

Attitudes Of Clinical Faculty Members Of Zahedan University Of Medical Sciences On Teaching In Ambulatory Care Setting

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Abstract

Background and purpose: : Although it will be one of the most critical duties and skills of a general practitioner to manage outpatients in his office or at ambulatory care centers, our present medical education is based upon ward-based teaching and ambulatory care, as one important part of medical education, has been overlooked. We evaluate attitudes of faculty members of Zahedan University of Medical Sciences on teaching in ambulatory care setting.

Methods: This descriptive study was carried out through collecting data from questionnaires.

Results: of 75 faculty members, 66 persons (88%) answered the questionnaire.

About 75.7% of faculty members believe that ward based teaching, alone is not sufficient for preparing students for their future occupation. 51.5% of them say there is no proportion between the problems observed by the students during their study and the diseases prevalent in the society which they will be encountered with later. 75.7% of faculty members chose clinics of educational hospitals as the best place for teaching ambulatory care and the same percent believed the space, facilities and time devoted to examining patients were insufficient. 51.5% of them recommended 3 students for every faculty member in teaching ambulatory care. 33% of the faculty members viewed their not having enough time, patients' dissatisfaction from students being present, lack of incentives of faculty members and shortage of facilities as obstacles to teaching ambulatory care. 33% of the faculty members viewed their not having enough time, patients' dissatisfaction from students being present, lack of incentives of faculty members and shortage of facilities as obstacles to teaching ambulatory care.

Conclusions: This study emphasizes on extending the field of teaching medicine to the level of the society. For this purpose appropriate physical space and well equipped ambulatory care teaching centers should be provided. Also the problems of faculty members should be intentioned and educational programmes be altered so that medical education creates a holistic and community oriented view for medical students.

Keywords: AMBULATORY CARE TEACHING, TEACHING COMMUNITY ORIENTED MEDICINE, TRADITIONAL MEDICAL EDUCATION

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Introduction

The method by which medical sciences are taught

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at present, does not have any similarity with students' future occupational conditions and patients who refer to educational hospitals are not a representative community case mix of what the graduate will come across as general practitioners.

In addition, although one of the most critical skills and competencies of general practitioners will be to manage out-patients in their office or health

care centers, our present medical education is based on teaching around patients' bed. The patients who refer to outpatient clinics and physicians' offices are completely different from those referring to hospitals. For instance patients with backache, hypertension, allergies, viral diseases or endocrine disorders (diabetes, hyper or hypothyroidism) are rarely hospitalized, while they account for a large percent of patients referring to clinics. These kind of diseases are found apparently more in the community (1). Statistics show that generally less than 10% of the patients refer to hospitals and less than 1% become hospitalized. So how can one limit clinical education to hospitals and expect graduate physicians to offer suitable services in the society? (2) Based on the researches done, 87% of the patients have referred to a health care center as outpatients while 1.5% of them have been hospitalized. On the other hand, number of patients confined to bed at home has been 6 times more than those hospitalized in hospitals. (3,4) Trading physicians should be in accord with the society's requisites. Thus it is required that goals of education be constructed with paying attention to society's real needs and upon learning modern sciences. Also some parts of education should be community oriented so the students learn inside the society and in accord with its needs and aquire a correct and scientific view.

Educational goals should be established with considering society's needs and its problems(5). Results from evaluating graduates of community oriented medical education in many countries have shown that most of them own a moderate level of knowledge compared with graduates of traditional medical education, are equal to the second group regarding the skills, and regarding manner, sympathy, partaking in social problems, choosing their job on the basis of the society's needs, and paying attention to prevention matters and epidemiology are even superior to them.

The study carried out by the ministry of health and medical education in 1994 about the countries physicians shows no association between education and physicians' necessary needs; in a way that 74% of the physicians answering the

questionnaire confirm their faculty's weakness in teaching ambulatory care clearly and view these trainings as insufficient in amount and performance type.

Also, in surveys reviewing medical students' attitudes, they have expressed that medical education can not meet physicians' needs. They believe educational programmes are not related to society's needs country's common diseases. (7) From year 1765 up to now five major models of educational program have been practiced in North America and lead to deep transformations in medical education: student based model, science major based model, organ system based model, problem based model, and the clinical manifestations based model. (8)

The major reason for these reforming changes are increasing interest, paying attention and recognizing basic constructions of science and cognitive procedures which distinguish between experts and novitiates in medicine. The purpose of this study is to review the attitudes of faculty members of Zahedan University of Medical Sciences towards the procedure of teaching ambulatory care. Obviously its results can be used in planning and improving ambulatory care education and community based medicine and developing medical education. In order to support ambulatory care and create incentives for students and teachers, an accurate planning is needed.

Materials & Methods

This descriptive study has been carried out in year 2001 in Zahedan University of Medical Sciences. The society surveyed consisted of faculty members teaching in clinical departments, 66 persons at the time of the study.

For collecting data a questionnaire was used with 16 questions (11 close ones and 5 open ones) about purposes of the study including major of specialty, owning a private office, their record of service as faculty members, their attitudes toward different aspects of ambulatory care teaching, scientific strategies and potential obstacles. Questionnaires were filled by faculty members themselves.

