ImPrim Work Package 4:

Measures to enhance and harmonize professional development and team work in Primary Health Care

Report # 6

Multi professional teamwork to gain better community health

Developing the potential of high quality PHC

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Abbreviations

BSR	Baltic Sea Region
CHD	Coronary Heart Disease
FM	Family Medicine
EURACT	European Academy of Teachers in General Practice
GP	General Practitioner
MoH	Ministry of Health
NCD	Non-communicable diseases
ND	Northern Dimension
NGO	Non-governmental organizations
NHPD	Northern Dimension Partnership in Public Health and Social Well-being
PBL	Problem Based Learning
PHC	Primary Health Care
QBS	Quality Bonus System
TUAS	Turku University of Applied Sciences
WHO	World Health Organization
WONCA	World Organization of National Colleges, Academies and Academic Associations of General Practitioners/Family Physicians

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2. Introduction

Increasing prevalence of chronic non-communicable diseases (NCD) is a tremendous challenge for all countries of the Baltic Sea Region (BSR). Needs of patients with NCD are complex with interconnected social, economical and health problems. Multidisciplinary teamwork is defined as the collaboration between different professional groups to achieve a common purpose, is commonly regarded as a means to meet the complex needs of the patients and their families. Needs of elderly people with multiple chronic conditions are very comprehensive with interrelated social, health and mental problems. Multidisciplinary teams have become a standard to address such needs, because no single agency has all the resources and experience needed to address such complex needs. Various international studies prove, that multidisciplinary teams of primary health care (PHC) are cost-effective and reduce hospital admissions and improve control of NCDs (Clements *et al.,* 2007). Despite in PHC practice is growing needs for teamwork and cooperation with professionals from other sectors, education of health professionals remain quite fragmented, lack of multidisciplinary and inter-professional education. Reeves *et al.* (2011 or 2010?) claim that professionals, who graduate from universities lack attributes of traditionally teamwork which has not been included in their pre- or post-qualification training.

However, introducing policies for strengthening teamwork in PHC is difficult and time consuming task. It requires comprehensive strategies, aimed to change attitudes and skills of health professionals and managers. Also to understand the roles of other professionals changed organization forms and organizational culture of institutions. Traditions of teamwork also differ between the countries of BSR. There is deeper traditions based on teamwork and community oriented health care in Finland and Sweden and more personal, face-to-face care models in Lithuania and Latvia. The specific objective of this report is to emphasise importance of teamwork in PHC and to define what competences of PHC professionals are needed for based on teamwork PHC. Also will be presented ImPrim project activities, which were aimed to foster teamwork in PHC.

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3. Definition and understanding the importance of teamwork in Primary Health Care

Following definition by J. Humphries – a team is a group of people working together to achieve common objectives and willing to commit all their energy necessary to ensuring that the objectives are achieved (Humphries 1998). *Multidisciplinary* means relating to, or making use of several disciplines at once: involving several different subjects of studies (Oxford dictionary). Outside the health care, the term multidisciplinary or multi-professional team is often met. When a group of individuals, representing different specialists work together to achieve particular objective. Modern organizations which are successful in competitive market are also changing work environment by introducing organization based on teamwork. Outside the healthcare, research show that teamwork in high-risk and high-intensity work environments leads to fewer mistakes than working individually. These studies show a strong relationship between competences such as flexibility, adaptability, resistance to stress, cohesion, retention and morale with effective team performance (Baker et al. 2005;).

Term PHC team could be met in all countries of the BSR. Usually it is used to define group of professionals working in PHC, like family doctors, community and/or practice nurses working together. But group of professionals who are working together do not necessary form a team. Multi-professional team is more than a sum of individual professional abilities. It is established as united force directed to achieve a certain goal and the success depends not only on sum of professional qualities, but more on congruence of different personal abilities, interaction and communication of team members.

Communication and cooperation with other health care professionals is very common in everyday PHC practice in any country. Family doctors should cooperate with colleagues with different professional expertise which is needed for better patients' problems solving. The researchers identify inter-professional collaboration as both a process affecting teamwork (and, in turn, patient care and health provider satisfaction) and an outcome in and of itself (Clements *et al.,* 2007). In fact, collaboration or teamwork can take place whether or not health professionals consider themselves to be a part of the team. As an example, primary healthcare, where professionals of family physician, nurse, a physiotherapist and a dentist may all provide care to the same patient, but they do not see themselves as a functioning team. As a result, the responsibilities of professionals working as a team include not only activities they deliver because of their specialized skills or knowledge, but also those resulting from their commitment to monitor the activities performed by their other team members, including managing the conflicts that may result (Clements *et al.,* 2007).

