

IHOD



Activity Evaluation:

Erasmus+ IHOD Programme -Improving Healthcare Outcomes in Chronic Disease – Enhancing the Curriculum at Masters Level

Train the Trainer Course WP 1 Output 1.9: One-week trainer course in partner Higher Education Institution: Bukhara State Medical Institute and Tashkent Medical Academy – 24th June – 6th July.

Facilitators: Prof. Hasheem Mannan and Ms. Marlize Barnard

1. Introduction and Background:

Bukhara State Medical Institution (BSMI): The visit to BSMI was arranged from Monday 24th June until Saturday 29th June as the academic staff work a six-day week. Five days of training were provided and seven to eight faculty members attended each session. The facilitators were ferried to view local attractions in and around Bukhara on one of the days due to exams in progress at the Institute. The facilitators were also granted the opportunity to meet with the Rector and Vice Rector of the university as well as a visiting professor who provided a Masters class on public health.

Although BSMI do not provide a Masters level qualification in Public Health, the faculty staff appeared eager to introduce four of the IHOD Programme modules within the Masters degree programme in Internal Medicine and Endocrinology. These modules include: Person-Centred Care, Biostatistics in Public Health, Epidemiology of Chronic Disease and Global Health and Health Informatics. Activities at MSMI included a meet and greet session with the academic faculty of Internal Medicine and Endocrinology to discuss the teaching and learning objectives for the week, followed by a joined learning session with approximately 20 Masters degree students on Advanced Research Methodology. Students actively participated in the discussions and shared their research topics with the group. The introduction of Fink's Model for Significant Learning followed by a correlation session of critical debate between Fink and BSMI's Model of learning grounded in the philosophies of Confucius. Similarities were drawn and opportunities for inclusion of foundational knowledge outlined as described within the Fink Model. The facilitators were fortunate to meet with medical academic staff teaching some of the selected modules from the IHOD programme already as well as nursing tutors responsible for MSc Programmes.

Further sessions included detailed discussions on the APHEA Accreditation process and ASPHER's Core Competence requirements for the professional in Public Health. The selected IHOD modules for inclusion to existing courses were identified and explained in full within the ASPHER Framework. Specialist content on Health Policy, Quality and Health Economics were also included mand integrated within the deliberations. The excessive warm

temperatures coupled with language barriers provided a real challenge for the facilitators, academic staff and students but these were overcome and it was evident as the discussions progressed through the week that significant learning took place.

Due to staff availability on the final day of teaching, only five participants were able to complete the activity evaluation questionnaire. The survey comprised of 17 items, of which 1 question requested the course topics and activities to be ranked by their usefulness, 14 questions requiring participant's opinions to be ranked on a Likert Scale from 1 to 10 and two questions for inclusion of the strengths and weaknesses of the programme. Participants found the questionnaire difficult to complete on two levels: language barrier and sense making. Respondents took over 30 minutes to complete the questionnaire. The aim of the evaluation was to establish the effectiveness of the training programme for continuous quality improvement.

Tashkent Medical Academy (TMA): The facilitators were scheduled to visit TMA from Monday 1st July to Friday 5th July. The staff at the School of Public Health at the TMA was well prepared for the visit, motivated and driven to proceed towards accreditation for the four selected IHOD programme modules for the region (similar modules as BSMI). They already provide a MSc in Public Health for students and are proceeding with the APHEA accreditation process for the inclusion of the four selected IHOD Programme modules within existing courses.

Three days of training covered all the topics and five to six faculty members attended each session. Facilitators met with the Rector and Head of the Department for Infectious and Paediatric Infective Diseases on a daily basis for rich discussions on matters concerning public health. The Rector was the author of books on public health in Uzbekistan and it was evident from the collaborations that he and his staff were very passionate about their teaching subjects. The faculty's familiarity with pertinent issues for discussion such as APHEA and ASPHER contributed to rich discussions regarding evidence-based practice, advanced research methodology and health policy, quality and economics. Due to the staff's existing knowledge base regarding teaching and learning strategies, the facilitators adapted their own teaching strategy to provide practical examples and input to support the staff and created additional materials for discussions.

Further discussions regarding bilateral agreements with UCD for closer collaboration and mobility were highlighted and the facilitators will discuss these requests with the Head of the IHOD programme Steering Committee. Due to the difficulties experienced during the Bukhara visit concerning the activity evaluation questionnaire, the facilitators decided to not proceed with the completion of the activity evaluation questionnaire and proceeded with the completion of the creation of a philosophy for education and learning worksheet as part of an evaluation session. The survey comprised of 13 questions, requiring participant's opinions on a Likert Scale from 1 –to 5 with 1 as strongly disagree and 5 as strongly agree. The aim of the evaluation was to provide insight into each faculty member's personal view and statement regarding teaching, learning and education. The outcome of this evaluation proved effective as the faculty members were empowered to draft their educational and learning philosophy for inclusion within the IHOD Programme Curriculum Document.

