GLOBAL ALLIANCE ON DISABILITY AND HEALTHCARE INNOVATION

Cultivating Clinicians: Interprofessional Development in Global Health

Student Reflections from Bass Connections GANDHI

Bass Connections project GANDHI, the Global Alliance on Disability and Health Innovation, launched in 2016 to engage students, faculty and global partners to examine the systems and policies needed to support patient recovery and transitions in care after an acute illness or injury. While this project aims to address the global need for integrated person-centered care, it has built an opportunity for interprofessional collaboration and development, particularly between students. Among 20 actively engaged Duke students this project team included four health professions students and three students already working as health professionals. Here they express the value of Bass Connections in cultivating clinicians.

We realized early in the project that our roles and training as healthcare providers gave us a unique perspective in identifying gaps in care continuity for people hospitalized with an acute illness or injury. However, through participation in the GANDHI project, we gained experience that further shaped our empathy as clinicians. By sharing our clinical experiences with one another we gained additional insight into what it means to work with underserved populations. Our interactions in the classroom, with global partners, and at conferences allowed us to explore local and global healthcare systems, deepen our understanding of patient experience across the care continuum, and expand our capacity as both researchers and clinicians.

In this project we compared the healthcare resources, governance and policies for twelve countries as they related to health system strengthening for hospital to home care transitions after acute illness or injury. We heard from in-country experts and have begun interviewing stakeholders from around the globe on their perspectives of the problem and opportunities for change. This project has improved our understanding of the patient's journey from hospital admission to community reintegration and increased our attention to barriers to care and recovery. GANDHI's exploration of the systemic gaps in healthcare, and how policy change can support improvements and care redesign, enriched our understanding of clinical care. We gained a better understanding of the critical importance for patient follow-up and the need for providers to discuss with patients potential obstacles to care and recovery beyond direct health care needs. In studying populations domestically and abroad, we became more passionate about ensuring that the work we do is meaningful and sustainable over time for all patients.

We realized that barriers encountered by families can remain elusive to most physicians, nurses, and therapists. For example, the ability to pay for care. In Uganda where the bill for services must be paid before hospital discharge, some people are forced to abscond and may never return to the hospital for subsequent health issues. In the U.S., patients who need physical therapy face a limit for the number of visits allowed for an episode of illness and may not have the ability to pay out of pocket for continued care to meet their functional goals. Financial constraints are compounded by psychosocial needs. Then care fragmentation between acute hospital-based care and community-based care, even in well-resourced regions, further challenges the trajectory of recovery. The financial, physical, and psychosocial barriers facing patients and their families may be better supported with an integrated care model including social and community services with formal healthcare. We found a surprising number of resources available but underutilized due to lack of knowledge and awareness by both patients and providers. Tremendous opportunity exists for strengthening health systems globally in order to reduce barriers and facilitate optimal integrated person-centered care.

Throughout the project we encountered a variety of resources and jargon that were unfamiliar within our specified silos and disciplines. Conducting a comparative country analysis on policies, systems, and programs expanded our vocabulary while also standardizing the terms we use. Our research skills and understanding of different types of data were bolstered through work with public datasets available from the World Health Organization and the World Fact Book. We gained a deeper understanding of disability adjusted life years (DALYS), health risk factors, health financing, health care capacity metrics, and the existence (or lack of) policies for rehabilitation or human protections for people with disabilities. Collectively our evaluation of twelve countries revealed to us that even regions with the lowest income still have resources to leverage and the regions richest in resources are not without gaps in care.

This project encouraged us to reach outside of our comfort zones in order to build diverse connections and expand our networks. Ultimately, these skills are necessary to be successful in any field, and global health is no exception. Interprofessional communication improves the efficiency and effectiveness of our healthcare teams, the harmony of our working environments, and the success of our patients achieving positive outcomes. It is a consistent and crucial aspect of our careers as healthcare providers and a skill we were able to improve with GANDHI.

Overall, the GANDHI project challenged us as clinicians and clinicians-in-training to develop into more holistic and knowledgeable practitioners. The GANDHI project was a transformative experience that allowed us to improve our communication skills, interact with diverse healthcare consumers and providers, and discover new avenues to advocate for patients and caregivers. Evaluating policies and system-level facilitators and barriers to effective transitional care led us to more critically engage in our practice settings. Moving forward as scholars and clinicians, we each feel empowered to build interdisciplinary teams and use a broader scope of resources to promote the flourishing health of our patients and communities as a whole.

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