



Improving the Teaching-Learning Processes in Team Training Program, Arsi University CHS, Asella Town, Arsi Zone, Oromia Region, Ethiopia, July 2019

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Abstract

Background: Team work is natural and a must in healthcare provision as diverse professionals are involved in the system. Team Training Program is meant to teach health professionals of all categories in college of health sciences as to how to serve as a team in the health system, whether it in the ward or in the community settings.

Objectives: This study was aimed to improve the quality of teaching-learning processes in Team Training Program in light of the feeling of the stakeholders (students, instructors, management).

Methods: A qualitative and approach was used as a cross-sectional design. The sample size was determined by the point of saturation sensed by the researchers in the field.

Results: The study shows poor quality of teaching and learning process in the community attachment practices. This was found to be attributable to the wrong conceptualization of national higher education needs in health, which was further deteriorated as a result of lack of guideline of the course work.

Conclusion and Recommendation: The quality of teaching-learning processes in TTP is equivocally expressed as being “poor” among all the stakeholders (students, instructors and management members). So, our recommendation is to reach a consensus at the conceptual framework of the national higher education needs with respect to our university.

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Introduction

Background

Team work is natural and a must in healthcare provision as diverse professionals are involved in the system. The role of any team member is never negligible as a minimal hole in the circle can lead to lose of the bigger, whole system. Team Training Program is meant to teach health professionals of all categories in college of health sciences as to how to serve as a team in the health system, whether it in the ward or in the community settings.

Statement of the problem

The College of Health Sciences of Arsi University is following the National Harmonized Modular Curriculum for BSc in Public Health, revised by Public Health Department, Sep 2014, Asella, Ethiopia. There are three clustered courses in the Community Health Practice Module; namely, Community Health Attachment, Team Training Program and Research Project. In the Community Health Attachment, only one category of students goes to the community site as a team (e.g. Health Officer Students only). But, in the Team Training Program, students from all streams of Health Sciences are expected to go to the community site together to serve and learn as a team.

The module is designed for students of BSc in public health to equip them to independently undertake patient care and community health interventions at primary care health unit, to produce competent and socially responsible health professionals who can live, lead and work in a team in the community, to equip them on how to conduct operational researches.

However, the descriptions of the course objectives and expected competencies are not aligned. As a result, the activities of the students in the field are very tedious; creating difficulties in the teaching-learning processes. The philosophical background of the course emphasizes on “Public Health students” which is in contrary to the said “team approach”.

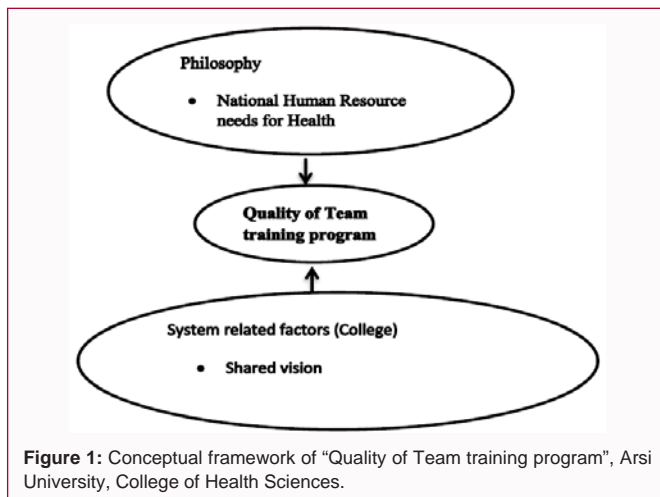


Figure 1: Conceptual framework of "Quality of Team training program", Arsi University, College of Health Sciences.

Therefore, this action research was designed to alleviate these misalignments and create a better teaching-learning environment in the Team Training Program (Figure 1).

Objective

General objective

To improve the quality of teaching-learning processes in Team Training Program in light of the feeling of the stakeholders (students, instructors, management).

Specific objectives

To assess the feelings of the stakeholders (students, instructors, management) about the quality of teaching-learning processes in TTP.

To identify a modifiable gap in the implementation of TTP.

