

YELLOW PAPERS

Between those outstanding publications that were already published in leading journals, and some preliminary notes scribbled on the last page of an agenda, there are also papers or reports that belong to the in-between ('grey area') category. Papers that, for whatever reason, have not been published before. Within this ocean of 'grey' papers, there are some which by content are most relevant to the Network: TUFH's mission and aims. We will pick those pieces of gold from the 'grey' ocean, change their status to 'yellow' (because we can't print in gold) and publish these in this section. Below you will find two of such yellow papers.

## Field Visits: A Tool for Public Health Education

The Institute of Community and Public Health (ICPH) at Birzeit University is based in the occupied Palestinian territory. Since 1995, it has been managing two post-graduate teaching programmes: the **Diploma in Primary Healthcare** and the **Masters in Public Health**. Students are selected every year to join the diploma programme in primary healthcare, after which successful candidates apply the following year to finish the masters programme in Public Health.

The students are mainly health professionals currently working in health and health-related fields. In general, they tend to enrol as part of a mid-career human resource development scheme. This article describes the integration of the ICPH teaching programmes and the health practices of the students, which has been observed and documented through systemic visits to their work place.

### Enable, Provide and Equip

The specific objectives of the teaching programmes are to:

- enable students to approach health-related problems with an appreciation of the broad determinants of health, including the social, political, economical and environmental determinants in addition to the biomedical ones;
- provide students with a foundation of basic concepts necessary for rational, efficient, effective, and ethical practice of public health that is relevant to the needs of the Palestinian society;
- equip students with the analytical and technical skills necessary for identification of health-related problems, design of appropriate interventions, and



*A field visit to a student's work environment*

- monitoring and evaluation of practices;
- enable students to approach health services with the idea of inter-sectoral co-operation as an essential component of 'system-building'.

These goals are achieved through a multi-disciplinary approach to health, covering a range of topics that may change over time: primary healthcare, social epidemiology, statistics, classical and advanced epidemiology, medical and nursing skills, communication level 1 & 2, research methods, environment, management, community assessment, seminars and special lectures. In addition, students are trained to use computer, Internet and statistical tools for analysis.

### Assess, Identify and Evaluate

The specific objectives of the field visits are to:

- assess the student's work environment;
- identify skills needed by students at their workplace;
- identify challenges and obstacles that hinder the students' performance at work, and;
- evaluate the teaching programme.

Field visits to the students are arranged and carried out by the academic staff. Each student is visited at his/her work place at the beginning of the first year, then again at the end of the second year. The questionnaire at each visit has been continuously modified to incorporate changes in the political environment, such as the Israeli re-occupation of the West Bank (2000-2002), travel restrictions (2000-2007), and lack of salaries (2006-2007).

Routine questions include: structure of the organisation, scope of work, job description, in-service training and continuing education, and challenges faced in the workplace. The second visit is for more specific questions that address the curriculum at ICPH, and what has been the most or least useful and suggested change.

### Results

From 1996-2002 there were 119 graduates. Almost half (45%) worked in Governmental institutions, 35% in Non-Governmental Organisations, 12% in United Nations and Relief Work Agency, and 8% in the private sector.

# Attitudes and Confidence in Providing Palliative Care

Examples of changes made to the teaching programmes based on the field visits (1996-2002):

- It was noted through the field visits that the issue of hierarchy was prominent in the workplace - especially between doctors and nurses - and can hinder the development of nurses. This issue was addressed in several courses, particularly the Communication Skills class. Gradually, a real difference in the relation between doctors and nurses was noted, both in and out of class, as their respect and appreciation for one another improved.
- Small projects were included in most of the course curriculums to help the students incorporate what they have learned in the classroom in more realistic fashion, and to help them look at their work in a more analytical manner, all under the supervision of an academic supervisor.
- Management was identified as a real problem - particularly for doctors - and as a result a Management course was introduced to the programmes.
- Documentation was problematic in most sectors, so it became a major issue to be addressed in the Community Assessment course, then became part of the Management course when it was introduced.

## Acknowledgement

I acknowledge all those who made a contribution in the field visits and to those whose dedication have made the teaching programmes successful, especially Rita Giacaman, the founder of the ICPH.

## References

<http://icph.birzeit.edu/>

*Samia Halileh | Institute of Community & Public Health, Birzeit University, Occupied Palestinian Territory  
Email: samia@birzeit.edu*

Teaching palliative care to medical students is undoubtedly necessary so that they can achieve educational outcomes and become a 'five-star doctor', as defined by the World Health Organization (WHO).

For most students palliative care issues are hidden topics during their six-year undergraduate medical curriculum. They usually study these topics in lectures or small-group learning in preclinical years and observe appropriate professional behaviour from their tutors and residents in clinical rotations.

There was inadequate evidence supporting their competencies and there was no assessment tool for palliative care among Thai medical students. Developing, assessing and evaluating palliative care teaching is a necessary component of the undergraduate education of doctors. The aims of my study were:

- to develop a self-assessment tool to measure attitudes about, and confidence in, providing palliative care among sixth-year medical students, and;
- to evaluate student self-assessment in one Thai medical school.

A questionnaire of palliative care was constructed based upon the WHO definition and upon professional competencies issued by the Medical Council of Thailand. This questionnaire was administered to a group of sixth-year students for pilot study. The results lead to a revision of the questionnaire. Then it was given to all sixth-year students. The validity, reliability, and item and factor analysis of the questionnaire were considered.

The results showed acceptable face and content validity. Cronbach's alpha is 0.85 with high corrected item-total correlation. Factor analysis revealed four themes: confidence in treatment, attitude



*Dr. Chiroj Soorapanth*

in multidisciplinary and multiprofessional approaches, euthanasia, and confidence in patient evaluation. Twenty-seven of 30 students (90% response rate) participated in the study. Most students had favourable attitudes and adequate confidence in providing palliative care except in the introduction of palliative care in early stages of diseases; psychological support to patients and their families; and breaking bad news.

In summary, this research reports preliminary results of a Thai self-assessment tool. Students could improve their attitudes and confidence on target behaviours of healthcare professionals. Further research is needed to fully validate the instrument and findings.

*Chiroj Soorapanth | Department of Orthopaedic Surgery, Bangkok Metropolitan Administration Medical College and Vajira Hospital, Thailand  
Email: csoorapanth@vajira.ac.th*