The landscape of health care in Malta is in a rapid state of flux, as indeed are the metrics for gauging its profile, diversity and effectiveness. Changes over time are only partly explained by demographic shifts, advisability, and political expediency; agents of change also include the demands from the large segment of the population that increasingly looks at scientific solutions to its health problems, as well as others who seek alternative remedies and practices.

The changing landscape relating to health is also due in part to the increasing and multicultural variations both within the Maltese population, as well as in relation to the influx of persons coming from culturally diverse societies, both within and beyond the Member States of the European Union.

Change is also influenced by demands of people who have easy and rapid access to all manner of medical information, ranging from that which is accurate, to the potentially misleading. Increasing demands from the community at times present a quandary as they may not coincide well with objective health-related needs, capacities for their fulfilment, and fiscal considerations.

The role of Universities as purveyors of health-related education is also changing, from a position of historically assured primacy, to that of acknowledged leadership in our communities. This implies respect, partnership, as well as more practical relevance within communities, allowing for flexibility and quicker response to societal needs.

Higher education and formation of health care professionals need to be sensitive to changes, and rapidly refine, define and develop curricula in response to change, while preserving academic rigour. Newly qualified health care professionals need to have the knowledge and transferable skills that would enable them to function competently in increasingly complex settings, in challenging environments, and often in uncertainty.

It is often of concern that our teaching strategies, at all levels, as well as our curricula, may be moving at paces slower than the progress of scientific discovery and fast technological development. This may be due to resistance to change, which is in turn due to several factors, among which may be feelings of anxiety, inertia, and self-interest, as well as the fallacy of assuming singularity and exception.

The value of higher education as a direct conduit to employability at the right level is increasingly recognised across all disciplines, and is indeed a powerful index of successful teaching programmes. With specific regard to the education of professions that deliver health care, functionality, application and practicality are crucial, and not merely desirable. Excellent communication skills underpin functionality, and specific educational approaches need to be utilised to enable students to learn and develop them in real-life settings, as in this regard, competences relate principally and directly to patient care, especially so with respect to vulnerable persons. The ability to communicate effectively is also necessary as part of the interpersonal skill-set required when dealing with all manner of colleagues.

Health care is increasingly being delivered by groups of professionals and it is essential that all those in training are conditioned at a very early stage to a team approach that cuts across traditional borders of disciplines. In many settings, be they academic or clinical, cross-functional teams are more effective, and the best are usually task-oriented and to a much lesser extent based on titles held, or presumed exceptionality of any discipline.

Inter-professional team training at undergraduate level has been shown to be effective in improving skills, communication and team knowledge, whatever the methodology used. Conversely, segregating students of the health professions during their education contributes to the fragmented culture of many health systems. The proximity of the teaching facilities at the University of Malta makes it possible to devise opportunities to bring together senior students in nursing, medicine, physiotherapy, pharmacy and other health care professions for joint learning experiences based on carefully devised scenarios.

In developed countries, the education and training of all health care professionals and in particular, medicine and dentistry, have been subjected to a much higher level of scrutiny as well as the insistence on outcome-based curricula, transparency, and accountability. There are historical and forensic reasons for these consequences, while one of the many positive outcomes has been the increase in partnerships with patients themselves, patients’ organisations, and the public at large. Developers of curricula for the health care professions are increasingly cognisant of the possible dehumanising effect of modern health care practice; a veritable paradox, when one considers the fast progress towards personalised medicine. It is therefore essential that the human element remains central to all health-related education. Evolving
curricula in all health-related spheres rightly insist on professional behaviour when interacting with patients; this involves honesty, integrity, concern for quality and empathy.

Students at all levels of professional training are rightly directed towards evidence and method-based approaches, propounded nearly 400 years ago by René Descartes. Yet, the focus on patient safety and dignity must be paramount: when teaching, in one’s function as a role model, and especially so when delivering care.

Bibliography


