Context counts!
The Role of Context in Health Professions Education

Ian Couper
Director: Wits Centre for Rural health
Acknowledgments
Outline

- Scaling up health professions education
- Context
  - Meaning
  - Relevance
  - Impact
  (with examples)
- Quantity, quality, relevance and context
“Transformative scaling up of health professionals’ education and training is defined as the sustainable expansion and reform of health professionals’ education and training to increase the quantity, quality and relevance of health professionals, and in so doing strengthen the country health systems and improve population health outcomes.”
WHO: Scaling up HPE

- The challenge of quantity, quality and relevance (QQR)
WHO: Scaling up HPE

Where did QQR originate?
• First mentioned in education literature:
EDUCATION FOR ALL BY THE YEAR 2000 (EFA 2000) IN SOME COUNTRIES IN AFRICA: CAN TEACHER EDUCATION ENSURE THE QUANTITY, QUALITY AND RELEVANCE OF THAT EDUCATION?

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Department of Curriculum and Arts Education, University of Zimbabwe, Zimbabwe

Abstract — This paper identifies and explores three basic challenges which EFA 2000 poses to teacher education in Africa, viz: quality, quantity and relevance. Researched data is used to show the extent of the problems and to argue for some possible solutions suggested as to how teacher education in Africa could best prepare to meet these problems.

There are many (even more fundamental) factors that will affect the quality, quantity and relevance of any education system. This paper focuses specifically on how teacher education could make its limited contribution towards ensuring a better EFA 2000.

Significantly, educationists in general, and teacher educators in particular, are challenged to take the responsibility of ensuring that the education, which it is the business of their profession to give, measures up to the demands of quantity, quality and relevance to the needs of every learner, not just to the needs of those few who will continue to university. © 1997 Elsevier Science Ltd
WHO: Scaling up HPE

Where did QQR originate?

- First mentioned in education literature:
  - NDAWI: Education For All By The Year 2000 (EFA 2000):
    - Quantity: How can teacher education prepare to provide the large number of teachers required of the increased quantity of education provision?
    - Quality: How can quality education be ensured in the expanded education system?
    - Relevance: How can teacher education ensure that the learners in EFA 2000 will get relevant education?
WHO: Scaling up HPE

Where did QQR originate?

- First mentioned in education literature
- 2004 article in Indian Journal of Medical Sciences
Most medical schools, especially in South-East Asia, currently are experiencing difficulties in providing the right quality and quantity of educational experiences as the curricula have failed to respond to the needs of the community and country. The pedagogic shift from traditional approach to a need-based approach requires a fundamental change of the roles and commitments of educators, planners and policymakers. Teachers of health professional education in the region are to be well informed of the trends and innovations and utilize these to increase relevance and quality of education to produce competent human resources for the region.
WHO: Scaling up HPE

Where did QQR originate?

- First mentioned in education literature
- 2004 article in Indian Journal of Medical Sciences
- WHA Resolution 59.23 of 2006
WHO: Scaling up HPE

Where did QQR originate?

- First mentioned in education literature
- 2004 article in Indian Journal of Medical Sciences
- WHA Resolution 59.23 of 2006
- GHWA Report 2008: Scaling Up, Saving Lives
GHWA report

- Findings and recommendations of the Task Force for Scaling Up Education and Training for Health Workers, established after the WHO resolution.
- “There are well-documented weaknesses in conventional approaches to health worker education programmes. These include ... a lack of relevance to actual health practice ...” (My emphasis)
WHO: Scaling up HPE

Where did QQR originate?

- First mentioned in education literature:
- 2004 article in Indian Journal of Medical Sciences
- WHA Resolution 59.23 of 2006
- GHWA Report 2008: *Scaling Up, Saving Lives*
- 2010: WHO consultation on the transformative scale-up of medical, nursing and midwifery education
Developed framework with 3 main categories of outcomes:
1. quantity = increased capacity in terms of education resources and productivity
2. quality = improvement in the quality of education and education systems
3. relevance = emphasis on relevance of education to priority health needs and most vulnerable populations
WHO: Scaling up HPE

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- GHWA Report 2008: Scaling Up, Saving Lives
- 2010: WHO consultations on the transformative scale-up of medical, nursing and midwifery education
- WHA Resolution 64.6 of 2011
The Sixty-fourth World Health Assembly ...

- Taking note ... that member states should ... take measures to educate, retain and sustain a health workforce that is appropriate for the specific conditions of each country ...
- quantity, quality and relevance are prerequisites for sustainable transformative scaling up of health professionals ...

URGES Member States: ...

- to participate actively in the ongoing work on the WHO policy guidelines on transformative scale-up of health professional education in order to increase the workforce numbers and relevant skill-mix in response to country health needs and health systems context ...
WHO: Scaling up HPE

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- 2010: WHO consultations on the transformative scale-up of medical, nursing and midwifery education
- WHA Resolution 64.6 of 2011
- WHO Guidelines 2013: Transforming and scaling up health professionals’ education and training
• Guidelines focussed on QQR
The problem with HPE

- The challenges of evidence AND imagination

“If I had asked people what they wanted, they would have said faster horses.”

