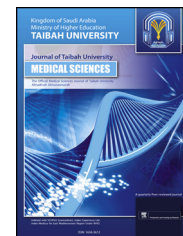




Taibah University

Journal of Taibah University Medical Sciences

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Educational Article

Extending the scope of interprofessional education: Integrating insights from policy, management and economics for improved health outcomes

Shafqat Shehzad, PhD Health Economics

Department of Public Health, College of Health Sciences, Qatar University, Doha, Qatar

Received 24 August 2016; revised 7 October 2016; accepted 9 October 2016; Available online ■ ■ ■

المخلص

تكشف هذه الدراسة عن إمكانية إحداث ابتكارات في تعليم الصحة العامة عن طريق رسم رؤى من التخصصات المتعلقة بالاقتصاد، والسياسات والإدارة لتطبيقها في قطاع الرعاية الصحية. إن العمل مع الخبراء في هذه التخصصات يمكن أن يعزز من فهم عمل النظام الصحي والتحسينات المطلوبة لنتائج صحية أفضل. والاعتماد على مجال واحد أو انحراف مسار الموارد في بعض الجهات قد لا يؤدي إلى تحقيق الهدف المنشود من الرعاية الصحية. من الآن فصاعداً، فإن الجهود الشاملة المتكاملة لمعالجة الأسباب الجذرية لمختلف المشاكل الصحية مع التركيز على الحوكمة الجيدة هي مهمة. تعرض هذه الدراسة مجموعة من الخيارات لتقديم تقنيات حديثة لتصميم وتطوير المناهج بناء على رؤى من مختلف التخصصات للاقتصاد، والسياسات والإدارة. وتتضمن أنشطة التعليم والتعلم المقترحة والمبتكرة مشاركة الطلبة في حوارات السياسات من خلال نظام الإدارة لشبكات السياسات الصحية؛ أنشطة عقلية لتعزيز روابط صناعية طويلة المدى، وفرص مؤسسية للطلبة للتفاعل مع الطلبة في البرامج ذات الصلة من جامعات عالمية أخرى في الدول النامية والمتقدمة، وإشراك الطلبة للحفاظ على سجلات الزيارات والدروس المستفادة للاستخدام مستقبلاً لتطوير التعليم المتداخل بين التخصصات. ومن المفترض أن التربية النموذجية لتدريس دورات الصحة العامة منفصلة دون تدخل مع الخبراء/ الطلبة من المجالات المتنوعة قد تنتج المفكرين الروتنيين فقط بدلاً من قادة الرعاية الصحية، ومفكري النظم والمبدعين.

الكلمات المفتاحية: الصحة العامة؛ اقتصاديات الصحة؛ نتائج تعلم الطلبة؛ التعليم؛ المنهجيات؛ استراتيجيات التعلم المبتكرة؛ التعليم المتداخل بين التخصصات

Abstract

This study explores the potential of bringing innovations in public health education by drawing insights from the specialised disciplines of Economics, Policy and Management for their applications in the health sector. Working with subject experts from these disciplines can enhance the understanding of a working health care system and the necessary improvements for better health outcomes. Sole reliance on one field or skewed allocation of resources in certain areas may not result in achieving the desired health targets. Henceforth, overall integrated efforts for addressing the root causes of various health problems with an emphasis on good governance are important. This study presents a range of options for introducing new techniques in the curriculum design and development based on insights from the diverse disciplines of Economics, Policy and Management. The proposed innovative teaching and learning activities include students' involvement in policy dialogues through the departmental setup of Health Policy Networks (HPN); field activities to foster long-term industry linkages; institutional opportunities for students to interact with students of the related programmes in other international universities from the developing and developed countries; and the engagement of students to maintain records of visits and lessons learned for use in future interprofessional development. It is postulated that the typical pedagogy of teaching public health courses in isolation without interaction with experts/students from these diverse fields may only produce routine thinkers instead of healthcare leaders, system thinkers and innovators.

Corresponding address: Department of Public Health, College of Health Sciences, Qatar University, P.O. Box, 2713, Doha, Qatar.

E-mail: sshehzad@qu.edu.qa

Peer review under responsibility of Taibah University.