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PHC have distinct functions from secondary and tertiary health care. Activities of high quality, community oriented PHC is not limited to fulfil patients' needs. Ultimate goal of PHC is to make better health for all in the community which primary health care specialists serve. Due to rapid spread of non-communicable diseases in the society, it is more and more actual now in PHC to apply efficient tools for primary, secondary and tertiary prevention of NCDs. It is difficult task to achieve it working individually, therefore, cooperation with other professionals from health care and from out-side health care is needed. Community members are also considered to become important partners, actively contributing to health promotion activities. Goal 14th of WHO Strategy *Health for All in 21st century* emphasize that all sectors should understand and accept responsibility for health until the year 2020. Therefore, PHC professionals should play active role in empowerment community members and representatives of non-health sectors to become partners in health promotion and disease prevention interventions. Among 11 core competences of European General Practice/Family Medicine, WONCA/EURACT is emphasized competence on PHC management, which includes ability to coordinate care with other professionals in primary care and with other specialists:

Coordinating role is a key feature of the cost effectiveness of good quality primary care ensuring that patients see the most appropriate health care professional for their particular problem. The synthesis of the different care providers, the appropriate distribution of information, and the arrangements for ordering treatments rely on the existence of a coordinating unit. General practice can fill this pivotal role if the structural conditions allow it. By managing the interface with other specialties the discipline ensures that those requiring high technology services based on secondary care can access them appropriately. A key role for the discipline is to provide advocacy, protecting patients from the harm which may ensue through unnecessary screening, testing, and treatment, and also guiding them through the complexities of the health care system (WONCA Europe, 2011).

Patients of PHC system usually have multiple problems and require multiple diagnostic and treatment interventions, which require combined expertise from professionals representing different disciplines. Multidisciplinary team is often used in secondary and tertiary health care, e.g. team based surgical care, stroke patients' care, and rehabilitation teams. This way of working helps to get better and faster results of treating persons.

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4. Competences needed for effective multi-professional teamwork in Primary Care

Effective teamwork is possible only if organization is not based on classical hierarchic model with linear and vertical interactions between employees in organization. New models of management and organization are needed to facilitate horizontal communication, networking, shared decision making and responsibilities. Particular personal attitudes, communicative, management and leadership skills are needed who work in organizations based on teamwork.

PHC team should not be limited with core-primary health care team. As mentioned above, PHC professionals work with patients, families and communities with comprehensive needs and blurred boundaries between health and social needs (Case 1). Therefore, PHC team often should be expanded with other non-health care sectors, i.e. social workers, school social pedagogues and public health specialists, police and even representatives from municipal administration. Nonetheless, collaboration between medical professionals and other professionals in community health care can be complicated by organisational differences in different sectors. It is often difficult to agree on how to share tasks between different team members and what contribution could be provided by respective sectors. Also it could be difficult to distinct needs which could be managed by patients themselves and their family members and which need professional support. To ensure effective teamwork, PHC professionals need special competences:

- to define comprehensive and holistic approach of particular patient and his/her family health needs;
- to recognize what role of the patient and/or family and community could be follow in health care process and involve them as most important members of the team for getting relevant self-care and support from family and community;
- to apply communication and leadership skills needed to organize different professionals to form an extended team;
- to be able to give feedback to other team members on their performance;
- to apply tools to record and monitor progress toward objectives agreed by whole team.

How comprehensive and complex could be health problems in the family demonstrates real case described from PHC practice in Klaipeda region, Lithuania:

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Case 1: **14 years old girl visiting family doctor with headache and stomach pain disorder. Her parents (mother 48 and father 55 year old) often are drunk; she has to take responsibility to look after her younger 11 years old sister. Moreover, often there is a lack of food in the house. She is more reliant on her grandmother, but for the last two weeks she is in the hospital due to the stroke. Grandmother is also subscribed to the same family doctor and has been diagnosed with diabetes and hypertension, but has not visited doctor for the last four months before the stroke.**

This case has been used during inter-professional teamwork training workshops implemented during ImPrim project. From this case doctors and nurses from Estonia, Lithuania, Latvia, Russia, Belarus and Finland have to define problems they could identify from this case and name health and non-health professional for extended PHC team, actual to address these comprehensive needs in the family. Extended PHC team for such comprehensive problem should consist from professionals across health, social care, municipality and other organizations (diagram 1).

