
Towards a School for PHC Personnel at Alex Clinic and the Institute for Urban PHC

Alex Clinic

Communities have constantly changing needs and wants. As such, at the interface with the community, primary health care (PHC) should be part of a community development plan to improve the quality of life, and not just technical care.

Within this context, health workers need up-to-date technical and management skills. They also require the ability to relate to residents in the community, and to understand and support the community in both its problems and the resolution of such problems. Continuing education of health workers and of the community, as well as mutual education are essential tools.

Strengthening teaching and training is also essential in a health system environment such as ours, where relevant resources are directed mainly to professional groups and to the secondary and tertiary levels of health care. Apartheid health care, with its high technology and strong emphasis on privatization, has resulted in gross neglect of PHC. Education and training should be directed at all levels of PHC workers, as well as at community members.

Such strengthening of teaching and training is a natural evolution for organizations such as the Alexandra Health Centre and University Clinic (AHC) and the Institute of Urban Primary Health Care (IUPHC), which already have a strong service and research base. The development of an education and training centre at the IUPHC to further the PHC approach is therefore proposed in an attempt to address some of the imbalances that exist.

Aims of the School

The aims of our educational activities would be to

- further the PHC approach amongst urban health workers;
- support PHC workers with appropriate training and ongoing education; and
- support community organizations involved in community development activities.

Rather than a formal school, what is proposed is a "school without walls", where we would

- carry out some of the teaching ourselves;
- encourage professional outsiders or community members to come to us for "internships" of relevance to their practical work;
- act as a promoter of new training programmes in other institutions, or initiate attempts at reforming current training of health personnel;
- engage in a process of education-communication with community members and groups that will ensure a mutual learning experience.

A competency based approach to the education and training programme would be encouraged, based on a modular system. Cooperation and joint decision-making between tutors and students around course design and content will be encouraged. A fixed curriculum should be discouraged in an attempt to most appropriately meet the needs of students.

More specifically education and training should:

- strengthen the problem solving ability of health workers, preparing them to face the challenge of performing tasks different from current activities, as demanded by a changing environment;
- increase their competency to carry out the job s/he is currently doing or has been hired to do;
- develop the ability to think about local realities and to cope with change in the health sector and in the community;
- strengthen the ability to relate to residents in the community and understand the multitude of factors that determine their attitudes, behaviour and illnesses;
- increase the capacity of health workers for sound decision-making to help people to improve their health conditions; and
- develop and strengthen skills to work in health teams.

Proposed Educational Programmes

The proposed programmes would fall into one of four categories:

- a) basic training;
- b) post-basic training;
- c) management training; or
- d) community education.



Health workers require the ability to relate to residents in the community.

Photo: Critical Health

Basic Training

The PHC assistant programme

This will be a one year certificate course for all levels of PHC workers, spanning a broad range of specialized areas, and focussing on understanding the PHC approach and methodology. There will be four to six months practical work in all the areas of PHC.

The training of facilitators of community-based rehabilitation together with short term programmes for geriatric PHC assistants, will become part of the training of PHC assistants. The training of a general community-support PHC assistant to educate, liaise with, and support the mobilization of the community currently being debated.

Community Speech and Hearing Therapists

As from 1993, the IUPHC, jointly with the Department of Speech and Hearing Therapy of the University of the Witwatersrand, will offer a two year diploma course in Community Speech and Hearing Therapy. The IUPHC was asked to assist in an attempt to narrow the gap between the university and communities and to develop a course appropriate to the needs of developing communities.

Post-Basic Training

Training of rehabilitation workers

Rehabilitation professionals (physiotherapists, occupational therapists, speech therapists) working in PHC are usually professionally isolated, service large numbers of people with disabilities whom they may not see frequently, and, as part of their work, need to pass on skills to families, the disabled themselves and other health workers.

The internationally recognized Bobath course, based on a neuro-department therapy (NDT) approach to cerebral palsy, was offered at the AHC, and drew fifteen physiotherapists and occupational therapists from southern Africa. The course ran for eight weeks, and demonstrated that a high level of skills can be made appropriate to the care of the majority of children with cerebral palsy at a PHC level. The course will be offered at least on a yearly basis.

Clinical training of professional nurses

Since curative and maternity care are now part of preventive and promotive primary work, there is an immediate need for both theoretical and clinic training and retraining in the clinical skills of examination, diagnosis and treatment of common disorders in adults and children.

During 1992, two modules, each attended by some eight professional nurses from local authorities in northern Johannesburg, were offered in paediatric primary care. The participants have since returned to their authorities to implement their new skills.

Similar modules are planned for 1993 around adult conditions (with emphasis on the chronic disorders such as hypertension and epilepsy) and maternity.

PHC management training

Most approaches to management of PHC services suffer, to some extent, of the perception of management activity as a separate activity within organizations. Many health workers may be called upon to perform management tasks that they do not routinely perform (a charge nurse on night or week-end duty). Crisis management exists side-by-side with strategic planning and more experimental approaches (along the lines of action science). Labour room work, for example, emphasizes technical skills, while in community work, it is necessary to bring a wealth of other skills from public relation to education, etc.



The IUPHC is trying to reduce the gap between universities and developing communities so that programmes become appropriate for those communities.

Photo: Medico Health Project

With the above in mind, the IUPHC is currently planning, together with the Wits Business School, the Portugal-based Institute of Hygiene and Tropical Medicine and the USA based Tulane Centre for International Health Development, two courses for managers of PHC centres- one for managers centring the supervisory function in the management hierarchy, and the other for more senior managers.

Community Education

Community education is not a programme on its own, but a component of the community action and development programme. It probably represents the best example of what we mean we speak of a "school without walls".

A community wide health committee, made up of community representatives elected by the civic organization, was set up on the initiative of the AHC Development Department, and forms the framework within which most community education takes place, although some education is also directed at voluntary associations and individual community members. These representatives have met

every week and report to their area committees.

The health needs are identified in the community and prioritized through a process of discussion facilitated by health workers including a nurse, a doctor and a lay health worker. When appropriate, more formal training is conducted and certificates issued. So far, the Red Cross certificated basic First Aid training, as well as workshops on road safety, paraffin poisoning, and AIDS have been held. Some workshops have been repeated at area committee level. A refuse removal campaign and a campaign to acquire a community-based hospital have also been initiated by the community representatives. This community action has involved substantial awareness raising around the structure and function of local government, with several members being more effectively able to use their knowledge relating to community health.

Conclusion

Education and training, including continuing education of community members will, to a very large extent, determine the success or failure of the PHC approach. As such, that education and training must be

- appropriate;
- ubiquitous and readily accessible in every single province of the country;
- standardized, with common national minimum standards of evaluation and certification;
- supported by state, provincial and local authority structures;
- affordable; and
- accountable to communities, to employers and to professional bodies.

Finally, education and training in PHC must help to build bridges to higher education, both between professionals and lay people, as well as amongst different categories of health workers.

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