Henry Ford
Context

- When are more horses the most appropriate intervention?
- When is a faster horse the most appropriate intervention?
- When is the motor car the most appropriate intervention?
- All determined by context.
What is context?

- Buzz groups

As an educator, what image comes to mind when you hear or see the word context?
What is context?

- Buzz groups
What is context?

- The Oxford English dictionary definition:
  “The circumstances that form the setting for an event, statement, or idea, and in terms of which it can be fully understood”

- HPE always occurs in a setting
  - That setting determines how it is understood
  - And thus how and where it is practised

- “Priority is a function of context.”

Stephen Covey
Flexner revisited

• Consequences of Flexnerian reforms:
  • Academic Health Complex = temple to become a doctor
  • Specialty medicine = the pinnacle of profession
  • Community rotations are like school excursions
Simple maths

- **One context**
  Quantity – challenged
  Quality – standardised, but not necessarily good
  Relevance – limited by that context

- **Multiple contexts**
  Quantity – possibility of scale up
  Quality – may be variable; requires greater effort
  Relevance – depends on context, but much more likely
Context

• A text out of context is a pretext
Acronym

- Australians
- Can
- Reduce
- Olmost any
- Name
- You
- Mention
  (to an acronym)

Tarun Sen Gupta
Task

• Develop an acronym for CONTEXT

http://www.polleverywhere.com/free_text_polls/7uh62F7hhPqO32f#

• To participate in the poll, “What is your acronym for CONTEXT?”, go to PollEv.com/iancouper – type in your free text response.
CONTEXT

- C  Community
- O  Obvious
- N  New
- T  Teaching is not learning
- E  Excellence
- X  X factor
- T  Transformational
An example

- Wits Clinical Associates Programme
- Bachelor of Clinical Medical Practice (BCMP) degree
C = Community

- The most critical context
- To whom are we accountable?
- How can we be accountable in absentia?
- Why do tertiary hospital physicians struggle to define the community they serve?
- How is accountability learned?
  - Ateneo de Zamboanga School of Medicine, in the Philippines
...responsive to the changing patterns of health care development and the needs of these communities and is sensitive to the social and cultural realities of South Western Mindanao.”

With thanks to Dr Fortunato Cristobal
MISSION

Provide Solutions To

HEALTH PROBLEMS OF SOUTHWESTERN MINDANAO
COMMUNITY IMMERSION

1st Year

2nd Year

3rd Year

4th Year

5th Year

Same Community

Finishing off: MPH-MD

With thanks to Dr Fortunato Cristobal
Communities
Transforming Students
Students Transforming Communities
Results: Location of graduates
- 95.4% in Philippines
- 90% in SW Mindanao
- 73% in public health service
- 50% in “rural doctorless areas”

With thanks to Dr Fortunato Cristobal
Context: Our history

- Sydney and Emily Kark: The Institute for Family and Community Health, Durban, 1946.
  - Pholela Health Centre: Community Oriented Primary Care
  - Learning in the “laboratory of human experience”, the community
  - CHWs, medical student (from 1st year), doctors, nurses, dentists, psychologists and social workers learning together
O = Obvious?

- Context is not an option
  - Unavoidable
  - Hidden or revealed curriculum
- Attention must be given to it
- BCMP:
  - Training almost entirely in district hospitals
  - NW students spend 2 out of their 3 years there
  - Some presence in regional hospitals
  - Occasional visits to tertiary academic centres
A clinical example

- Patient with diabetes
Innovation

- Allows for creative solutions that are fit for purpose
- Innovation occurs in response to need
N = New

BCMP: Curriculum designed around the context of future practice

- Patient-based learning
  - Seeing patients from second month in 1st year
- Systems and life-cycle approaches
- Totally integrated curriculum
- Health service orientation
- Electronic logbooks
T = Teaching ≠ Learning

- THE major error of faculties/schools of health science?
  - A faculty example
  - A student example
  - A personal example
Traditional HPE

- Teach students in one context
- Expect application to all contexts
- Principles should cover all gaps
- BUT students learn what they see, not what they hear:
  - Strength of the hidden curriculum
New models of HPE

- Teach students in many contexts
- Learning by experience
- Principles developed through application
- Students learn what they see: exposure to many possibilities
E = Excellence

- Workforce vs. educational imperative

![Image of a pie chart titled "Things I Learned From Watching CSI"]

- How to take a fingerprint sample.
- How to tell which direction the blood splattered from.
- How to think out of the box when faced with problems.
- All female CSIs can double as supermodels.
- You can kill someone with anything.
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<thead>
<tr>
<th>Admission</th>
<th>Graduate</th>
<th>Took-Board</th>
<th>P-Board</th>
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Performance Rate: 90.90%
### Flinders University

**Standard Tertiary Rotations – Urban Adelaide**

<table>
<thead>
<tr>
<th>Surgery</th>
<th>Medicine</th>
<th>O&amp;G</th>
<th>Paeds</th>
<th>Psych/GP</th>
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**Hybrid Rotations and Continuity – Northern Territory**

