



BRIEF COMMUNICATION

Innovative Medical Education: Sustainability through Partnership with Health Programs

SK Pemba, S Kangethe

Moi University, Eldoret, Kenya

Published: 17 April 2007

Pemba SK, Kangethe S

Innovative Medical Education: Sustainability through Partnership with Health Programs

Education for Health, Volume 20, issue 1, 2007

Available from: <http://www.educationforhealth.net/>

A B S T R A C T

Innovative education: The FHS, Moi University has been an active member of Community Based Education and Service (COBES) network. To achieve this, FHS uses innovative educational strategies that encourage active learning and self-directed learning. However, since these educational strategies are very resource intensive, the faculty has been forced to establish links with health programs.

Sustainability of innovations: Although higher learning institutions have been urged to become more innovative and responsive to a globally competitive knowledge market, support from governments has been declining. This has forced institutions to develop new links with service systems to enable them to sustain innovations. It is undisputable that investments in higher learning generate major community benefits through returns from research, technology application and service provision. Collaboration, which is a mechanism of working together in a harmonious and supportive way with other agencies, is vital for sustaining innovations.

Potential Health Programs for collaboration: In Kenya, where programs such as Health Education and Maternal Child Health that undertake outreach health services exist, Higher Learning Institutions need to collaborate with these programs to enable them make best use of resources and increase efficiency. In this paper, a framework for collaboration in developing countries where resources are meager is suggested.

Key words: Sustainability, Collaboration, Health programs, COBES, Innovative education



Introduction

The Faculty of Health Sciences (FHS) at Moi University in Kenya was established in 1988. Its mission is to provide knowledge and produce health professionals who have the technical, intellectual and analytical skills and are capable of working efficiently in a changing environment. To realize this mission, the FHS has been implementing an innovative educational strategy, namely Community-Based Education and Services (COBES), in its programs.

COBES is a powerful teaching and learning strategy that allows students to study the sources, nature and magnitude of health and related problems (Godfrey et al., 2000; Mutema et al., 1999; and Vanderschmidt et al., 1975). In exchange for the learning acquired in real life environments, students provide health services to the communities. COBES is conceptualized with the three following interrelated elements: student, institution and community. While the student seeks to learn about the health problems, the institution provides the resources and assesses the students. The community on the other hand provides the learning environment.

During its implementation, COBES has been found to have several benefits: first it helps to eliminate learning needs that are not important, thus reducing information overload. This has been achieved through designing learning objectives that are based on community needs. Secondly, COBES enables learning to take place in the real world where problems are based. In this regard, students in small groups are attached to rural communities. Thirdly, COBES assists students to take responsibility for their own learning (Mutema et al., 1999). As students interact with the community, they discover more learning needs. Fourthly, COBES has proven to be enjoyable to both students and the community. Through planning and implementing activities together, students and the community share the achievements.

Sustainability of innovations against declining resources

Adams and Lin (1998) argue that governments should help the institutions of higher learning they subsidize, to become more innovative and responsive and meet the requirements of a globally competitive knowledge market. The development of innovative education programs requires institutions to cultivate new links with health programs in order to develop innovative education programs. By collaborating with existing health programs, higher learning institutions can make use of the resources that these programs have. Communities benefit enormously from investments in higher learning institutions in terms of returns from research, technology application and service provision (WHO, 1996).

In its endeavour to sustain the established educational innovations, the FHS has over the years adopted the following strategies: i) Improvement of teaching and learning processes by using best practices; ii) Information development for planning and implementation; iii) Research and development, iv) Provision of effective services; v) Joint planning and review; and vi) Development of strategic communication plans.

Through experience, the FHS has realized that sustaining innovative education against declining resources requires creative research in resource mobilization and utilization. FHS has found that collaboration with institutions whose explicit and implicit objectives are similar to their own is an important strategy for ensuring sustainability of innovative education. We believe that this experience could apply to other institutions in developing countries as well.



Framework for collaboration

Collaboration is a mechanism for working together in a harmonious and supportive way which enables parties to plan, implement and evaluate health interventions together. Collaboration with primary health care programs undertaking outreach activities has enabled the FHS to make the best use of its resources and increase its efficiency. The framework for collaboration is based on four interrelated elements: i) institutions; ii) local primary health care programs; iii) students; and iv) community. The role of the institution is to identify local health programs that are suitable to serve as sites for student participation, to communicate with them, to establish objectives for student learning and to ensure that the students achieve these objectives. The role of the health program on the other hand is to provide resources for student learning, evaluation and programmatic activities, participate in teaching and serve as a liaison with the local community for whom the services are being provided. While the student's role is to relate to program staff, participate in the implementation of activities and write reports, the community's role is mainly to provide the learning environment, develop plans and actively participate in the implementation of the health programs. Up to this point, the collaboration has helped the faculty to identify common areas of interest with the programs and with the community. This has led to the development of common policies and strategies to address health problems.

