



Positive practice environments for health care professionals

Quality Workplaces for Quality Care

PPE Campaign Secretariat, ICN, 3 place Jean Marteau, 1201 Geneva, Switzerland
Tel: + 41 22 908-0100 Fax: +41 22 908-0101 Email: ppe@icn.ch www.ppecampaign.org



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Positive Practice Environments: Meeting the information needs of health professionals

Fact Sheet

Introduction

Health professionals need health care information to be able to learn to diagnose; and to provide appropriate care, patient education and treatment that saves and improves lives. Health care information is here defined as the clinical reference and learning materials critical for the delivery of safe, appropriate and effective care. Such information must be available in the local language and at the educational and technical level that is appropriate to the user.

Reference and learning materials must be *reliable* and *relevant*.

Reliable materials provide an accurate, up-to-date and unbiased description of the current state of cumulative evidence-based knowledge on health questions.

Relevant materials provide information that is relevant to the language and educational level of the health care provider, and the geographical, epidemiological and socio-cultural context. The materials are in a presentation and format (e.g. book, decision aids or charts, e-book, CD-ROM, or website) that is appropriate to the context and level of resources (e.g. diagnostic equipment, drug availability) available to the health care provider.

Why it is important to meet the information needs of health professionals

Access to health information should be considered as equally important as to access to drugs and equipment. All are essential tools in the delivery of safe, efficient and effective care and/or advice.

The PPE Campaign is a joint activity of:



Many, if not most, health professionals in low-income countries currently lack access to the health care information they need, especially at the levels of primary and district care. This leads directly and indirectly to misdiagnosis, errors in treatment and unnecessary suffering, disability or death.

^{1, 2, 3} It also has a profound negative impact on health professionals themselves.

- Lack of tools to deliver health care - whether drugs, equipment or information - disempowers health professionals and severely reduces their sense of professional worth, pride and job satisfaction.
- Too often, health professionals are wrongly blamed for adverse clinical events that are primarily due to system failure, including lack of access to health care information.
- Access to health care information is a vital part of continuing professional development and keeping up to date. Without information, health professionals are condemned to replicate often out-dated models of care. They have no opportunity to improve and develop their knowledge and skills.
- Disempowerment of health professionals leads to loss of patients' confidence in the abilities of health professionals, further eroding professional self-worth.
- A practice environment without adequate health care information support will fail to deliver effective care, leading to loss of trust and confidence among the health team members as well as the entire community served by the facility.

Meeeting information needs in a Positive Practice Environment

Key characteristics of an information-empowered Positive Practice Environment include:

- a focus on verifying, understanding and meeting the information needs of the health workforce, both to ensure evidence-based health care and to ensure professional job satisfaction, as part of a broader supportive environment that values and motivates the health worker;
- availability of high quality, reliable, relevant and up-to-date evidence at the point of care, to inform clinical decisions;
- provision of training in information skills, including retrieval, critical appraisal, and synthesis; and
- opportunities for personal and group study (workplace, library, home) to support learning from peers, continuing education and professional development.

Information needs are contextual and highly variable in place and time, and according to different health professionals in different clinical circumstances. There is no 'magic bullet'.⁴ Rather, a variety of approaches is required. Traditional, printed materials such as books, and job aids such as wall-charts and simple printed guidelines, remain important. These are increasingly complemented by a range of newer media including stand-alone computer technologies, internet resources, wireless technologies and smart phones.

Examples of approaches to meeting information needs

1. *Print materials*

- Primary health care manuals; e.g. Hesperian Foundation, publisher of 'Where There is No Doctor'
- 'Library in a box': e.g. WHO Blue Trunk Library; ICN Mobile Library
- Book donations: e.g. Book Aid International (www.bookaid.org)
- Low-cost books: e.g. Teaching-aids At Low Cost (TALC) (www.talcuk.org)
- Free/low-cost newsletters and periodicals: e.g. Africa Health (www.africa-health.com)

2. *Stand-alone computing*

- Provision of computers: e.g. Computer Aid (www.computeraid.org)
- CD-ROMs and DVDs: e.g. eTALC (www.talcuk.org)
- 'Internet in a box': e.g. eGranary (www.widernet.org/digitallibrary)
- Diagnostic and management software: e.g. Map of Medicine (www.mapofmedicine.com)

3. *Internet-based computing:*

- Internet gateways: e.g. Essential Health Links (www.healthnet.org/essential-links)
- Educational and reference materials: e.g. WHO website (over the past 5 years, WHO has made many of its publications free-access) (www.who.int)
- Electronic journals: open access journals e.g. BioMed Central (www.biomedcentral.com); partial free-access e.g. BMJ (original research articles), Lancet (all original and secondary content relating to global health/low-income countries); free/low-cost to registered institutions in some lower-income countries e.g. HINARI (www.who.int/hinari)
- Discussion groups and social/professional networks: e.g. HIFA2015 (www.hifa2015.org); Surgery in Africa (www.utoronto.ca/ois/SIA.htm)
- Telemedicine: e.g. Réseau en Afrique Francophone pour la Télémedecine, RAFT (<http://raft.hcuge.ch/>)

4. *Mobile phones:* mHealth Alliance (www.mhealthalliance.org)

5. *Mass media:* *Television, radio, newspapers* (mainly used for health education and information for general public; relatively little used for health worker education)

It is vital not only to ensure that health workers have access to health care information, but that they are given appropriate support and training in knowing how to search for, appraise and apply information in practice.

Uninformed health care is unsafe health care

Patients and consumers are increasingly demanding the safe, appropriate, effective and informed health care that is their right. Yet many health workers in a wide range of health care settings do not have access to the information they need, when they need it, to learn, to diagnose, and to save lives.^{4,5}

Health workers have a responsibility to keep themselves informed and up-to-date where adequate relevant and reliable information is available. Where such information is not available, as is the case in many low-resource settings, it is the responsibility of health managers, governments and the international community to provide it.⁶

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Healthcare Information for All by 2015 (HIFA2015) is a global campaign and knowledge network with more than 3000 members from 1800 organisations in 150 countries worldwide, all working towards the HIFA2015 goal: 'By 2015, every person worldwide will have access to an informed health care provider.' HIFA2015 is administered by the Global Healthcare Information Network, a PPE International Collaborating Partner. For further information, see www.hifa2015.org

**For further information please contact the
PPE Campaign Secretariat**
E-mail: info@ppecampaign.org
www.ppecampaign.org

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⁵ HIFA2015 (n.d.). Why HIFA2015 is needed' Available at: www.hifa2015.org/about/why-hifa2015-is-needed/

⁶ New York Law School and HIFA2015. Access to health information under international human rights law. [in press]

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