-face, online, and blended training and performance support approaches by helping participants acquire and apply new knowledge and comprehension. Practical examples of how to do so are included for trainers and individual learners. [adapted from author] This paper outlines the development and implementation of four integrated laboratory classes (ILCs) for problem-based learning (PBL) at King Saud University College of Medicine. It also examines whether core concepts addressed in these classes were learned and retained and how the students perceived the ILCs. [adapted from abstract] This paper describes the theory underlying an interprofessional educational intervention developed in Canada for the purpose of improving chronic disease management in primary care in order to explain explicitly the theory underlying this intervention, to describe its components in detail and to assess the intervention's feasibility and acceptability. [adapted from abstract] The aims of this study were to: assess the readiness and the objections of students to a computer-based examinations (CBE) versus paper-based; examine the acceptance and satisfaction with the CBE on a voluntary basis; and compare the results of the examinations, which were conducted in different formats. [from abstract] This study sought to characterise the allied health professional (AHP) workforce of the Northern Territory, Australia, in order to understand the influence of student supervision on workload, job satisfaction, and recruitment and retention. [from abstract] This study explored the views of nursing lecturers concerning the use of patients in nursing education, particularly in light of the development of additional learning opportunities such as clinical simulation. [from abstract] This article outlines the development and use of an eight-month modular, in-service work-based training program in Uganda aimed at strengthening the capacity for monitoring and evaluation and continuous quality improvement in health service delivery. [adapted from abstract] Loading PreviewSorry, preview is currently unavailable. You can download the paper by clicking the button above. WHPA, as an interprofessional alliance, is committed to improving the health of populations worldwide through the efficient, effective and equitable delivery of preventive, curative, rehabilitative and palliative services. Health professionals strive to deliver high quality services within their scope of practice and with respect for the expertise of other members of the team. However, for individuals accessing health services, there may appear to be duplication, gaps and discontinuity as they progress through the health system. This is a challenge that health professions can address positively together and with other agencies. WHPA's statement on interprofessional collaboration (ICP) includes a number of guiding principles for effective ICP. What is interprofessional collaboration? According to WHO: "Collaborative practice happens when multiple health workers from different professional backgrounds work together with patients, families, carers and communities to deliver the highest quality of care across settings[1]." Why do we need interprofessional collaboration? Effective interprofessional collaborative practice (ICP) can lead to: improved access to health interventions and improved coordination between different sectors for individuals and their families with more involvement in decision making; a comprehensive, coordinated and safe health system that is responsive to the needs of the population; efficient use of resources; reduced incidence and prevalence of disability. In particular disability associated with noncommunicable diseases when health systems embrace ICP across the full course of the disease (health promotion, illness and injury prevention as well as disease management and cure, and rehabilitation); and increased job satisfaction, with reduced stress and burnout of health professionals. How can we collaborate between the professions? In a culture of social responsiveness, effective ICP should be guided by the following principles: Policies and governance structures facilitate and support opportunities for ICP Governments and agencies must provide appropriate funding and structure health systems to support ICP. These include not only health services and systems but also health professional education and regulation. Health professional associations should be actively engaged together in discussions and development of ICP policy, governance structures and funding models. Professional regulatory systems and processes including professional competencies, practice standards, and scopes of practice should permit and facilitate effective collaborative practice. Health system infrastructures enable ICP There must be a sufficient supply of health professionals to meet population needs. Collaborative teams should have appropriate and complementary skills, thus ensuring access to the right professional at the right time in the right place. The skill mix will differ according to the purpose of the team that has been brought together, the characteristics and needs of patients/clients and the practice setting. Administrative systems (including human resources and financial planning, budget setting and reimbursement) should all support collaboration. ICP should apply across the continuum of health services, including preventive, curative, rehabilitative and palliative professional services. Education programmes and opportunities promote and facilitate shared learning Initial (professional entry level) and post professional education, including advanced levels of education and continuing professional development programmes should adopt a philosophy of ICP and include opportunities for joint and person-centred, problem-oriented learning and professional socialisation, in both clinical and academic environments. Education programme accreditation requirements should address the need to facilitate shared learning and to prepare graduates for ICP. ICP policies and practice are based on sound available evidence The evidence for the efficacy of ICP for health outcomes continues to be built. Effective monitoring of health outcomes, practice and research in diverse communities and settings is required and the best ways to educate interprofessionally need to be researched. Widely accessible health information systems generating current and accurate information are required to support ICP. Health information systems are also needed for the evaluation and monitoring of health outcomes and to build the evidence base for informing policy. For effective ICP, health systems that support information sharing, within the appropriate privacy and confidentiality constraints, are required. Professional practice centres on the needs of the individual recognising the skills and attributes of individual professions ICP supports person centred practice. By placing the focus on the needs of individuals, their families and communities and recognising they are part of the collaborative team, professional differences are minimised and shared decision making is developed in partnership. ICP requires mutual respect, competence, trust and synergy among team members. Professionals, sharing a common purpose, recognise and respect each other's body of knowledge, role and team-agreed responsibilities. When the individual contributions of all professionals are recognised, there is more likely to be appropriate and timely referral and a good matching of competencies to a person's needs. Whenever there are overlapping scopes of practice, collaborative teams ensure that the professional with the best match of expertise to the needs of the individual is engaged at the appropriate time. ICP requires effective communication, enhanced by team members talking and actively listening to each other and to the individual concerned and his/her significant others (family, carers, advocates. [1] World Health Organization. (2010) Framework for action on interprofessional education and collaborative practice. Geneva, Switzerland: WHO





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