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Please cite this article in press as: Shehzad S, Extending the scope of interprofessional education: Integrating insights from policy, management and economics for improved health outcomes, Journal of Taibah University Medical Sciences (2016), <http://dx.doi.org/10.1016/j.jtumed.2016.10.013>

Keywords: Health economics; Innovative learning strategies; Interprofessional education; Public health; Student learning outcomes; Teaching methodologies

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Introduction

The field of public health concerns all aspects of promoting and protecting health. Over the years, research and development activities in the field of public health have focused mainly on prevention activities, identifying causes of diseases, community involvement, population-based health determinants and health system improvements through commitment and policy-making.^{1,2}

Research conducted by the World Health Organization,^{3,4} the World Bank,⁵ and Hanson et al. (1994)⁶ reveal the significance of the socio-economic determinants of health. The evidence revealed that countries such as Sri-Lanka and China did manage to improve health outcomes (reduced infant/child mortality rates in the 1990s), despite being low-income countries, which was made possible through better female education, female economic empowerment and a woman's involvement in health decision-making.^{3,5} With an ever-increasing population, technological developments and globalisation, healthcare costs are on the rise, giving birth to issues such as access to adequate care for all, affordability and health disparities. As resources now have to be divided to bigger masses than before, there are growing concerns about scarcity that will demand wise allocation, further generation and more equitable and fair distribution of resources to meet healthcare demands. Not all these issues will be addressed through medical/healthcare alone; instead, health systems will require improvements in the structure, functions and policies for health.

Current day challenges of globalisation, population diversity, health care finance, universal healthcare coverage, and governance can be guided by insights from disciplines such as Economics, Policy and Management. They also relate to public and health policy priorities in and across countries. The inter-connected nature of the issues faced by the health sector requires that various tools and techniques are taught, learned and adopted from these disciplines for successful applications in the health sector. The potential for innovation in public health curriculum design appears to be ample with expectations of significant improvements in the student learning outcomes. The potential needs to be explored for innovations in Public Health curriculum, both at the undergraduate and postgraduate levels. As many universities across the globe award degrees in different specialisations, the scope of integrating certain disciplines for the common cause of resource saving and health improvements needs to be explored. CAIPE (1997) defined "interprofessional education where students learn from and learn with students of two or more professions ... for the purpose of cultivating collaborative practice".⁷ WHO (2010)

defined "collaborative practice where multiple health workers from different professional backgrounds work together... and allows to engage any one whose skills can help achieve health goals".⁸ It is in this backdrop, that the present study explores the potential of integrating insights from multi-disciplines and proposes a framework that may initiate debate on how to revise public health curriculum whereby public health students can "learn from" and "learn with" students of Economics, Management and Policy for the purpose improving health outcomes. Review of the study plans/curricula available online for some of the Universities in the Gulf region reveal that undergraduate and postgraduate public health programmes do offer related courses, but how far they integrate insights and provide room for collaborative practice is unclear or not highlighted.^{9–13}

Materials and Methods

Most of the works in curriculum theory developments took place in the US and Europe with emphasis on different concepts in different eras. MacDonald (1971) defined curriculum as a "fundamental unit with which to build conceptual systems, relating either to rational decisions, action processes, language patterns, or any other potential unit that has not been agreed upon by the theorists".¹⁴ Kliebard (1989) defined curriculum theory as "concerning values".¹⁵ Pinar (2004) defined "the contemporary field of curriculum theory as the effort to understand curriculum as a symbolic representation".¹⁶ Tedesco and Amadio (2014) focused on the need for "continuous revisions/innovations in the curriculum".¹⁷ Table 1 summarises the contribution of different schools of thought in curriculum theory and how contemporary developments required revisions and innovations to address "why", "what" and "how" of education.

Different schools of thought emphasised specific theoretical underpinning for curriculum developments and learning outcomes overtime. The focus varied from rote memorisation to a more advanced understanding of the socio-cultural dynamics and the need for science and technology. This paper proposes to incorporate in public health curriculum, measures to enhance human welfare by exploring diverse factors that contribute to attaining this goal. Students need to understand, comprehend and analyse situations influencing health; understand factors that contribute to health inequality or unequal access to healthcare; and be familiar with policies and strategies that promote health. These goals can be achieved by adopting interdisciplinary and multidisciplinary approaches for teaching public health. The following gains can be expected (i) resource saving – resources can be pooled and expertise shared across disciplines (ii) improved student learning through innovative interdisciplinary learning strategies and training students to become future leaders, analysts, professionals and health managers. Student motivation can be enhanced through case study discussions chosen from real life situations and can be encouraged to reflect on their probable solutions. Such interdisciplinary activities can inspire critical thinking and raise questions in young minds that need expert guidance. Some recommendations for future

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