

CHAPTER V DISCUSSION

5.1 Introduction

In this chapter, the researcher discussed about

5.2 The research methodology

5.3 The questionnaire design

5.4 The results of both groups;

- The faculty member group
- The program graduate and resident group was discussed in these finding:

5.4.1 The response rate

5.4.2 Section 1: Baseline data

5.4.3 Section 2: Close-ended questions

The eight domains from the post internal survey meeting which constructed the questionnaires as shown in table 3.2 were used as a frame work to discuss the results.

5.4.4 Section 3: Open discussion

5.2 The Research Methodology

The eight domains which were used as the framework to construct the questionnaire in this study get from the post internal survey meeting in the year 2006. The researcher used them because they gave valuable information for program evaluation in qualitative dimension.

Faculty members are the most appropriate group of family medicine educators to give opinions for the study.

They are very important, as they have direct responsibility in teaching residents. They are producers. They are assumed to be familiar with overall emphasis, coverage, and status accorded to various course topics.

Program graduates and residents are important sources for ensuring that training program meets the needs in family medicine.

The reason for including all faculty members, program graduates and residents was that the numbers of them were relatively small.

The reason for using data from the year 2003 to 2006 was that the first program graduate developed in the year 2003.

The research methodology in this study did not include statistical tests of mean differences of the opinions between both groups. Because the rating scales given to the items might come from various perspectives and they depended on the experiences and backgrounds of the respondents.

The statistical significance differences might not have any real educational importance and should not be of great concern in the consideration for program revision. The real focus should be put on the open-ended part, which reflected the respondents' detailed opinions and their real needs. The reasons of less agreement should be assessed and reconsidered.

The close-ended question outcomes would present the quantitative dimensions. Another outcome was the open-ended part, which would give valuable information for program improvement in qualitative dimensions.

5.3 The Questionnaire Design

The composition of the questionnaires given to the faculty member group and the program graduate and resident group were different in the section 1 because of characteristics of their works and their educational background

In this study the questionnaire in the section 2 which was designed to assess the opinions of both groups about the training program was constructed from 8 domains from the post internal survey meeting.. It is known that a long questionnaire might result in non-response or inaccuracies in recording by the respondents. However, a rather short or crude instrument might not accurately reflect the domains. Thirty items (Section 2) could be considered to become a good questionnaire which is appropriate for the respondents to complete the questionnaire within 30-45 minutes. So that the respondents would be able to complete all questions include section 1 and 3 without difficulties.

5.4 The Results of Both Groups

5.4.1 The Response Rate

The high response rate from both the faculty member group and program graduate and resident group. Firstly they interested in the topics of the research because they responded well to the previous attempt that tried to revise the program. Secondly, the questionnaire was not too long for them to complete quickly. Thirdly, the format of the questionnaire was made in a simple Likert-like-5 point scale. Lastly,

the reason why program graduates and residents gave good cooperation with this survey might be because they felt it would make a difference for the next residency training program.

5.4.2 Section 1: Baseline Data

5.4.2.1 Sex

The ratio of the male respondents was higher than female in both groups especially in faculty member group. Because the number of male faculty members is higher than female faculty members in Phramongkutklao Hospital which is a military hospital.

5.4.2.2 Years of Practice

42% and 26% of faculty members had years of practice about 6-10 years and less than 6 years respectively. Most of them were young faculty members because the family practice appeared as a new specialty in Phramongkutklao Hospital which began in 1999. Most of young faculty members had responsibility in teaching both family practice and their specialties. While the senior faculty members preferred to teach only their specialties.

Total of program graduates and residents practiced as family physicians not more than 5 years because the family practice in Thailand started in 1999.

5.4.2.3 Academic position and Training

Only 14% of faculty members taught family medicine. 86% taught both family medicine and other specialties because the number of faculty members in Phramongkutklao Hospital is small and most of them also have activities about military medicine.

Total of program graduates and residents used not to train other specialties except family medicine. The reason might be total of them were newly graduated doctors who were obliged to serve the Ministry of Public Health for one to three years.

5.4.2.4 Specialist

48% of faculty members were other specialists because family practice is multidisciplinary approach which involves many specialties.

Total of program graduates and residents worked as family physicians. The reason might be there were very few physicians either in the public or private sectors takes on the task as family physicians in the year 2003-2006.

5.4.3 Section 2: Close-Ended Questions

5.4.3.1 Mission and Objective

Item 1: Table 4.5 and 4.14 show that 32% and 39% of faculty member and residents disagreed that they clearly understood the mission and objective of training. These findings indicate problems with mission and objectives of the training program and considerable revision is needed. The statements of mission and objectives must describe the practice-based training process resulting in a family physician compete to undertake comprehensive up-to-date family practice. The mission and objectives should strive to improve patient care that is appropriate and effective in dealing with health problems and promotion of health.