Diagram 1. Extended primary health care team.

Such extended team could be organized not by hierarchy, but by a leader, who has good leadership skills and could contact all the necessary professionals. As an example from Sweden and Finland, such leader in the assessment of health needs and health care team often is PHC nurse. However, it is not so

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easy accepted by doctors from Latvia, Lithuania, Belarus and Russia that leader of the team could be a nurse. There are too strong and deep traditions that nurse is just an assistant of the doctor, working together in the same consulting room and fulfilling directed doctors' tasks. It is often found in many practices, particularly in former policlinics, in Latvia and Lithuania and even frequently in Belarus and Russia.

Therefore, education institutions have to pay special attention when training doctors, nurses and public health specialists. They should be learned how to be leaders in PHC teams. Special knowledge and many diverse skills are required for community health nurses to function effectively. These are primarily related to each of the two core competencies. Clinical content incorporates knowledge from the nursing sciences and public health science, while practical knowledge relies on work experience in the actual practice of community health nursing. Furthermore, knowledge from other community health allies is required (WHO, 2010). Study on perception of PHC nurses towards their clinical demands and future challenges have been performed in Sweden by Eva Bostrom and co-authors. Work tasks by nurses have been divided into four main categories: counselling, prevention, treatment and leadership. (Bostrom E, 2012). Nurses who will be leaders in community nursing should know how to educate, mentor, coach, initiate changes and act as a resource and a role model (Health service executive, 2010). Moreover, nurses have to flexible and always meet patients' needs. They have to be dynamic to work in various environments, with other health care specialists and respond quickly to developments and changes in healthcare.

5. Drivers and barriers for teamwork – as identified through ImPrim project activities

Eastern Baltic countries more than 20 years are in the process of health care reform from very hierarchic and centralized health care system to more autonomic and self-decision making. PHC was the lowest chain in hierarchy of health care system. Top down approaches from specialized care to PHC was used to define priorities for preventive activities, rules when and how often patients should be referred to the specialist. As mentioned above, in former Semashko model PHC nurse was considered as doctor's assistant and did not have any responsibility to make decisions without doctor' permission and supervision. Nurses' role was limited to fulfil tasks directed by PHC physician and to assist doctor when he/she had patient consultations in the office. Exception was only for specially trained felchers (doctor's assistants), who had one year longer education than nurses and could work with patients independently from doctors, mainly in rural districts.

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In all three Baltic countries PHC has been separated from secondary health care (with some exceptions remaining in Lithuania). In Lithuania and Latvia nurses still work often as doctor assistants in the same room, when doctor consult his patients. Number of nurses per one PHC physician also varies from 1 nurse per 2 doctors up to 3 nurses per 1 doctor. Family medicine in all Eastern Baltic countries has been established as independent speciality and competences are comparable with their colleagues in Scandinavian countries. Unfortunately, competences of PHC nurses is not changed so much and differ to high extend, in compare with nurses in Finland and Sweden. Nurse is recognized to play important role as a decision maker and leader in PHC team; therefore, special strategies are needed to strengthen competences of PHC nurses and to make their work more independent in decision making.
There is an example of course in which nurses has been taught nursing competences and leadership skills. Turku University of Applied Sciences (TUAS) and Blekinge Centre of Competence organized two weeks intensive courses for nurses from Estonia, Latvia, Lithuania, Russian Federation (Kaliningrad region), Finland and Sweden in 2010. The intensive course included discussions about the role of nurses and how to increase the scope and content of nurses' work in PHC. There was also training about team work skills, health promotion and various medical fields. One year later TUAS and Klaipeda University organized a workshop on motivational counselling and teamwork. This course have been organised as inter-professional training for PHC doctors and nurses together.

One year later follow-up seminar took place in TUAS (May 30- June 1st, 2012). The seminar was specially targeted for those, who earlier participated in Nursing training courses or in Workshops on motivational counselling and teamwork. Participants had opportunity to make oral presentations and to tell how new gained knowledge and skills have been applied in their practices after. Also there were presented informative results of self-recording (applying Apo Audit method) of tasks and functions of nurses in PHC practices in Sweden, Finland and Lithuania. According to the results, the work load and practice work of nurses differed between countries in the BSR. For example, nurses' work at PHC reception in Finland and in Sweden is independent, responsible and diversified. However, in Lithuania nurses work independently only 4-24 percent of their time in their working places.

