

CONFERENCE REPORT

Personal Reflections on the 2004 Conference of The Network: TUFH and CCPH in Atlanta, USA

Flying into the USA (for the first time!), looking forward to the The Network: TUFH Conference, thinking about what makes it so special. Why would so many people travel half way around the world for this meeting? Most participants would be lucky to be able to afford one international meeting a year – why choose The Network: TUFH? Why would so many go through the trials of obtaining a US visa (many unsuccessfully) to try to attend a meeting that is in many ways amorphous in its content, not even particularly focussed in its name?

And again the Atlanta conference *was* special and justified that effort. Again there was a combination of the established successful conference formats, one off “bonus” event day, and some new beginnings.

The special one off bonus was the day of celebration of the 25th birthday of The Network: TUFH. What had begun in 1979 as a meeting of about 15 or 20 has lasted 25 years, a triumph for an NGO (non-governmental organization). The Network has continued its original aims, addressed new needs within a changing health and education environment, broadened beyond medical schools to multiprofessional health education, and enhanced the original focus on the academic-community partnerships with amalgamation with TUFH and its addition of policy makers, practitioners and health service organizations.

The birthday celebrations began with a morning of reflection on the last 25 years and on what The Network: TUFH would look like 25 years from now. We reminded ourselves that The Network began soon after the success of Alma Ata. TUFH followed soon after the less than successful Health For All 2000. We discussed the adaptability of The Network: TUFH, changes to meet changing health needs, and the inclusion of economic development and social responsibility as part of health worker education and community partnerships. The afternoon became more celebratory with the Executive Committee vs. Students soccer match, and a succession of Dutch party games.

The Conference itself was one of the new beginnings in that it was co-sponsored by Community Campus Partnerships for Health (CCPH), mostly a North American organization with many similar aims. This was the first concrete expression of a move within The Network: TUFH for it to become what has variously been described as a “Network within a Network”, a

“Star Alliance” or “Oneworld” collaboration of like-minded organisations across countries and the globe. Already The Network: TUFH had formed a partnership with Global Health through Education, Training and Service (GHETS), this concept was now extended to co-sponsorship of the Conference. The obvious and immediate benefits were the number of “new” people who took part in a Network: TUFH style conference and the cross fertilization of ideas they brought. In some ways this helped to make up for the 150 Network: TUFH people who were unsuccessful in getting a visa to attend the conference.

Participation has been a key to the success of the conference format. The thematic poster sessions exemplify this approach, and again they were highlighted, especially by people who hadn’t been part of that format before. But that spirit of participation extended to all the sessions, from the pre-conference workshops through to the story telling. Even the invited addresses invite a personal participation with the range from policy makers (ex US Surgeon David Satcher, Tim Evans from WHO) to experiences in the field making it happen (Andrea Cruz, Vinod Joseph).

The Network: TUFH Conference is educative, interactive, participatory and fun. Its format allows the maximal time for learning from each other. Its content is broad, from problem-based learning and community participation through multiprofessional education, women and health, and producing socially responsible health workers to strategies to influence policy at all levels. It combines established universities and medical schools with those who are just starting out.

But what makes The Network:TUFH conference different? There are more focussed meetings and conferences on most of these topics. What makes the established members continue to attend? What makes those just starting make their way to the conference? What makes Amy Clithero say at the Strategic planning session that she will continue to work at the University of New Mexico while the University continues to make her part of The Network: TUFH?