5.4.3.2 Training Content

Item 2: There was difference in the opinions between both groups as shown in table 4.6 and 4.14. 53% of faculty members disagreed with this item but 65% of residents agreed. These findings indicate that timing for teaching skill and attitude of doctor-patient relationship should be evaluated to appropriate with needs of trainees.

Item 3: There was difference in the opinions between both groups as shown in table 4.6 and 4.15. These findings indicate that 36.7% of faculty members and 69.6% of program graduates and residents accepted this idea. According to needs of trainees timing for teaching primary care accepted by two-thirds of program graduates and residents.

Item 20: Only 34.6% and 43.5% of the faculty member group and program graduate and resident group accepted that the training included experiences in working as a team with colleagues and other health professional. These findings indicate that the training process should allow learning in a multi-disciplinary team and other health professions as a member or leader of the health care team.

Item 22: Only one-third of both groups accepted that the program provided a base of writing a research proposal. These findings indicate that the training content must include a base of writing a research proposal more properly than now.

5.4.3.3 *Assessment Methods*

Item 4: 56% of faculty members agreed that the assessment in the training only focused on factual knowledge whereas only 8.7% of trainees strongly agreed with it. These findings indicate that the assessment content must be resolved and find out what is the appropriate ratio of factual knowledge [10].

Item 5: 64% of faculty members accepted that the frequency of assessment was suitable. The assessments in the training program are scheduled, on average, every 4-6 weeks or at the end of each clinical rotation. But only 39.1% of trainees accepted that it was suitable. In order to identify the best alternative, the faculty members and trainees should cooperate to plan how often the frequency of assessment should be.

Item 6: 60% of the program graduates and residents rated disagreed that using MCQs promoted a deep approach to learning. The reason might be that the faculty members have no experience to construct MCQs to assess the trainees. The good MCQs are reliable instrument than other assessment methods, such as essay and MEQs (Modified Essay Questions). The proportion of these instruments should be revised to promote a deep approach to learning [10].

Item 7: Only 56.3% of faculty members accepted that interview assessment was suitable for family medicine training. But about third-fourths of the trainees accepted that it was suitable. This indicates that the interview assessment is not effective enough. The evaluation of this instrument should be reviewed.

Item 8: 24% of faculty members and 39% of residents disagreed that criterion-based assessment was more appropriate than norm-based assessment. At this moment the faculty members used both types of assessment to evaluate the trainees.

5.4.3.4 *Trainees*

Item 9: More than half of faculty members and trainees disagreed that the interns who completed rotation can start the second year of training. This idea was controversy among Thai faculty members but in many other countries it was accepted by their family medicine faculty members. It would be evaluated because this tract can increase the number of family physicians to support health system in Thailand [2].

Item 10: About half of faculty members and three-quarters of program graduates and residents agreed that the doctors who have worked in family practice for five years can be the candidates for board examination. Now this tract can increase the number of family physicians approximately 3-5 per year [4].

Item 11: 56% of faculty members and 66% of residents agreed that in Thailand the doctors who were certified general practice board can be certified family medicine board when they have passed the interview. This idea was rejected from some of the members of the Royal College of Family Physicians [4].

Item 12: 61% of the faculty members agreed whereas 100% of the trainees disagreed. This different opinion should be reviewed to find the number of trainees which is appropriate to the clinical/practical training opportunities, supervisory capacity and other resources available in order to ensure training and teaching of adequate quality.

5.4.3.5 Appointment policy of faculty members and residents

Item 14: 58% of the faculty members agreed whereas 52% of the trainees disagreed these findings suggest that the service conditions and responsibilities of trainees should be clearly defined.

Item 15: 68% or about two-thirds of faculty members accepted that the educational duties and service functions of them were balance but only 8.7% of trainees agreed with it. These findings suggest that the trainees felt that the educational duties of faculty members are not appropriate or adequate but the faculty members didn't think like that. The reason might be explained that the faculty members haven't enough time for residents to consult their problems. The educational duties of faculty members should be evaluated.

Item 16: 62% of faculty members and 44% of residents disagreed with this item, because it is the fact. According to development of training program the criteria for selection of residents should be clearly defined.

Item 17: The results of this item showed different perceptions between faculty members and residents which corresponded with item 15. 61% of the faculty members agreed with this item while the program graduates and residents disagreed. The opinions from both groups support the idea that the educational duties of faculty members should be evaluated.

5.4.3.6 Training setting and educational resources

Item 13: 38% and 82% of the faculty members and the program graduates and residents agreed with this item. The reason might be not the entire faculty members should be advisors but all of residents should have advisors. These findings indicate that the setting of advisors should be evaluated.

