

The health professional of the future

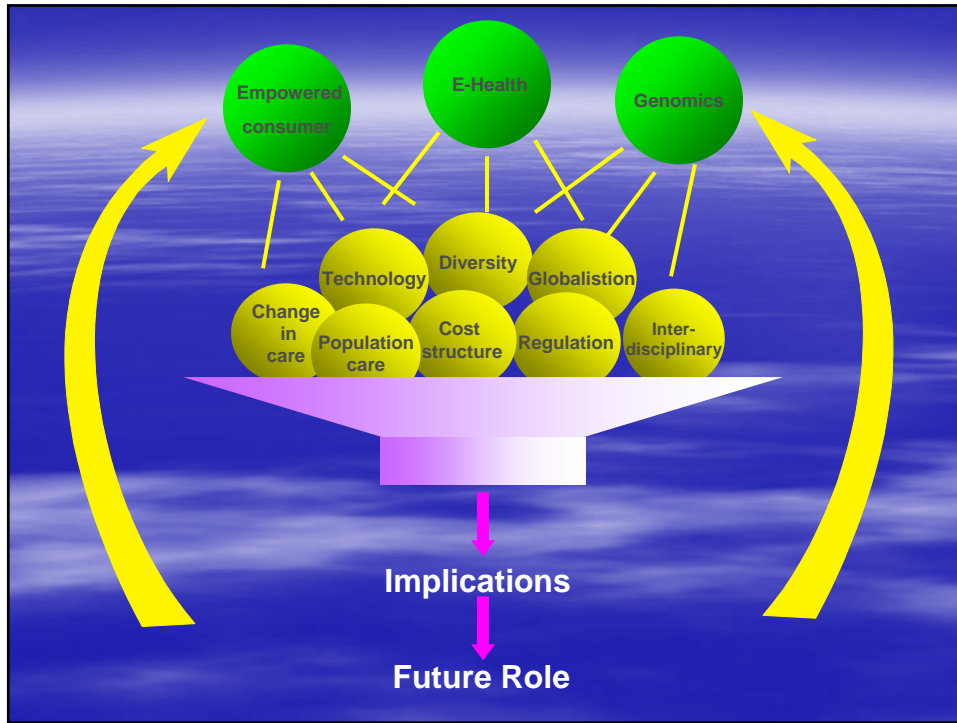
Educated to meet
future health care
needs

Heather Baker
Senior Lecturer
Director Undergraduate Nursing
Medical and Health science Faculty
The University of Auckland




IMPETUS FOR CHANGE

- advances in medicine and biomedical sciences
- changes in the pattern of delivery of health care
- developments in thinking about teaching and learning
- increased consumerism and pressure for accountability



The Empowered Consumer



- Internet information, access, speed.
- More personal income spent on health care
- Collaborative, consultative relationship between health professional and consumer
- Reduction in health professional control of information
- Change for health professional from information giver to information broker
- Machine to machine and person to machine communication the norm
- Consumer with power is informed about choices which leads to change
- Knowledge now a factor of production leads to information poverty – inequity

Genomic Shifts, Gene Mapping



- Genome map. Customised health care
- Inexpensive and readily available health risk assessments.
- Instant feedback re health function relative to risk
- Individuals understand their own genetic maps, their risks and their triggers
- Make choices based on individual maps
- Populations will be targeted for care to improve outcomes
- Potential for victim blaming increases

Health Policy and Regulation



- increase in government regulation as costs rise both in the health and education sector
- health care costs measured in terms of outcomes of care.
- standardisation of health care processes
- common platforms, benchmarking both nationally and internationally
- shared governance in management
- focus shift – early screening prevention and detection
- Regulation of health professional workforce – changes in scopes of practice

Trends in Health Professional Education

- More mature students, gender balance changing within professions
- Influenced by the nature of the diseases treated, patients managed.
- A drive towards specialisation
- Different curriculum models – evolution of pedagogical concepts – student centred
- Virtual classrooms - development of technical aids -simulations
- Flexible delivery modes –information – in students home
- Interdisciplinary education for collaborative practice
- Significant change to the mix of health care professional/student
- Teaching site changes into the community

TENSIONS

- a study of breadth and depth
- a mastery of core while retaining an element of choice
- an emphasis on education for capability while preserving a firm scientific base for practice
- development of social science themes while not neglecting traditional topics
- emphasis on integrated teaching while acknowledging the importance of disciplines.