Methods

Study area and period

The study was conducted in Arsi University, College of Health Sciences and the study period was from May-June, 2019.

Study design

A qualitative approach was used as a cross-sectional design.

Study subjects and materials

The curriculum materials related to TTP, the instructors, the students, management staffs and the health professionals in one of the TTP sites (Dhera Health Center) were involved as the study subjects.

Sample size

The sample size was determined by the point of saturation sensed by the researchers in the field.

Sampling techniques, materials and tools

Desk top review, group-and key-informant interviews, as well as informal communications were used to collect the data. Snow-ball technique was used to reach the next important study subjects guided by the responsible persons in the organizations. Semi-structured questionnaires were used to conduct the interviews and Desk top reviews.

Data quality control

The questionnaires were reviewed by the peers attending HDP.

The data was collected by the researchers themselves, and the researchers were sitting together to internalize the ideas collected, make corrections at the spot, and prepare for the next step, by re-designing the questionnaires as needed.

Data analysis

Content analysis was used for the quantitative data, whereas, content analysis and interpretation of the meanings was used for the qualitative data.

Ethical considerations

The study does not cause any harm to the study subjects. Verbal approval was obtained from Arsi University, CHS, HDP coordinator's office. Information about the objective of the study was given and verbal consents were obtained from the study subjects. Privacy of the study subjects and confidentiality of the collected data was maintained.

Dissemination of the results

The results will be disseminated to HDP attendants and all academic staff to enrich the results for publication.

Results and Discussion

Desk top review

With the objective to search for the philosophical background of the courses of public health in Arsi University, two curriculum materials were reviewed; namely, "Adama Science & Technology University, School of Health Sciences, undergraduate medical curriculum (FINAL), March 2012" [1] and, "The National Harmonized Modular Curriculum for BSc in Public Health, revised by Public Health Department, Arsi University, September 2014" [2].

To justify the need for harmonization of the curriculum, the document used "...variation of the curriculum among universities ..." as a reason without considering the gap in variation of the courses and the way they are arranged to feed one another. As a result, it did not address the need for "harmonization of the courses to be given". This, in turn, could not help in the interpretation of the meaning of the statement in the "Under graduate medical curriculum" that states "...public health training shall be provided as a longitudinal thread throughout the preclinical and clinical years" in its "Curriculum structure" section [3].

The National Harmonized Curriculum states, in its "Background Section" that "... accelerating Health Officer training is an appropriate substitute ... to tackle the shortage of doctors in the country/Ethiopia/ ... as a solution, similar to other developing countries where doctors are scarce". However, this justification has two gross mistakes: One, the word "substitute" is not an appropriate term to say what was said, and as a result, it does not seem to be appropriately understood all along the health system and among the health professionals, evidenced by the conflict of roles at work places. Secondly, the document did not mention any country as a reference to check whether the undertaking was correctly adopted.

The document continues its justification by stating, under the "Rationale of the Program" section, that "... training of physicians takes long period of time and is too expensive, so it would be less likely for a poor country/Ethiopia/ to train adequate number of professionals ... to fill the observed professional gaps".

This statement also carries a dangerous meaning; it is not

justifying the importance of Public Health profession on its own, but rather, wrongly suggesting the country's preference of one profession to the other. It did not consider expansion of the services demanding physicians in the future and the harmony needed between the two professions at any level, indicating a failure of conceptualization of the problem at the beginning.

The objective of the Community Attachment and Practice Module embedding the TTP/Team Training Program/ in the harmonized curriculum states that, "... the module is designed for students of BSc in public health to equip them to independently undertake patient care and community health interventions at primary care health unit". This is totally against the purpose of TTP which must be designed to teach/ "equip"/ all the students in the team.

The meaning behind the phrases in the harmonized curriculum seem defensive to keep the borders between the two professions apart not to repeat the same history as it could be understood from the statement in the "Background Information" section as follows: "when the College of Public Health was transformed into the Gondar College of Medical Sciences and started training medical doctors, the health officer training ceased". Nonetheless, this historical mistake should be avoided by far reaching conceptualization revealing that Health Officer is a multi-potential, transient and complementary profession to either Public Health or Clinical Specialties.