Item 18: 43% and 47% of faculty members and residents disagreed with this item. These findings suggest that Phramongkutklao Hospital has insufficient number of patients and in the reason might be that Phramongkutklao Hospital is a tertiary appropriate case-mix to meet family medicine objectives. Care center not primary care center [7].

Item 19: About half of both groups agreed that the residents have six months the elective rotation should be revised in term of duration, types of specialties, and places [21].

Item 21: 49% of the faculty members disagreed with this item whereas the program graduated and residents rated “agreed” The reason for different opinions might be that the budget for information technology is not from the military resource but from the donation [7]. So the faculty member rated this item less than program graduates and residents rated.

Item 25: 45% of the faculty members disagreed with this item whereas 92% of the program graduates and residents agreed. The difference in opinions might be from there are two libraries which the program graduates and residents use, but the faculty members mostly use only the family medicine department’s library which there is types and number of journals and textbooks less than central library.

Item 26: Both the faculty members group and program graduates and residents group rated this item “agreed” The findings suggested that the number of computers are four which are appropriate for the trainees to use.

Item 27: 80% of the faculty members disagreed and uncategorized with this item while 66% of the program graduates and residents disagreed. These findings suggested that the funds which supply the research in training setting are not appropriate. The problem of insufficient funds should be resolved because it is the important obstacle of progression of research [21].

5.4.3.7 Evaluation of Training Process

Item 23: About half of faculty members and less than a quarter of the trainees agreed with this item. The findings might be from there is no an expert in medical education in the family medicine department [7].

Item 24: 66% of the faculty members agreed with this item whereas 61% of the trainees disagreed the findings suggested that feedback about program quality from residents should be analyzed and used its results for program development [10].

Item 28: 57% of the faculty members agreed with this item while 73% of the trainees disagreed. The finding suggested that the training program should be evaluated regularly [10] than before in the context of educational process. The context of the educational process includes the organization, resources and learning environment [21].

5.4.3.8 Continuous Renewal

Item 29 : 59% of the faculty members agreed with this item while 74% of the trainees disagreed. The reason might be Phramongkutkloao Hospital is a military hospital so the adaptation to the socio-economic development is difficult to try when compares with generai hospital [7].

Item 30: 53% of faculty members disagreed with this item but 61% of residents agreed the reason might be it is very difficult to develop the training program according to the needs of the different groups of stakeholders such as other health professions, patients and hospital owners etc [21].

Despite the rating scale of agreement “slightly agreed” or “uncertain” in some items such as item4, 9,14,17,18, and19, the results of the frequency should be concerned. Because these items had the frequency distributions with two peaks which are called “bimodal” and are usually the result of mixing subgroups with different means [23]. From this study the faculty members might be grouped into the faculty members of the family medicine department and the other departments. For the trainees might be grouped into the program graduates and residents.

5.4.4 Section 3: Open Discussion

Their response concerning content of the program, trainers, resources, assessment and workload are summarized as following:

5.4.4.1 In the Category of “Content of the program”

The faculty members suggested that:

- The teaching continuity of care is important and requires specific educational planning in order to incorporate is concept into the training program.
- The experiences to meet program goals and objectives should be encouraged and explored.

- The content of the training program should be a collaborative effort between the departments of Family Medicine and the teaching specialties.

The program graduates and residents suggested that:

- The training program should encourage the residents to know about interpersonal and communication skills with patients, their families and teamworks with other health professions

5.4.4.2 *In the Category of "Trainers"*

The faculty members suggested that:

- Specialty preceptors should have appropriate faculty appointments ideally in both Family Medicine and their specialty departments.
- Faculty development activities specific to Family Medicine faculty are required.

The program graduates and residents suggested that:

- The teaching obligation to Family medicine residents is of equal importance to other teaching responsibilities (e.g. specialty residents).

5.4.4.3 *In the Category of "Resources"*

The faculty members suggested that:

- Patient presentations should closely resemble those encountered in and referred from rural practice.
- Hospital experiences should be appropriate for the residents' learning needs for future practice.
- Family Medicine residents should have experiences in the clinical services in communities without hospitals.
- Hospital experiences or rotations should be appropriate for the residents' learning needs for future practice.

5.4.4.4 *In the Category of "Assessment"*

The faculty members suggested that:

- Formative (in-training) and summation (completion) evaluations should be based on the learning objectives identified by the program, the rotations and individual residents.
- The assessment methods should be evaluated how they promote training and learning

5.4.4.5 *In the Category of "Workload"*

The program graduates and residents suggested that:

- The service components of residents should not be excessive.
- Clinical workload and educational activities appropriate for the development of the knowledge, skills and attitudes for future practice are necessary.