
CONFERENCE ABSTRACT

Integrated primary care in higher education, a qualitative study about the needs and preferences of lecturers to implement new evidence.

23rd International Conference on Integrated Care, Antwerp, Flanders, 22-24 May 2023

Lotte Vanneste^{3,2,5}, Reini Haverals^{2,5}, Dagje Boeykens^{1,2,5}, Dominique Van de Velde^{1,3,5}, Pauline Boeckxstaens^{2,5}, Patricia de Vriendt^{1,3,4,5}

1: Department of Rehabilitation Sciences, Faculty of Medicine and Health Sciences, Ghent University, Belgium

2: Department of Public Health and Primary Care, Faculty of Medicine and Health Sciences, Ghent University, Belgium

3: Department of Occupational Therapy, Artevelde University of Applied Sciences, Belgium

4: Frailty in Ageing (FRIA) Research Group, Department of Gerontology and Mental Health and Wellbeing (MENT) Research Group, Faculty of Medicine and Pharmacy, Vrije Universiteit, Brussels, Belgium

5: Primary Care Academy, Belgium

Introduction: The policy shift towards stronger primary care systems increases the interest in primary care within different training programs. Implementing new evidence about primary care into education, could be supportive for more integrated and person-centered care. Hence, it could also support the capacity building for integrated primary care. Therefore, the aim of this study is to research if and how lecturers implement new evidence in the curricula and what they need for a successful integrated implementation.

Method: Thirty three lecturers representing a variety of Flemish higher education healthcare curricula participated in eleven focus groups. Focus groups were organized in two stages and participants were expected to attend both of them. A first stage was about the current state of affairs (e.g. to what extent and how primary care is present in their curricula). The second stage was about how lecturers want to be supported to implement new evidence in their programs.

Results: Despite that all participants indicated that primary care was already present in their curricula they described a lack of knowledge on how and where it was embedded. Nor where they aware of the presence of a vision on primary care education. They felt a lack of collaboration between the different programs, interprofessional integration and interorganizational integration. Moreover, they indicated that they felt the need for a competence profile for primary care professionals as common framework to guide curriculum development. They need clearly defined competences to define the learning objectives on primary care topics of their training programs. The focus groups suggested the model of the T-shaped professional. A T-shaped professional has the expertise in his own field and the ability to apply knowledge in areas of expertise other than one's own and foster collaboration across disciplines.

Given the rise of new evidence in healthcare, such as goal-oriented care, self-management and interprofessional collaboration, participants indicated that it was difficult to select concepts that are worthwhile to invest in. They reported that they expect researchers to identify those concepts that need to be sustainably implemented in the training programs of health and welfare professionals. They wanted researchers to translate the scientific results into 'building blocks' that

could easily be integrated into their curricula, including evidence based content but also materials with suggestions for didactic formats (e.g. course preparation with learning outcomes, presentations, web lecture...). Depending on the learning objectives lecturers want to achieve, they could choose a particular building block.

Discussion and conclusion: Lecturers are eager to implement new evidence but they lack an overall vision and a competency framework. There is potential for implementing new concepts, when these concepts are translated in building blocks that could be integrated in the curricula. Furthermore, a T shaped competency profile for person centered primary care could support more collaboration between professionals and lead to more integrated care.

Results indicate the need for more collaboration and integration between research, education and practice. The Primary Care Academy could play a role in the co-creation of educational development and its implementation.