In the BSR it is important to realise nurses' great possibility to work in a more comprehensive and independent way. Results of audit shows that in Kaliningrad, nurses almost every consultation discuss life-style factors and self-management with patients.

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The follow-up seminar days included lectures about supporting older people's independent living at home through social and health care collaboration by PhD Sini Eloranta and cognitively empowering internet-based patient education for ambulatory orthopaedic surgery patients by PhD Katja Heikkinen. The program also included visit to T-hospital as well as Turku archipelago cruise with Rudolfina. At the end of the follow-up seminar, we had very enthusiastic and fruitful brainstorming about how our collaboration can continue in the future.

Conclusions were in the follow-up seminars that in the Nordic countries the nurses' role is already very independent. In the other countries of BSR, the test audit shows that nurses' role is changing to more comprehensive and independent direction. Creating the network between nurses in an international training context is highly recommendable to stimulate discussion about the position of nurses and the possibilities of nurses' independent work.
In the frame of ImPrim project Klaipeda University in cooperation with Latvian Association of Family medicine have made focus groups' interviews in Latvia and Lithuania with PHC doctors and nurses. Objective of the focus groups discussions was to get ideas from practicing PHC doctors and nurses about the new functions and competences of PHC team, taking into consideration changing society health and health care needs. Particular attention was paid to teamwork, what competences should have professionals from core PHC and what could be gained through better cooperation with professionals from other sectors, involving in extended PHC team. Most of the doctors and nurses demonstrated quite good understanding that in the PHC there should be introduced teamwork based organisational models.

There were presented ideas, like *"Primary health care team members should have common understanding on what result should be achieved";* was emphasised role of interactive meetings - *"Meetings of the team are very important to discuss problems and on how to achieve better results…everyone should be free to give ideas on what might be done better"*. Doctors and nurses understand that team composition could be different and depend on needs - *"Objectives and composition of the team depends on the age structures of the community and community health needs. "Leader of the team should be in the center, but not on the top of the pyramid"*. Not all participants accepted idea that nurse can be a leader of the team when performing particular task. Some doctors demonstrated quite strong attitudes that they are responsible for all the process of care.

Nevertheless, it was widely accepted in Latvia and Lithuania that nurse should have time for independent consultations with patients: "*Nurses need more competence to take care and consult independently pregnant woman, children and patients with chronic disease care*", "*Nurses need additional training in communication*

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skills and psychological knowledge how to consult patients". Also there was some messages coming from nurses that „*doctors often are not so good in management; they do not want or do not know-how to delegate responsibility for nurses.*

Summarizing facts, it is clearly seen that there is deep attitudes in Eastern Baltic countries PHC that only family practitioner/family doctor can make decisions related with patient treating, care and follow-up. New education models and programmes should be implemented in universities and medicine schools in order to teach nurses to make decisions on their own responsibility and teamwork with other health care and non-health care specialists. Simultaneously, new legislation has to be issued, which would let nurses to have more decision on their own and provide motivational counselling services for patients with NCDs independently from doctors. Parallel there should be implemented mass media campaigns to promote role of nurses and to change attitudes of the patients, that doctors are not always needed and that some of their health care needs could be even better addressed by other PHC team members.

6. How to educate Primary Health Care professionals for teamwork

It is not so easy task to strengthen teamwork in PHC, especially in the countries where strong traditions of hierarchic organisational models. First of all, it is very important to understand better what roles are of other PHC team members, including these from other, non-health care sectors. Also proper attitudes and communication, leadership skills is needed and they should be obtained when learning through inter-professionals training sessions. Therefore, it is **essential to introduce multidisciplinary and inter-professional training as earlier as possible during undergraduate education**. Multidisciplinary teamwork "is an approach like inter-professional teamwork, but differs as the team members are composed from different academic disciplines (psychology, sociology, neurology) rather than from different professions such as medicine, nursing and social work (Reeves et al., 2010). The interdisciplinary studies combine more than one discipline and create teams of students and teachers. The introduction of pre-qualification shared learning focus on the benefits to patients of developing a shared vision, good communication, and understanding and valuing each other's roles would be a valuable start. (Freeman *et al.*, 2000). However, Reeves (*et al.* 2010) claim that professionals, who graduate from university lack these attributes as traditionally teamwork has not been included in their pre- or post-qualification training. All the teamwork competences are required when professionals have to implement intervention into community. The interdisciplinary approach provides many benefits that will develop into lifelong learning skills which are important for student's further life and career. An integrated knowledge base leads to faster retrieval of information and multiple perspectives. Moreover,

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integrated curricula help students apply skills quicker, it also encourage depth in learning. Another important strategy is **to balance undergraduate education of doctors and nurses from hospitals more towards community, PHC centers.** Students can be actively involved in patient care at the community level and they can observe health or social care processes. Students working or performing internship in community may better know all most common health and social problems and develop skills for holistic assessment of the patient's problem. Then they would get wider understanding of behavioural and environmental factors, which influence development of diseases.

