

**“Enhancing Interprofessional
Collaboration and Learning for
Strengthening Primary Health Care”**

July 21-23, 2021

Faculty of Medicine, Public Health and Nursing

Universitas Gadjah Mada

Yogyakarta, Indonesia

TUFH THE NETWORK:
2021 TOWARD UNITY
FOR HEALTH

Supported by:



TUFH 2021 ABSTRACTS

Title	DIABETES RELATED KNOWLEDGE, SKILLS AND TRAINING REQUIRED BY COMMUNITY HEALTHCARE WORKERS TO CONTRIBUTE TO INTERPROFESSIONAL LEARNING OF HEALTH SCIENCES STUDENTS: A QUALITATIVE STUDY
Type	Oral Presentation <i>High-Quality Learning and Collaborations in the Health Workforce</i>
1st Author	ANNEMARIE JOUBERT
Co-Authors	-
Country	SOUTH AFRICA
Abstract N ^o	TUFH590
Content	Background: A health sciences faculty established an interprofessional learning initiative in the southern Free State, South Africa. This initiative offers collaborative learning opportunities to fourth-year students in health and rehabilitation sciences, nursing, and clinical medicine, whilst simultaneously supporting rural diabetes healthcare services. The contribution of community health workers to this initiative is ill-defined and limited to informing patients about the students' home visits. The authors proposed that a reason why these workers do not contribute could be ascribed to them not having the required knowledge, skills, and training. The aim, therefore, was to describe the diabetes-related knowledge, skills, and training required by community health workers to contribute to the interprofessional learning of students. Methods: A qualitative design, nominal group discussions, and purposive sampling were selected to obtain data from community health workers (n=26), interprofessional learning students (n=22), interprofessional learning coordinators (n=4), and interprofessional learning facilitators (n=5). Steps were followed in the initial analysis, to collate the data generated by individual groups and to analyse the multiple-group data. Findings: Five top priorities related to required knowledge, skills, and training were identified across groups. Knowledge priorities were, for example, the Road to Health chart, danger signs, basic knowledge on pertinent conditions, and adherence support. Skills required included wound care, taking vital signs, and communication skills, whilst training on health promotion, wound, and emergency care were listed. Conclusion: The findings ultimately contributed to the development of a training programme to assist community health workers to become part of this interprofessional learning initiative.