Group interview with students at TTP site (Dhera)

We found only Public Health Officer Students in the field, no other team, which does not comply with the course objective of TTP.

When they were asked whether they are clear with the objective of TTP, an orator girl with influential speech said, "We feel like we were thrown into an ocean, to swim and get out by our own; the activities are vast and time taking to accomplish, we doubt if you, the instructors, yourselves know the activities in practice, because you are demanding the impossible from us!"

She added, "What we were oriented about and what we faced in the field are totally different; the courses are at remote memory, practically unrelated to the world of work". This same girl continued her speech and said, "We were expected to practice more on public health activities in TTP, but still we are engaged in clinical works because we are not guided, we are left alone!"

In-depth interview with staffs at TTP site (Dhera)

An energetic female staff that we found busy in the OPDs at Dhera HC, who had served for about 10 years in the site, now attending MPH program in Arsi University, was asked about her observations in the practice of TTP in the site.

She said, "In the older times, instructors attend the students to the site, introduce and deliver them to staffs here. But, nowadays, we ask when we see new faces in white gowns and hear that they are students assigned here for TTP from some people at a distance". This is similar with the words of that orator student girl saying, "We feel like we were thrown into an ocean ..."

In-depth interview with staffs in Asella Teaching and Referral Hospital

One of the instructors from the School of Medicine who graduated from Arsi University said, "I had experienced TTP as a medical student in this University, and the same way, we also hear our students loudly talking about the poor quality of teaching-learning interactions in

public health courses because the instructors are not making the classes active by linking the courses with clinical practices". This is the result of the misinterpretation of course harmonization and the missed meaning of "...teaching public health courses as a longitudinal thread throughout the preclinical and clinical years".

Another staff forwards her observation saying that instructors from the School of Medicine are also not motivated to visit students in the field because we ourselves are not well equipped in Public Health in general.

In-depth interview with public health department head

The concerns from the students and instructors' side were explained to the Head of Public Health Department and he was asked to share his views with regard to the research ideas and ways forward.

He approved that the research idea is a good observation, the same as the case he faced while teaching in another University in the earlier years. He was interestingly sharing his rich managerial experience that they revised the curriculum to correct the gross problems they observed; but, nowadays, after the said harmonized curriculum is in use, it is not allowed to make the corrections, unless it is minor, because, if you change the course order for example, a student who transfers from another University will miss the course.

Finally, he referred us to the office concerned with Team Training Program for further investigation and long-term actions together.

In-depth interview with head of post-graduate, and, community attachment and academic program coordinator's office

We explained the purpose of our action research, our findings so far, and asked him if there is a guideline to address the observed problems in the teaching-learning processes in TTP. He responded that there is no guideline regarding TTP, and surprisingly said, "The University Legislation does not mention anything about this office, let alone the guideline!"

Finally, he followed us to the door, with a nice smile, saying, "We well-come any team who can help us in the national assessment to put the problem to the end!"

Conclusion

The quality of teaching-learning processes in TTP is equivocally expressed as being "poor" among all the stakeholders (students, instructors and management members). This was found to be attributable to the wrong conceptualization of national higher education needs in health, which was further deteriorated as a result of lack of guideline of the course work.

Recommendation

To reach a consensus at the conceptual framework of the national higher education needs with respect to our university.

To conduct a National Assessment and develop TTP Guideline for our University, using the demand of the government to improve quality of education as an opportunity.

Acknowledgement

We would like to give our greatest gratitude to our almighty God for leading us to this time. We would also like to give our heartfelt thanks to our advisor Dr. Lemma Dady and coordinator Mr. Nigussie Bekele for their effort to give us their time and constructive comments.

We are also glad to pass our appreciation and thankfulness to all our study participants found in Dhera HC and Arsi university.

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1. "Adama Science & Technology University, School of Health Sciences, undergraduate medical curriculum (FINAL), March 2012".
2. "The National Harmonized Modular Curriculum for BSc in Public Health, revised by Public Health Department, Arsi Univrsity, Sep 2014".
3. Wikipedia.