Scenario 1

'Trust their guidance'

Making revamped institutions work

An evolutionary approach

- Community focus
- Fundamentalism
- Scientific breakthroughs
- Access to global information through trusted intermediaries
- Well regulated institutions – source of stability –widely trusted despite the sense that they weaken individualism and diversity

Exploring the environment for health care. The Madingley Scenarios. NHS Confederation, Institute of Health Service Management, International Hospital Federation.

Health Professional for 'Trust their Guidance'

- Same health professionals groups as today
- Some flow between scopes of practice
- Workforce substitution
- Redefining of scopes of practice
- Increasing focus on skills as a health professional less on qualitative difference in scopes of practice
- Technology transfer

Education for Trust their Guidance

- Same health professional boundaries – separate curricula
- Discipline specific education continues
- Increased specialisation within health professions – increased specialisation in teaching
- Specific skill - roles within health professions to be taught
- Education occurs from institutions

Scenario 2

'Find my way'

Radically new ways of working and acting

Revolutionary approach

- Globalisation – local access to globally available information
- Anti-professionalism
- More individualistic lifestyle
- Short lived partnerships – institutions weak
- Reduced nationalism
- People - informed
- Empowered individuals in a global village

The Health Professional for 'Find my Way'

- Multi-skilled health professionals – generic - information brokers
- Health professionals selected by clients on published performance data and personal preferences
- Tele-working for health professionals
- Care in the home – multi-skilled carers
- Upstream prevention and health promotion work
- Self help by clients – supported by health professionals
- Specialists required for highly technical procedures.

Education For 'Find my Way'

- Generic education as a basis for all health professionals
- Post graduate – branch out into population health specialties, skill specialties
- Working as health care professional teams
- Virtual education – virtual universities – computer based simulation learning
- Experiential learning processes – workplace learning in teams – communities of care – communities of practice.

Health Professional Care

- Work in knowledge teams
- No individual is effective alone
- Team of people with complementary skills
- Share information and knowledge
- Achieve a collective performance
- Multi-skilled teams rather than multi-skilled individuals?

Fit for Purpose

- In the right numbers
- Right place
- Right time
- Health professional education to be responsive to change and accountable to more than the professions.
- Significant funding and policy change required

Generic attributes of health professionals for the future to meet both scenarios?

- Communication
- Teamwork
- Team based care
- Group skills
- Collaboration
- Conflict resolution

References

- Alkan, M. (2000). The global medical school, 2020. *The Medical Teacher*, 22(5), 527-530.
- Cooper, H., Carlisle, C., Gibbs, T., Watkins, C. (2001). Developing an evidence base for interdisciplinary learning. *Journal of Advanced Nursing*, 35(2), 228-237.
- Benor, D. (2000). Faculty development, teacher training and teacher accreditation in medical education: twenty years from now. *Medical Teacher*, 22(5), 503-513.
- Duckett, S.T. (2005). Health workforce design for the 21st century. *Australian Health Review*, 29(2), 201-210.
- Duckett, S.T. (2005, June). Interventions to facilitate health workforce restructure. *Australia and New Zealand Health Policy*, 2(14). Retrieved September 12th, 2005, from <http://www.anzhealthpolicy.com/content/2/1/14>
- Finch J. (2000). Interprofessional education and teamworking: a view from the education providers. *BMJ*, 321, 1138-1140.
- Hall, P., & Weaver, L. (2001). Interdisciplinary education and teamwork: a long and winding road. *Medical Education*, 35,867-875.
- Hammick, M. (2000). Interprofessional education: evidence from the past to guide the future. *Medical Teacher*, 22(5) 461-467.
- Harden, R. M. (2000). Evolution or revolution and the future of medical education: replacing the oak tree. *Medical Teacher*, 22(5) 435-443.
- Ross, F., & Southgate, I. (2000). Learning together in medical and nursing training: aspirations and activity. *Medical Education*, 34 793-743.

Issues emerging

- A new professional or multi-professional approaches
- Reflects new ways of working or new ways of educating
- Competency frameworks
- Front-line and back row professions
- Economic issues
 - cost effectiveness
 - overseas migration