The learning also always has to be followed by practice in real environment. Therefore, very efficient is **case based training of multi-professional teams, when including community/family nurses, social workers and family doctors**. As mentioned above, interdisciplinary curricula is time consuming and takes collaborative teamwork to create, but in the end students who learn in this environment are awarded with many favoured skills that are sought by employers. For example, students will advance in critical thinking, communication, creativity, pedagogy, and essential academia with the use interdisciplinary techniques (Jones, 2009). Such trainings have been applied during teamwork training workshops, implemented within Imprim project in Turku (Workshop on motivational counselling and teamwork, May 2011), Klaipeda (School of tutors in professional development in PHC, June 2012) and Minsk (Workshop Strengthening teamwork in primary health care, Minsk, May 2012). The "interactive learning through action" process may be implemented in area-based community health-care management.

Special attention when training PHC doctors and nurses should be paid **for training of leadership skills**. This is particular actual for nurses, because they often should lead PHC teams when dealing with health problems of individuals, families and communities. Furthermore, knowledge from other community health allies is required (WHO, 2010). Nurses who will be leaders in community nursing should know how to educate, mentor, coach, initiate changes and act as a resource and a role model They have to be dynamic to work in various environments, with other health care specialists and respond quickly to developments and changes in healthcare. In the annexes there are presented cases from Finland and Lithuania on experience of teamwork training in undergraduate and postgraduate education.

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7. Conclusions and recommendations

It is clearly seen that PHC is the key for the best health outcomes for community and its members. The best results can only be reached if PHC and other health care specialists work together. Evidence based research show that teamwork and multi-professional cooperation makes community health improvements faster than individual interventions.

PHC professionals work with patients, families and communities with comprehensive needs and blurred boundaries between health, mental and social needs. To be efficient in health care they should expand PHC team involving representatives from other sectors when needed. Success depends not only on sum of professional qualities, but more on congruence of different personal abilities, interaction and communication.

As an obstacle for teamwork often can be defined hierarchic organisations in PHC, traditions of top-down, directive decisions in preventive and clinical medicine. Appropriate policies should be introduced to develop new, based on teamwork organisational models.

PHC nurses should have more responsibility and even to become a leader when PHC teams working in community. Therefore for nurses is very actual to learn leadership and teamwork skills through inter-professional training. There is a lack of multi-professional and interdisciplinary teaching in universities and colleges. Therefore, this should be introduced more frequent in study programmes and curriculum. In East Europe countries there are strong traditions that nurse is just an assistant of the doctor, working together in the same consulting room and fulfilling directed doctors' tasks. Therefore, it should be implemented policies which allow for nurses to provide individual motivational counselling for patients with NCD and NCD risk factors.

For development of proper competences needed for teamwork it is necessary to introduce multidisciplinary and inter-professional training as early as possible during undergraduate education. Case –based education should be used in such trainings and learning also should be followed by increased practice in community PHC settings.

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ANNEX 1: Multi professional teamwork begins already during basic education – the experience of Turku University of Applied Sciences, Finland

By Kummel Maika & Mört Susanna

The aim of multiprofessional teamwork is a good and holistic patient care. Multiprofessional teamwork can be seen nowadays as a key role in health care. Becoming acquainted with other professionals' competence level during studentship enhances students' own learning, respect of other professionals and preparedness to work in a multiprofessional team.

In the year 2002, coeducation of medical and nursing students was started in Turku University of Applied Sciences (TUAS). Students learned together how to measure blood pressure and monitor electrocardiogram. Students' experiences showed that teamwork during studies accelerated learning both in content and attitude levels. Coeducation was continued in the field of clinical physiology by using problem based learning (PBL) method. In addition, medical and nursing students learned together in the internet how to treat/care coronary heart disease (CHD) -patient. Students had also a possibility to acquaint themselves with other professions' curriculum and education. Coeducation had positive effects to students' attitudes and it also reduced prejudice and fear of other professional members. Coeducation still remains as a permanent practice in both professions' curriculums.