Results

Among 75 clinical faculty members, 66 persons filled the questionnaire. 69% of the responders owned a private office, and 31% of them did not own one.

The majority of the responders (75.7%) thought of hospital's clinic as the best place to teach ambulatory care and none of them found private office appropriate for this job. Only 48.4% of responders believed university hospitals were adequate for training students while 51.5% of them were looking for another space for proper training of the students. Also, 93.9% of faculty members have advised ambulatory care teaching in all major and minor wards and 81.8% of them thought of beginning of apprenticeship period as the suitable time for starting ambulatory care education. 75.7% of faculty members do not find present educational circumstances of hospitals similar to students' future occupational conditions and the same percent believed the time given to students for examining patients is not adequate. 72.7% of the responders said facilities existing in ambulatory care teaching centers are not sufficient for examining patients. Moreover, 51.5% of faculty members expressed there is no relation between the diseases observed in training period and those students will encounter with later in the society.

65.1% of faculty members say one could better follow the patients in hospitals than in ambulatory care teaching centers and 63.6% believe familiarizing students with referral system takes place best in ambulatory care teaching centers. From the viewpoint of responders, obstacles to implementing ambulatory care education, are: teachers' lack of incentive, their not having adequate time, shortage of facilities, and patients' dissatisfaction from the presence of students respectively. 51.5% of faculty members believe the number of students proper for each teacher in teaching ambulatory care, is 3 while 24.2% of them advised 2 students. About proportion of ambulatory care education, 78.7% of responders think it should account for between 30- to 50 percent of total medical education. In addition 30.3% of faculty members said less than 10 hours

a week would be an adequate time of teaching ambulatory care to each student. 33.3% of responders advise between 10 to 15 hours and 36.3% more than 15 hours of weekly teaching ambulatory care. Faculty members recommended various strategies for having them more involved in ambulatory care teaching. Among those recommendations creating incentive, providing financial resources, precise educational planning, separating training from treatment, and increasing the number of faculty members can be cited.

Discussion

Based on the findings from this research, faculty members view hospitals' clinic as a more suitable for teaching ambulatory care than private office or health care centers. The reason for this choice has been defined as lack of enough time for discussing diseases at the office, patients' dissatisfaction, and interference with service provision. The study revealed that faculty members not only find hospital educations alone insufficient for students' developing skills required in future, but also believe there is no proportion between the diseases observed by the students solely at hospitals and those which they will be encountered with later in their occupation as a physician. Similarly in a study carried out in year 1994 in Isfahan University of Medical Science on one subject of ambulatory education, interns have told the variety and prevalence of patients referring to ambulatory care teaching centers are more than those referring to hospitals. (80% variety & 90.1% prevalence (9). 93.9% of faculty members believe ambulatory care teaching is not specific to major wards and in a similar study done in Gilan University of Medical Sciences, 87.2% of faculty members believe so. (10) 72.7% of faculty members think facilities existing in ambulatory care teaching centers are not sufficient for examining patients and 75.7% of them say the time devoted to examining patients in these centers is inadequate. These two facts reveal an important reality which should be intentioned in planning ambulatory care education. One of the practical strategies for solving this

problem could be dividing the students into small groups in accordance with facilities and space existing in ambulatory care teaching centers. This not only provides favorable learning conditions for students and enough teaching opportunities for faculty members, but also prevents patients' dissatisfaction and their avoidance from referring to these centers. This last benefit will be along with aim of establishing these centers that is maintaining and promoting society's health through properly communicating with people.

Around 65.1% of faculty members say the patients can better be followed in hospitals than in ambulatory care teaching centers. This critical issue, in contrast with other findings of this study, is not a favorable result. The main reason for this outcome can be patients' profiles not being correctly completed in ambulatory care centers. About 63.6% of faculty members announced that students become more familiar with referral system in ambulatory care education, the fact from which one can benefit in altering main part of offering services from hospitalizing form to ambulatory form. In this system patient is under a frequent monitoring and referral system can be considered as the spirit governing correct method of health care management!

51.5% of faculty members found 3 students enough for each faculty member in teaching ambulatory care while in Gilan University of Medical Sciences' study 56.5% of faculty member thought 4 students would be favourable. (10) 78.7% of faculty members have cited that ambulatory care should account for less than 50% of the total medical education, while it is emphasized in ministry's guidelines that up to 50% of the trainings should be of ambulatory type. On the basis of this study's findings teachers' lacking incentive, and their not having enough time are the main obstacles preventing ambulatory care education from being implemented. In another research done for the purpose of promoting the quality of clinical education, it was suggested to absorb competent faculty members and to create incentive for them. (11) And in another survey for the purpose of succeeding in ambulatory care education, it

was advised to create relationships between students and faculty members, improve students' reasoning, and to provide rapid access to medical information through electronic media. (12) So based of present research and the other ones the following recommendation can be taken into consideration:

1. To expand the field of medical education to society and health care centers besides educational hospitals.
2. To plan a correct program for training students in these centers and in educational clinics.
3. To create adequate physical space in ambulatory care teaching centers and fully equip these centers with examination devices.
4. To pay more attention to problems of faculty members and department managers and try to resolve them so that they be involved more in ambulatory care training.
5. To reform medical education curricula so that the training offers a community oriented and holistic view to students.

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