2. Findings of the Activity Evaluation Questionnaire:

Question 1: Rank each of the major topics of the Training Course topics by their usefulness to you.

None of the respondents completed this question. It was unsure whether they misunderstood the question or purely decided that it was not applicable.

Question 2: What is your general opinion about the course?

There was a positive opinion with scores ranging from 8 to 9 and a mean score of 8.6

Question 3: What is your general opinion about the course organisation and management?

Respondents scored highly on the course organisation and management with scores ranging between 9 and 10, with a mean score of 9.6

Question 4: What is your general opinion about the university and course environment?

Three respondents scored a 10, one scored it at 9 and another at 8. The mean was 9.4

Question 5: What is your opinion about European cultural experiences you were exposed to or acquired during your stay?

Respondent scores ranged from 7 to 10, with a mean score of 8.4

Question 6: In your judgement, how important were the international dimensions in this course?

There was a positive judgement of the international dimensions which were evident during our discussions as well. The mean score was 9.6

Question 7: In your judgement, how important were the global dimensions in this course?

Again a positive judgement regarding global dimensions with a mean score of 9.6

Question 8: Has the course given you new understanding about the role of public health in tackling health problems related to chronic disease?

Respondents scored positively with a mean score of 9.2 which was good feedback on the practical application of the course

Question 9: Have the workshops given you an action orientation to work in the field of health sector and workforce development?

Respondents rated this question between 8 and 9 as workshops were integrated within the teaching strategy with a mean score of 8.6

Question 10: Have the workshops given you new attitudes to work in the field of health sector and workforce development?

Similar to the previous question regarding workshops, respondents rated this question between 8 and 10 with a mean score of 8.8

Question 11: Will you find the workshops relevant to your daily work?

This question was positively judged with a mean score of 9.2 which again enforced the benefit of practical application

Question 12: Was your previous learning experience sufficiently taken into account during the course?

Respondent answers ranged from 7 to 10 with a mean of 8.2. The response reflected the language barrier which challenged the facilitators to extract existing knowledge for the respondents

Question 13: Was the level of the course too elementary or too advanced?

Answers for this question ranged from 5 to 10 with a mean score of 7.6. Respondents therefore indicated that the level of the course were advanced

Question 14: How do you evaluate the content of the course programme?

Answers ranged from 5 to 9 with a mean score of 7.6. The responses reflected that the content was broad enough

Question 15: How do you evaluate the teaching methods in the course?

The teaching methods were ranked from 8 – 10 with a mean score of 8.8 which indicated that the teaching methods were very relevant

Question 16: Comment on what you liked in the course – what you thought was the strengths and advantages of the course?

Two respondents provided the exact same comment and felt that active discussions took place

Question 17: Comment on any weaknesses you thought the course may have and how to improve them?

