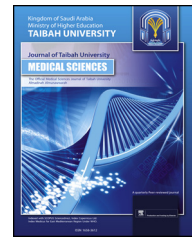




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Original Article

Reflections by potential health care providers on a research methodology course taught under a primary health care centre: An experience of inter-professional education

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المخلص

أهداف البحث: تتطلب بحوث الصحة العامة نهجا تعاونيا أثناء العمل مع المجتمعات لمكافحة التحديات المتوقعة في الميدان. لذلك، أضيف برنامج تدريبي في منهجية البحث في كلية كراتشي للطب وطب الأسنان، يركز على مبادئ التعليم المتداخل بين التخصصات، من أجل تحسين خدمات الرعاية الأولية. كانت أهداف هذه الدراسة تقييم مستوى التعلم من قبل المشاركين في مجال التواصل واستكشاف آراء المشاركين حول تقييم برنامج التدريب.

طرق البحث: تم اختيار ما مجموعه 96 مشاركا من بينهم أعضاء هيئة تدريس، وطلبة طب، وطلبة خدمة اجتماعية، وفنيون صحيون خلال الفترة من مارس إلى سبتمبر 2010. كان البحث متعدد المناهج حيث تم تحليل كفاءات الاتصال في الدورة وانطباعات المشاركين حول تقييم الدورة وعولجت النتائج من ثلاث زوايا. **النتائج:** أظهرت النتائج أن 87% من أعضاء هيئة التدريس استمتعوا بالمساهمة في "العلاقة المتداخلة بين التخصصات"، وأن "العمل كفريق" في المناطق التي تركز على المجتمعات قد تم تعلمها إلى حد كبير من قبل 90% من الطلبة. وقد تعرف ما لا يقل عن 78% من الطلبة و 70% من أعضاء هيئة التدريس على "الاستماع الفعال" و"إيصال المعلومات إلى الأسر"، على التوالي، على أنها أداة تعلم فاعلة.

الاستنتاجات: وُجد أن التعلم فعال باستخدام العلاقة المتداخلة بين التخصصات بالنسبة لأعضاء هيئة التدريس مقارنة بتعلم العمل الجماعي بصورة أفضل من قبل الطلبة. إضافة إلى ذلك، كان من الواضح أن إيصال المعلومات للأسر من قبل الطلبة كان أفضل مما كان عليه من قبل أعضاء هيئة التدريس. **الكلمات المفتاحية:** منهجية البحث العلمي؛ التعليم المتداخل بين التخصصات؛ انعكاس؛ الرعاية الصحية الأولية

Abstract

Objectives: Public health research demands a collaborative approach in working with communities to combat expected challenges in the field. Therefore, to improve primary care services, a training programme on research methodology, focusing on the principles of inter-professional education (IPE), was introduced at Karachi Medical and Dental College. The objectives of this study were to assess the level of learning by participants in the domain of communication and to explore participants' opinions and evaluations of the training programme.

Methods: A total of 96 participants, including faculty members, medical students, social works students and health technicians in the research methodology course, were selected during March to September 2010. The study employed mixed method research in which communication competencies and participants' perceptions, as captured by course evaluations, were analysed, and findings were triangulated.

Results: The results showed that 87% of faculty enjoyed contributing to 'inter-professional relationships' and that 'teamwork' skills in community-focused areas improved among 90% of students. As many as 78% of students and 70% of faculty members identified 'active listening' and 'communicating information to families', respectively, as being learned to a lesser extent. These findings were defended by their deliberations on course evaluation.

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Conclusion: Learning through inter-professional relationships was found to be most effective among faculty, whereas learning through teamwork was found to be most effective among students. Moreover, it was found that information was better communicated to families by students than by faculty staff.

Keywords: Inter-professional education; Primary health care; Reflection; Research methodology

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Introduction

Professional education in the 21st century has adapted to increasing health interdependence, changes in educational pedagogy and the public prominence of health by increasing opportunities for mutual learning.¹ The concept of shared learning dates back to 1960s. It then flourished over the subsequent thirty years, as evidenced by the structure and practices of inter-professional education (IPE). These parallel developments gathered momentum, especially in community care, primary care, learning disabilities, mental health, care of the elderly, and palliative care. Consequently, educational initiatives at first were mostly work-based and took the form of workshops, seminars, etc.; later, they included qualifying courses and postgraduate structured programmes.²

Recently, a commission report³ identified the need for a third-generation educational reform, one that develops systems focused on improving the performance of health systems by adapting core professional competencies to specific contexts, with a focus on global knowledge. The first generation of reform, at the beginning of 20th century, involved a science-based curriculum, whereas around mid-century, the second generation of reform involved problem-based instructional innovations. The Commission advocated a third generation of reform by encouraging all health professionals in all countries to become educated, to transfer knowledge and to engage in critical reasoning and ethical conduct, so that health professionals are competent to participate in patient and population-centred health systems.³

Correspondingly, the World Health Organization (WHO) presented a framework for implementing inter-professional education (IPE) and collaborative practice. The report defined IPE as students from two or more professions learning about, from, and with each other to enable effective collaboration and improve health outcomes.⁴

Four basic domains of core competencies within inter-professional collaborative practices were identified, as shown in Table 1.

Pertinent to public health, inter-professional prevention education has been used to advocate for concepts of Healthy People 2010. Recently, IPE's role was highlighted in the Healthy People 2020 Education for Health framework. In

Table 1: Core Competencies of inter-professional education.⁵

Domain 1	Values and ethics in inter-professional practice
Domain 2	Roles and responsibilities
Domain 3	Inter-professional communication practices
Domain 4	Teamwork and team-based inter-professional practice

general, the delivery of preventive services provides equally important contributions from multiple professions, such as dentistry, dermatology, neurology, gynaecology, social science, etc. Prevention education requires teamwork training in the early phase of the educational continuum to develop effective practices.⁶

Similarly, the “Seamless Care” model of inter-professional education was designed with input from medicine, dentistry and the health professions. The primary goal of Seamless Care was to develop students' inter-professional patient-centred collaborative skills through experiential learning. The model was assessed through role modelling and self-reflection.⁷

IPE can be effectively woven into an experiential setting via simulations, service learning, practicums, etc. Hays's study provided examples of how IPE could be addressed in a community setting through activities that may involve multiple health care providers.^{8–10}

In one study, researchers developed and implemented the “research-intensive community” model where diverse groups of participants are trained to achieve optimal research productivity in a coherent way. The program, similarly, was found to ensure programme efficiency in another study, in which biology, engineering and mathematics were combined.^{11,12} All these examples are limited to assessing knowledge and attitudes and sometimes patient care skills but rarely inter-professional skills.⁸

In the wake of educational reforms, Karachi Medical and Dental College [KMDC] took the initiative to offer training in research methods and communication skills under the auspices of the department of community health sciences. The course was offered to all those contributing to health services within the primary health care centre, situated in a nearby squatter settlement.

The purpose of this case study was to assess the learning outcomes of the communication component of the course through self-reflection by the participants and to explore their opinions regarding strengths and weaknesses of the course. This report describes the benefits of teaching research methodology, with a focus on communication skills, to a wide variety of programme participants and the challenges they encountered.

Materials and Methods

Since 2004, the training programme has been conducted under the auspices of the department of community health sciences of KMDC. In this article, we describe reflections of participants in the research methodology course, which took place in March and September 2010. The curriculum of research methodology was designed separately to offer it both to a ‘faculty Group’ [FG] and a ‘student group’ [SG]. The faculty group comprised medical faculty, dental faculty, health educators, and social workers. In the SG, there were

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