TOWARDS RESILIENT FACILITIES AND SERVICES AT SMU

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INTRODUCTION

COVID-19 caused global devastation to many different sectors, and in response WHO identified resilient facilities and services as a key area for service delivery.[1] Family physicians should actively participate in several tasks in disaster management, because of their in-depth knowledge of the populations at risk.[2] Family physicians and their registrars therefore must be trained in the preparation, response to, and recovery from public health emergencies.[2]

In the FCFP (SA) portfolio there are five unit-standards that guide the teaching of registrars:[3]

Unit standard 1: Effectively manage self, the team and practice, with visionary leadership and self-awareness to ensure the provision of high quality, evidence-based care.[3]

Unit standard 2: Evaluate and manage patients with both undifferentiated and more specific problems cost-effectively according to the bio-psycho-social approach.[3]

Unit standard 3: Facilitate the health and quality of life of the family and community.[3]

Unit standard 4: Facilitate the learning of others regarding the discipline of family medicine, primary health care, and other health related matters.[3]

Unit standard 5: Conduct all aspects of health care in an ethical and professional manner.[3]

DISCUSSION

Entrustable professional activities (EPAs) have been developed for workplace-based assessment of registrars.[4] These EPAs will guide registrars' activities during training.

WHO developed an initiative to strengthen global health emergency prevention, preparedness, response, and resilience.

The five **C**s of health emergency prevention, preparedness, response, and resilience form part of this initiative:[1]

1. Collaborative surveillance[1]

Unit standard 1, 2 and 3.[3]

EPA 13: Managing patients with emergency conditions.[4]

EPA 18: Supporting community-based health needs.[4]

EPA 22: Leading clinical governance activities.[4]

2. Community protection[1]

Unit standard 1, 2, 3, 4 and 5.[3]

EPA 13: Managing patients with emergency conditions.[4]

EPA 18: Supporting community-based health needs.[4]

EPA 19: Supporting and providing health promotion and disease prevention services.[4]

EPA 21: Leading a clinical team.[4]

EPA 22: Leading clinical governance activities.[4]

3. Safe and scalable **C**are[1]

4. Access to **C**ountermeasures[1]

Unit standard 1, 2, 3, 4 and 5.[3]

EPA 13, 18, 19, 21, 22.[4]

5. Emergency **C**oordination[1]

How do we at SMU address this training need?

Seminar sessions. Research.

Written assignments. Contact sessions.

Incorporation of workplace-based assessments to meet the EPAs.

CONCLUSION

Although there is no set module that addresses the issues of resilient facilities and public health emergencies, all the Cs are addressed in the registrar training programme at SMU through reaching unit standards and meeting EPAs. If a concept is understood, it can be applied to any setting. Registrars will be well-equipped in the preparation, response, and recovery of public health emergencies, by combining knowledge and skills that are acquired through the four-year programme.

REFERENCES

1. Strengthening health emergency prevention, preparedness, response and resilience. Geneva: World Health Organization; 2023. Licence: CC BY-NC-SA 3.0 IGO.
2. Yılmaz TE, Yılmaz T, Örnek Büken N, Özkara A, Altıntaş KH. (2020) Awareness of family physician residents of their roles in disaster health management: a cross sectional study in Turkey. Primary Health Care Research & Development 21(e47): 1–9. doi: 10.1017/S146342362000047X
3. FCFP (SA) Portfolio: Learning outcomes.
4. Jenkins LS, Mash R, Motsohi T, et al. Developing entrustable professional activities for family medicine training in South Africa. S Afr Fam Pract. 2023;65(1), a5690. https://doi.org/10.4102/safp.v65i1.5690