No responses were received for this question

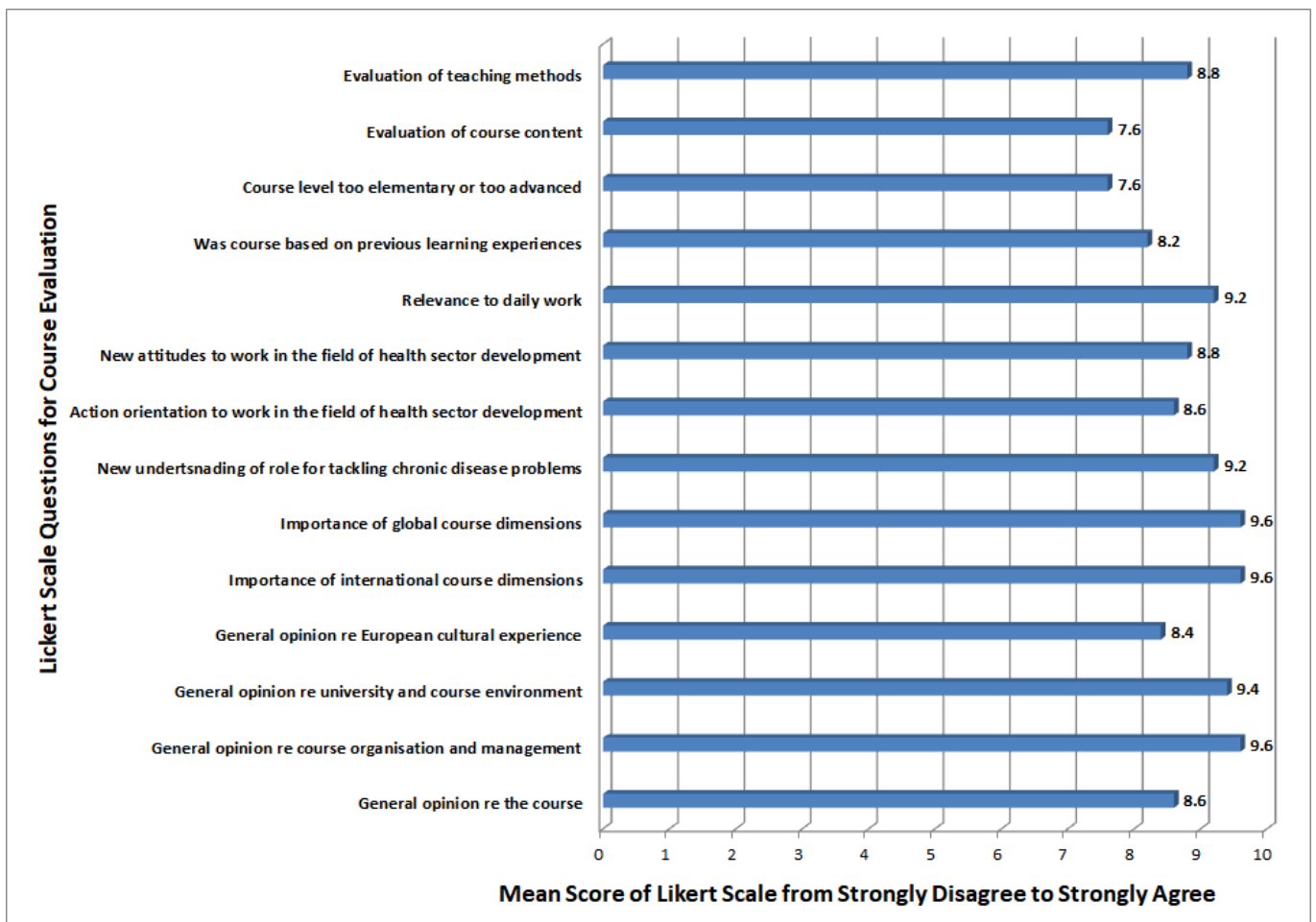


Chart indicating the Questions for Course Evaluation and the responding Mean Score on the Likert Scale from 1 to 10

3. Findings of the Creation of a Philosophy of Education and Learning Foundational Worksheet facilitating an Individual Belief Statement:

Question 1: Knowledge is not transmitted, it is constructed (rationalism: constructivism)

Respondents mostly agree or strongly agree with this statement. The mean score was 4.4

Question 2: Knowledge construction is the unique combination of new knowledge and a learner's individual prior knowledge (individual constructivism)

Answers were all either agree or strongly agree and the mean score was 4.6

Question 3: It is inappropriate to propose goals for learners because educators do not know what the learners need or want to learn (radical constructivism)

Respondent's answers ranged from 2 to 5 indicating a vast difference of opinion with the mean score as 3.2. This difference in opinion required further collaboration from the faculty members to reach consensus

Question 4: All learning should occur in collaborative work groups (social constructivism)

Most respondents chose 5 with only one respondent choosing 4 which indicate strong agreement. The mean score was 4.8

Question 5: Learning, whether in groups or individual interaction with work of an author of a text, involves individuals working towards an agreement or understanding

Respondents responded positively with a mean score of 4.4

Question 6: Problems should not be simplified for novice learners but presented in their full complexity early in the process

All respondents strongly disagree with the statement and the mean score was 2.4. This question provided a turning point to respondents as they were surprised that they all strongly disagreed with the statement

Question 7: Learning should occur in a realistic setting (experiential learning)

The statement was positively accepted with a mean score of 4.4

Question 8: Assessment should be integrated into the task, not a separate activity

Respondents had different opinions regarding this statement and answers varied from 3 to 5 with a mean score of 3.8. Further collaborations and discussions related to the work and philosophies of Fink and Confucius resulted in an agreed integrated approach

Question 9: Knowledge, in a particular field, is negotiated based on an agreement of experts to a common interpretation of experiences: 'truth for now'

Respondents differed in their opinions with a mean score of 3.6. This response required further discussions from the team

Question 10: Learning has occurred when learners evidence the appropriate response

Respondent's answered positively to this statement and mostly strongly agreed with a mean score of 4.8

Question 11: Learning is a series of transformations of information through several types of storage or memory (information processing theory)

A very positive response with a mean score of 5. There was complete consensus on this statement

Question 12: Independent learning can be assisted (scaffolded) by a teacher or more knowledgeable peer (socio-cultural theory)

Respondents agreed with a mean score of 4.6

Question 13: Control and choice in learning, must be shifted, as far as possible, from the teacher to the student (Student-centred learning)

Answers ranged from 3 to 5 with a mean score of 3.8. It was evident that teaching strategies such as curriculum co-design has never been attempted and the facilitators discussed the benefits of a co-design strategy as part of an integrated approach