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<thead>
<tr>
<th>Darwin/Katherine/AS Community</th>
<th>Surg</th>
<th>Med</th>
<th>O&amp;G</th>
<th>Paeds</th>
<th>Psych/GP</th>
</tr>
</thead>
</table>

**Whole year longitudinal continuity – rural SA and southern Adelaide**

SURG - MED - O&G - PAEDS – GP - Psych
Initial LIC Outcomes

Academic performance

Error Bars show 95.0% CI of Mean
Dot/Lines show Means

Improvement in Scores 1998 - 2005

<table>
<thead>
<tr>
<th>Location</th>
<th>Improvement in Scores</th>
</tr>
</thead>
<tbody>
<tr>
<td>FMC</td>
<td>1.68 n=433</td>
</tr>
<tr>
<td>PRCC</td>
<td>5.37 n=88</td>
</tr>
<tr>
<td>Darwin</td>
<td>4.02 n=115</td>
</tr>
</tbody>
</table>

FLINDERS UNIVERSITY
Northern Ontario School of Medicine

- Faculty of Medicine of Lakehead
- Faculty of Medicine of Laurentian
- Social Accountability mandate
- Commitment to innovation
Distributed Community Engaged Learning

An instructional model that allows widely distributed human and instructional resources to be utilized independent of time and place in community partner locations across the North.
Comprehensive Community Clerkship

- 30 weeks in large rural and small urban communities
- Based in Family Practice
- Learn clinical disciplines in parallel
- Students learn and live in community
All Placement Sites

- Aboriginal Community Sites
- Integrated Community Experience Sites
- Comprehensive Community Clerkship Sites
NOSM Outcomes

- CaRMS - 100% matched 1\textsuperscript{st} round
- MCC Exam:
  - No. 6 of 17
  - Top score - clinical decisions
- 60% of NOSM residents stay
E = Excellence

• Excellence lies in:
  • Drawing out common principles & universal truths from locally appropriate contexts
  • Enabling learners to apply their knowledge to REAL situations
  • Equipping learners with skills to change their contexts (as opposed to leaving in frustration for greener pastures)

“Wisdom is intelligence in context.”

Raheel Farooq
X = The X factor

- Messy reality
- No ivory towers
- Service learning
- Learning is not just about academic development
  - Becoming a professional
  - Personal growth
  - Values
X = The X factor

BCMP

- Taking risks
  - Students
  - Faculty
  - Leadership
T = Transformational

- Testing the boundaries
  - MISSILE
- Transforming faculties
  - WWAMI
- Transforming students
  - ADZU SOM
- Transforming teachers
  - IPC teleconferences
- Transforming communities
  - NOSM: economic benefit
- Transforming health systems
  - Happy Valley-Goose Bay
Transforming health systems

- Service enhancement through:
  - Presence of trainees
  - Presence of trainers
  - Improvement in standards: vital role of academic status ("Learning culture")
  - Motivation of other staff
Experiences in Transformational Education at EARTH University, Costa Rica
An international institution in Costa Rica with an innovative four-year undergraduate program in agricultural sciences and natural resource management.
Graduate Profile

1. Capacity for leadership
2. Ethical behavior
3. Commitment to social justice
4. Effective communicator
5. Skilled in collaboration and teamwork
6. Self directed and life-long learner
7. Critical thinker and problem solver
8. Solid technical and scientific understanding
9. Entrepreneurial mindset and managerial capacity
10. Commitment to sustainable agricultural development and natural resource management
Pillars of our Educational Model

- Social and environmental responsibility
- Technical and scientific knowledge
- Ethical values
- Entrepreneurial mindset

Holistic educational model
$T = \text{Transformational}$

**BCMP**

- Impact on HPE
  - Providing an alternative way
- National collaboration
  - National examination process
A MAN WITHOUT CULTURE IS LIKE A ZEBRA WITHOUT STRIPES.
Context counts

• Context is Critical:
  • for learning
    • Relevance of curriculum
    • Appropriateness of skills
  • for future practice
  • for recruitment and retention
  • for development of other people in same context
NMMU Medical programme blueprint

- Social Accountability and Community Engagement
- Competent caring clinicians with broad skills
- Excellence in educational practice
- Promotion of access and diversity
The Rural Medical Education Guidebook
Open access resource available at:
(or Google “Rural Medical Education Guidebook”)
International collaboration (71 chapters written by 74 authors)
Acronyms for Context

http://www.polleverywhere.com/free_text_polls/7uh62F7hhPqO32f#
Why context?
How would we measure up ...

- If we rated our programmes on the extent to which we have made a difference to quantity, quality and impact?
How would we measure up ...

- Put another way, if we rated programmes on the extent to which our graduates:
  - Have impacted on the MDGs
  - Are working in all levels of the health care system
  - Are employed in the public health service
  - Are making a difference in rural areas
  - Have transformed the health system in South Africa
Thank you
Gracias
Obrigado
Dankie
Siyabonga
Enkosi
Ngiyathokoza
Ke a leboha
Ke a leboga
INKOMU
Ro livhuwa