



WONCA

22nd WONCA world Conference

SEOUL 2018



Primary Care in the future : Professional Excellence

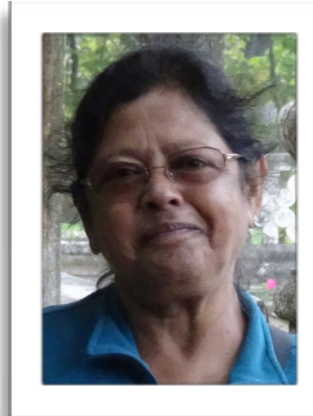
October 17-21, 2018

SEOUL, Korea

Collaboration of General Physicians & Social Workers for quality primary Care.

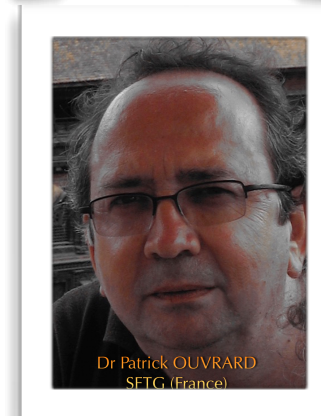
Pr Kum-Kum BHATTACHARYA

Department of Social Work,
Visva-Bharati Sriniketan 731236
INDIA



Dr Patrick OUVRARD

Family Physician
Vice Président of UEMO*
Vice President of the SFTG**
Head of Communication
Head of the department of Anthropology
FRANCE



**UEMO : Union Européenne Médecine Omnipraticienne

*SFTG : Société de Formation Thérapeutique du Généraliste

CONTEXT

Health is not a luxury, but a property that all people should enjoy fairly.

Access to the care cannot be attained without access to prevention and best social resources and awareness.

According to WHO, health has been defined as "a state of complete physical, mental, and social well-being and not merely the absence of disease or infirmity." New York 22 July 1946

This clearly points out the link between the medical and the social facet.

Social workers are confronted like GPs in situations where the medical and social are entangled and fall within their competencies.

COLLABORATION IS ESSENTIAL

The GP develops a person-centered approach in its individual, family and community dimensions while responding to health problems in their physical, psychological, social, cultural, environmental and existential dimensions.

The collaboration of GPs and social workers is **essential** if we are **to truly provide integrated care**.

Inter-professional learning can be a good means to facilitate openness and enquiry in a safe setting, with the opportunity to work on real life problems. Well managed teams can also provide the structure and processes to positively embrace professional diversities and to facilitate contribution from all.

SOME EXAMPLES

- Fight against social inequalities in health difficulties
- Dealing with precarious and migrant patients
- Prevention, identification and management of child abuse and neglect.
- Family violence (intimate partner violence, violence on children and elder abuse).

*A partnership between general practitioners and professionals in the social field **would better meet the needs of patients***

Objectives of workshop :

- To identify how the general practitioner plays a social role in his relationship with the patient
- To become aware of the limits of this social role.
- To develop a constructive partnership between GP and SW to improve the quality of care for our patients

Methods/Agenda

15 mn

After a brief presentation of the topic, participants will exchange in small groups (each group will be observed by one of the experts (Pr Kumkum Bhattacharya, Dr Amber Janjua, Dr Patrick Ouvrard))

45 mn

You must discuss 3 questions:

1. What are the most frequent situations where the GP is confronted with social problems concerning his patients?
2. What are the most common situations where social workers are confronted with health problems concerning the people they meet?
3. What constructive collaboration can we put in place?

30 mn

Restitution in large group will follow, and experts Pr Kumkum Bhattacharya, will present concrete situations and limits of collaboration.

Focus Groups

You must discuss:

45 mn

Groupe 1 : (Amber)

What are the most frequent situations where the GP is confronted with social problems concerning his patients?

Groupe 2 : (Kumkum)

What are the most common situations where social workers are confronted with health problems concerning the people they meet?

Groupe 3 : (Daniel)

What constructive collaboration can we put in place?

Groupe 1 : (Amber)

What are the most frequent situations where the GP is confronted with social problems concerning his patients?

Relationship between GP and social workers in France

Social role of the doctor:

The GP/FD establish a relationship of trust with their patients, surgery become a social space where they can express their problems without fear of being judged.

Role of referent:

In France, with the coordinated care path, the general practitioner is the first interlocutor of the population in need of care, he is therefore positioned as a reference: he manages and coordinates the various medical and social actors around the patient. It centralizes a lot of information in the medical file and sometimes has to look for information from social workers to adapt its care.

But... lack of knowledge about the help and medico-social structures:

Many doctors do not feel the need for such a relationship

Compartmentalization between the medical and the social :

Different organization of work

Because of their liberal activity, doctors often have extended hours, unlike social workers who most often have office hours. This gap sometimes makes the meeting difficult.

In addition, they describe a difficulty in reaching social workers. The call never falls at the right time, on either side: the doctor is in consultation and does not have time to talk, or the social worker is in conversation.

A time-consuming, unpaid activity.

With a large number of assignments to be completed, physicians report having a significant workload and therefore little time to clear for collaboration with social workers.

For some, social procedures are long, difficult for poor results.

The GP, Social Worker and the Patient

Who needs who?

How to negotiate this relationship?



Pr Kumkum
Bhattacharya

GPs and Social Workers

- Both the professions have training in CARE.
- They deal with 'persons in need'.
- They are sometimes required to intrude into private spaces.
- They share common ethical values of confidentiality and being non-judgemental...

These make for concordance, a key in collaboration.

GPs and the Patient

- Patient – GP relationship is weighted towards the GP.
- The GP is perceived as a ‘deliverer’.
- The GP has special skills of healing ‘neuro-physico-chemical’ conditions over which the patient has little control.
- Patients sometimes do not understand the jargon of medicine and find difficulty in communication....

Social Workers and Patient

- Social workers do not always wait for the patients to contact them as they would the GPs.
- The patients may perceive the Social worker to be a good 'first contact' especially when their discomfort cannot be explained in terms of the questions asked by the GP.
- Social workers trained in 'listening' can be a good foundation for effective communication.

Social Workers and Patient (2)

- Making home visits is a part of the role of social workers.
- Establishing rapport with the 'patient' and her family members is seen as normal.
- Follow-up of intervention (total health-related) is seen as significant in sustaining health.
- Referral and Social work are closely related.

Is the need of the GP and the Social worker mutually shared?

- The answer would be ‘no-yes’.
- Each of the professions may choose its own domain and core competencies.
- They may not explore the areas of concordance between the two professions – there is need for syllabus reformation in the teaching, training and practice of medicine and social work.

One philosophical question

How to balance one's professional training, academic interests on one hand and call to provide complete and inclusive care on the other ?

A possible answer

This is a matter of personal choice and attitude not to be confused with any ethical issue.

A start can be made to interest larger numbers of GPs by developing standard/skeletal procedures based on evidence so that 'required' skills can be developed through training.



Thank you for your attention