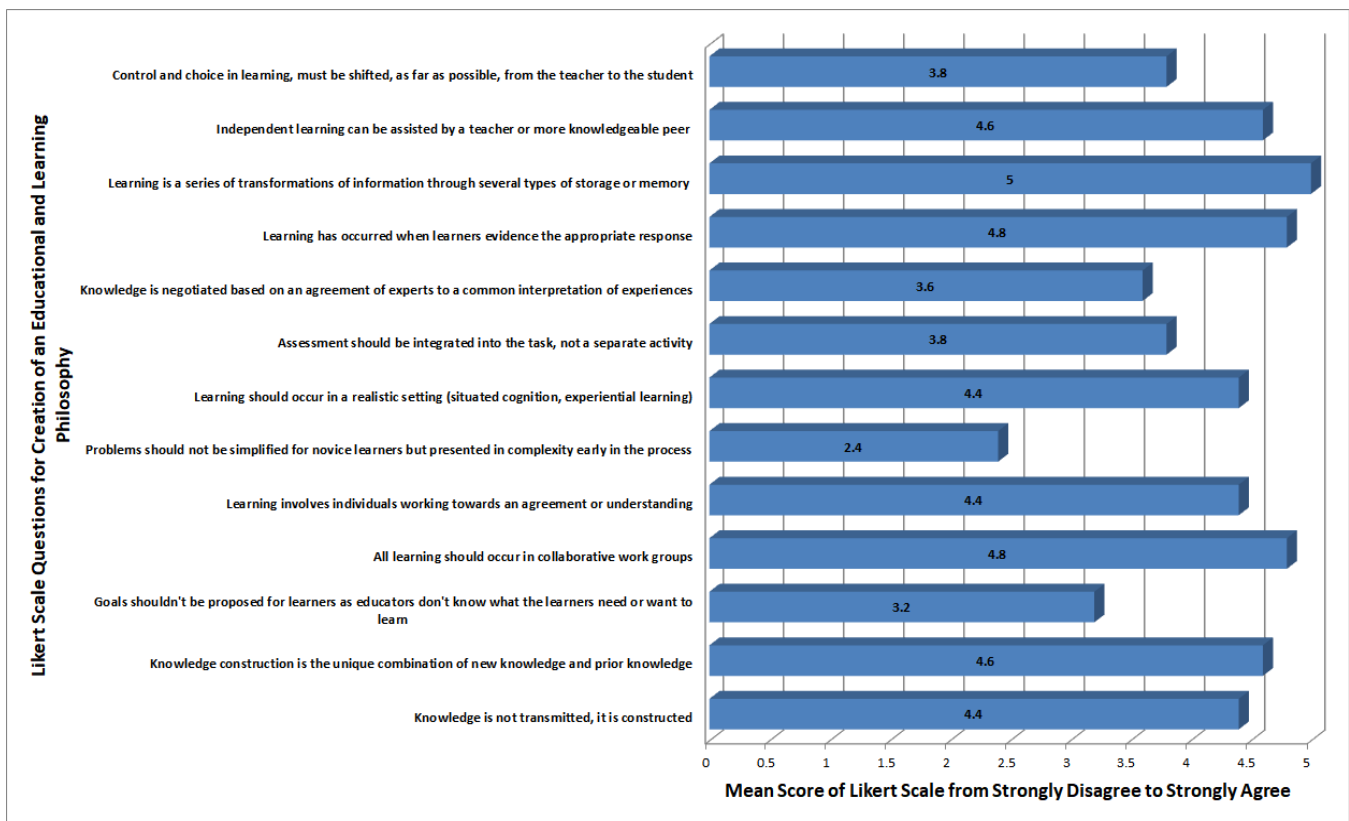


Chart indicating the Questions for the Creation of an Educational and Learning Philosophy and the responding Mean Score on the Likert Scale from 1 to 5

4. Conclusion:

The time table required alteration at both training institutes due to the excessive high temperatures experienced and adaption to the partner countries' teaching and learning philosophy and Model. The course evaluation, although only completed at one site, demonstrated a well-received course which generated advancements in the IHOD objective of WP 1, Output 1.9. Coincidentally, the worksheet completed for the creation of an educational and learning philosophy indicated that the faculty members strongly agreed with each other regarding their personal belief statements of teaching and learning and it empowered them to conclude a strong learning philosophy. Co-design strategies for curriculum design and an integrated approach were identified as potential opportunities to strengthen their learning philosophy.

Some limitations of the programme encompassed the lack of consistent membership especially at BSMI and the confusion which surrounded the completion of the course evaluation forms. The language barrier limited the presentations and teaching opportunities and the fact that students had to play the role of facilitators during some sessions may have influenced faculty member's participation and engagement in critical discussions.