Positive results from coeducation encouraged to start a new cooperation project in the year 2006 in teaching health center Runosmäki. The aim of the project was to train medical and nursing students to apply their skills in a real learning environment among clients and patients under supervision by teachers and personal. Clients and patients give their consent, when they are being treated/cared and counseled by students. Coeducation in teaching health center Runosmäki still continues and it has been expanded to include also education of practical nurses.

In 2011 came the possibility to utilize the coeducation model and contents that had been developed in the teaching health center Runosmäki. This time two nursing teacher students from the University of Turku participated in the project. The aim of this project was that students will get general impression about one patient care from the point of each professional member in one medical ward. Students also practice caring and educating the patient together. Students experienced that their own education skills were increased and the common discussions with teachers were regarded as educational. Also the patients were satisfied with the care and education gotten from the students.

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In autumn of 2011 started COLLAB-project where the goal was to continue the coeducation with advanced students in medical outpatient department. The targets of the practice were to learn measurement of the blood pressure and resuscitation skills. In addition to the necessity of the multiprofessional cooperation, the students noticed the importance of each professional's roles.

In the spring of 2012, the coeducation was extended so that in addition to medical and nursing students all other students who studied in one Turku hospital department participated in it. The project objective is to make the permanent and constant multiprofessional learning environment in the future.
In summary, the multiprofessional teamwork already during studentship in TUAS shows that coeducation enhances the students' own learning, student's cooperative skills, the respect of other professionals and preparedness to work in a multiprofessional team. Coeducation prepares students to build seamless multiprofessional teamwork and its common goal is the patients' best.

Multiprofessional teamwork is also a theme in the some other courses in TUAS. For example some students orientate to multiprofessional teamwork from a scientific point of view. One of our nursing students Mika Isakson did his Bachelor's thesis "Teamwork Experiences in Primary Health Care" (2011) in the ImPrim-project. The purpose of his study was to describe health care professionals' (including doctors and nurses) conception of teamwork and teamwork experiences in PHC primary health care. The research method was theme interview and the data was analyzed using content analysis.

His study results show that teamwork was generally perceived useful ("I think it´s very important to work in team") and teamwork experiences were mainly positive ("The patients gets the best care…"). Teamwork contributes to knowledge sharing and learning from the staff's point of view.

The study shows also the challenges of teamwork, such as health care professionals' lack of teamwork skills and have negative attitudes ("So it's about attitudes of the health care professionals, nurses and doctors, how the teamwork is used." or "We have had problems with doctors who are not so interested in taking part…"). Sometimes utilization of know-how and organization of work is challenging. ("I think that we are quite bad in that, to know the competence of others. And we should in fact be able to use different competences more extensively" or "Nurses do a lot of work what doesn´t need the competence of nurses, like a secretary and so on"). Lastly, the challenges of teamwork were expectations of the community ("…these things can be easily be taken care by nurses but patients are used to come to see a doctor").

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ANNEX 2: Inter-professional teamwork training courses in continuous medical education system in Lithuania.

Training of trainers programs for PHC teamwork training have been developed and implemented in the frame of EU PHARE project "Support to the Continued Reform Process and the Development of Primary Health Care in Lithuania" with the objective to strengthen focus of PHC teams towards community care, by implementing a more efficient PHC model based on teamwork and involving community in health promotion activities (Support of the EU PHARE project "Support to the continuous process of health care reform in Lithuania". Participants of this multidisciplinary training course were family doctors, community nurses, other nurses and social workers (representing social care sector). 24 trainers have been trained representing four universities in Lithuania and around 200 PHC professionals have been trained during the project period. Two weeks training course provided trainees with proper attitudes on priorities of based on teamwork PHC organizational model; essential knowledge and basic skills for effective teambuilding and leadership in solving family and community health problems; basic knowledge on methods used in community health need assessment and sound motivation to develop community health intervention projects. Analysis of the priority health problem and development of the community health project was part of the training.

Part of the training course was devoted for meeting with representatives of the community and working together to analyze priority problems and to develop a community action plan for solving it. Outcome of this project was raised responsibility and motivation of the community to take more active role and leadership for solving health care problems. In some places an output was new Non-governmental organizations (NGO) activity in development and implementing of health problems.

Lack of financial incentives for community nursing and for working with listed community inhabitants are major obstacles for implementing the teamwork. Due to capitation fee PHC role became very limited in addressing needs of these who seek doctor's care, but not in addressing health needs of whole community.

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