Possible approaches for collaboration

Currently, FHS depends almost entirely on the academic staff hired by Moi University for the teaching and supervision of training activities. This is overwhelming for the few members of staff. Collaboration with other entities can be advantageous in sustaining both teaching and health care provision. At the FHS, experience has shown that the selection of an appropriate approach to collaboration is crucial in establishing sustainable relations. The following approaches, which are currently being used and which share many similarities with other approaches to sustaining partnerships, have proven useful:

Step 1: Identification, selection and liaison with existing Health Programs:

The identification of adequate resources that are available for training and supervision of students has proven to be an important step in creating a sustainable collaboration with programs. Likewise, the assurance that the program staff have the competence and commitment to guide students to learn has greatly enhanced the students' commitment to participate in community activities, thus enhancing the collaboration with the programs further.

Step 2: Developing a shared vision and objectives with the program identified for collaboration:

By developing a shared vision, setting relevant objectives, defining students' roles and designing structures for managing students' involvement, collaboration with the identified programs has significantly improved.

Step 3: Engaging in joint planning and implementation:

Developing joint plans and a realistic budget for the activities to be undertaken, as well as 'Memorandum of Understanding' (MOU), has, in the case of FHS, proved to be an important step in solidifying the collaborations.



Step 4: Coordinating, monitoring and evaluating jointly:

The establishment of joint coordinating committees to oversee the implementation, and the development of transparent monitoring and evaluation mechanisms has equally proved useful in ensuring a smooth implementation of the activities. This has allowed the identification of areas of improvement and subsequent possible re-planning.

Potential health programs for collaboration

The innovative educational strategies that the FHS is using require careful consideration and planning. Experiences gained by the faculty so far indicate that the University as a whole can effectively collaborate with health programs to sustain existing innovations. Programs such as Health Education, Nutritional Education, Maternal Child Health/Family Planning (MCH/FP), Environmental Health and Rural Blindness Prevention Programs (Barker, 1973) are programs directly or indirectly under the Ministry of Health or Non-Governmental Organizations that can be utilized. In this regard, students can conveniently be attached to these programs, enabling them to implement some of the curricula requirements (Eisemon et al., 1988; Bennet, 1979). The immediate benefit is the sharing of resources, which minimizes training costs for the institution. Through this strategy, FHS has managed to expand its collaborations with other entities and is currently involved in organizing stakeholders meetings and developing strategies for action with other potential partners.

Summary

Sustaining innovative education against declining resources requires strong collaboration with other agencies. Although higher learning institutions are striving to meet the challenges of a globally competitive knowledge market, support from governments has over the years continued to decline. Based on this reality, higher learning institutions need to develop new links with service systems to enable them to sustain their educational innovations.

References

- ADAMS, T., & LIN, V. (1998). Partnership in Public Health. Geneva. *World Health Health Forum*. Vol.19, No. 3
- BARKER, W.H. (1973). *Preventive & Community Medicine in Primary Care: A Conference*. Bethesda: ATMP Forgyat.
- BENNET, F.J. (1979). *Community Diagnosis and Health Action: A Manual for Tropical and Rural Areas*. London: McMillan Press Ltd.
- EISEMON, R., VIMLA, P., & ABAGI, M. (1988). Read These Instructions Carefully: Examination Reform and Improving Health Education in Kenya. *Journal of Educational Development*, 4 (1).
- GODFREY, R., ODERO, W., & ETTYANG, G. (2000). *Handbook of Community Based Education*. Community Based Education and Services (COBES) FHS Moi University Eldoret, Kenya: Network Publications.
- MUTEMA, A., KANGETHE, S., & NAWEYA, V. (1999). *Innovative Medical Education*. Njoro: Egerton University Press.



VANDERSCHMIDT, H. et al., (1975). *Developing Competent Health Workers: A Handbook for Designing Education and Training Programmes*. New York: John Wiley and Sons.

World Health Organization or WHO (1996). *Doctors for Health*.

A WHO global strategy for Changing medical education and medical practice for health for all. Geneva: World Health Organisation.