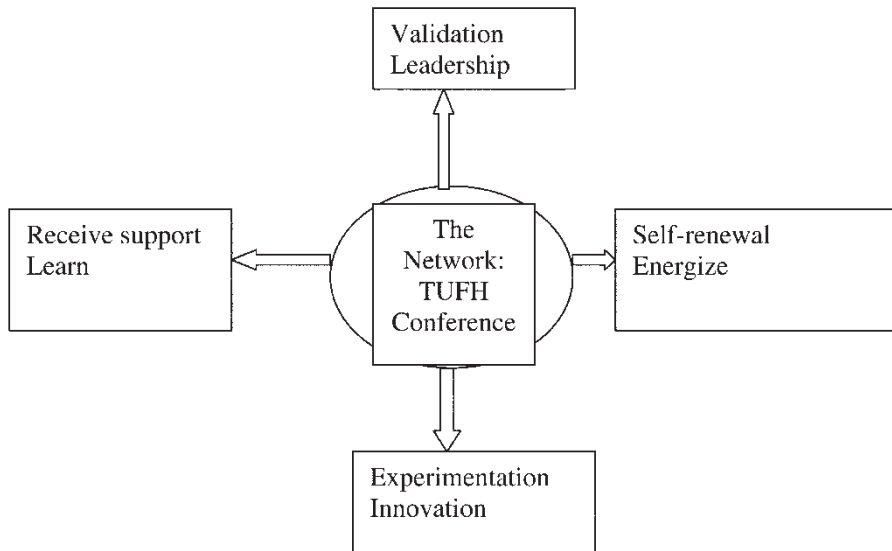
Could it be that it’s just a Club – a yearly comfortable meeting of like minds from wildly differing geographies, societies and organizations where we can be relaxed in exchanging views on the joys and tribulations of health professions education and policy, where new attendees find ways to network with those who have tried various strategies before?

Could it be that when we attend the conference we get a chance to reflect where we sit on a number of lineal lines? For instance in multiprofessional education we not only learn from others but see where our own organization sits on a continuum between isolated professional teaching and fully integrated learning. Similarly, and as was discussed at the conference, there is a continuum between learning and service, with didactic non-experiential learning at one end and volunteer work at the other. From the conference we get an opportunity to reflect on where we and our students are placed, and to hypothesize on where we might wish to be.

Somehow I think it is both of these, but it is also much more. The conference goes beyond a lineal relationship between learning and experience, between new and established organizations.

I would suggest that, apart from the conference format itself being conducive to participation, there is a more complex relationship that develops between attendees.

Maybe it looks something like:



All organizations and conference participants appear at some stage on all four points. Those from the older and more established organizations achieve validation of their programs, and this leads to a willingness to continue with innovation. While giving support to newer organizations, they also receive some feeling of re-energization.

Similarly, the newer organizations receive some validation of their new or proposed courses, and this encourages continued innovation. While organizations trying new approaches receive support and learn from those who have been there before, they provide the energy for self-renewal to those people.

So how did this work in the reality of the Atlanta Conference? The theme for the conference was “Overcoming Health Disparities: Global Experiences from Partnerships between Communities, Health Services and Health Professional Schools”. Did we make steps to starting to overcome those disparities? Did we make steps to creating and energising those partnerships? Of all the disparities, did we find ways to reduce the gap between our aspirations and reality?

The last question contains the key to the other two and to the success of the conference itself. The program of the conference was filled with local, national,

and occasionally international examples of people and organizations working in partnership to help to overcome health disparities. These included disparities brought on by lack of access to health services through systems that support those who have more money. It included disparities brought on by geographical constraints to both service provision and education. It included disparities brought about through war and drought, and sometimes through the nature of disease itself (as AIDS/HIV has ravaged many communities their own sustainability has been lessened). All through the program of the conference these disparities were addressed through different partnerships. None of us had all the examples of disparity presented, but all of us had disparities in our communities and countries. From the presentations, from the posters, from the workshops, and maybe most of all from the informal discussions and networks we built, we found concrete examples to apply in our own work. Hopefully these applications will reduce not only health outcome disparities, but lessen our own gap between aspiration and reality.

The Atlanta Conference was special. Again the special format of the conference encouraged both participation and involvement at every level of learning, teaching, innovation and energization. I am sure that the same processes will take place in the Vietnam “Network: TUFH Conference” in 2005. For those who couldn’t get to Atlanta – we missed you and hope to see you in Vietnam. For those who did get to Atlanta – it was fun and educational.

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