

Fiji School of Medicine Diploma and Masters programmes

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Abstract

The new diploma and masters programmes at the FSM have attempted to address the problem of designing courses where the teaching resources and trainees may be spread over vast distances. The theory component of the courses consists of modules designed to be distant taught. The learning philosophy is case based with problem solving methodologies. Each of these theoretical modules has final and enabling objectives which these underpin the development of the module. Clinical case stems are produced. The cases unfold by progressively revealing information. Self-assessment pretests help the candidates assess their prior knowledge. Readings are either recommended or provided separately. The specific learning objectives are detailed in the "tutor guides". These guides allow the module to be taught by those not involved in the initial development. The clinical teaching is largely achieved by the trainee working with adequate supervision in an approved unit in a Pacific Island country. The range and quantity of trainee experience is recorded and certified in a personal logbook. Each trainee has an allocated day to day supervisor who is responsible for the practical training supervision. It is envisaged that as far as possible part of the practical training will take place in the home countries of the trainees and that some sub-specialty training will occur offshore.

Introduction

This paper introduces the Fiji School of Medicine's Diplomas and Masters programmes in Medicine, Surgery, Anaesthetics, Paediatrics, Obstetrics and Gynaecology and District Practice. It had been recognised for some time that the training of postgraduate medical practitioners for the Pacific had a number of problems. Training out of the Pacific

was expensive. Some of the training that the Pacific island trainees received was inappropriate for local needs. There was a high attrition rate in the examinations. The trainees were placed into training posts and had considerable trouble adapting to the local conditions and their study habits suffered. There were numbers of new experiences to be had, which slowed down the study process. The failure rates especially in the primary examinations of the college examinations were very high. Our trainees who did well overseas were often the very ones who failed to return to the Pacific and practice. They ended up seduced by the better conditions of employment and failed to return to their home countries.

In the mid 90's a number of influential people both local and international came together and over a period of some three to four days at Yanuca Island, Fiji Islands formulated a new programme for the training of postgraduate medical officers for the Pacific. They decided that a total refocusing of postgraduate medical education was needed both in the intermediate and long term. Some detail was put into place and it was decided that 6 diplomas and 6 masters programmes in clinical and district practice should be instituted. Finance for this new programme was obtained from Unsaad, the Fiji Government and the United States of America Department of the Interior. This funding allowed for the setting up of these programmes in their entirety. The understanding was that the Fiji School of Medicine would assume the responsibility both financially and professionally for these programmes at the end of a 3-year implementation period. It was recognised that excellent postgraduate training was taking place in Papua New Guinea and that liaison with this university was important.

General

Some guiding principles were considered important for the development of the course and included the following. The course should be able to be taught at a distance and it was envisaged that part if not all of the components of the practical training in the Masters and Diploma programmes would take place in the home countries of the trainees and that the theory training would need to reach them in a distance form. It was decided that the basic teaching format should be case based and problem solving and that large elements of self-direction should also be employed. It was recognised that there were limited staff and resource for the establishment of such an ambitious project and that where

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ever possible the teaching resource should be pooled. It was also decided that the theory modules should be developed in short stand-alone format, which would allow them to be used between the various disciplines.

Diplomas

The Diplomas are taught within the local departments and case based problem solving modules present the theory. The amount of practical training has been identified and is obtained in a one-year attachment at an approved hospital. The diploma serves as the first year of the four-year masters programme. The top graduates from this programme may go onto the master's programme.

Masters

The Masters programme is of four years duration. Theory is presented in the following four strands:

- Common teaching between all disciplines
- Public Health
- Professional and personal development
- Departmental teaching

Common teaching between disciplines

Standard modules have been designed and carry the bulk of this teaching. The trainee's first contact, which is two weeks before the main tutorial/ audioconference, is a series of case stems. The trainees are asked to brainstorm the issues. They are given a list of suggested readings and they take a self-assessment test after doing their reading. When they come to the tutorial itself they take a pretest and they meet the case again and then they are progressed through it by a series of progressive revelations of material. The tutor who is assisting or facilitating the process has a tutor guide developed for them and these indicates the issues that should be brought up by the case and also the depth of the subject matter. The module concludes with assignments and these are marked both formatively and summatively. Final and enabling objectives have been developed in all the modules and these are included in the module handouts. It is planned that the tutor guides will be made available to the trainees as a type of syllabus to allow them a guide during their revision later on in the year. The modules are thus developed in a tutor and a trainee form.

All of the modules have been developed such that they can be audio-conferenced with no alteration. The equipment is relatively simple and a conferencing phone or microphones, which plug into a relay box are used and allow a hands free audio conference for all the trainees.

Public Health

A Public Health stream runs through the whole course and occupies some 10 percent of the total time. A series of

modules are presented which deal with research methodology, epidemiology, quality assurance and public health surveillance. A research project is identified and the trainees design and execute the research to a standard suitable for presentation to a referred journal.

Professional and personal development

A professional and personal development strand is being developed and will be presented next year. This will include ethical, moral, legal, leadership, role modelling and acting as an agent of change, issues. It is currently presented as part of the undergraduate programme

Discipline theory

This theory is learnt in a mixture of departmental sessions. The department only teaching is a mixture of identified topics presented to the trainees only. This is presented in different ways for different disciplines and includes case based, problem solving, and objective driven discussions. The second block of teaching occurs in the weekly hospital based case and literature presentations, clinicopathological sessions, reviews and grand rounds.

Practical training

The practical experience is apprenticeship type training in hospitals with appropriate supervision and selection. This type of training is logbook driven and the amount of experience and the type of experience is identified. Supervision is important and every trainee has a personal supervisor together with a supervisor for the overall programme. Numbers of practical procedures especially operative type procedures have been identified and assessment of these is made by observation to mastery standard. We have tried to use training settings, which are as comprehensive as possible and use community settings, ward settings, clinics, emergency departments and operating theatres. It is envisaged that as far as possible part of the practical training will take place in the home countries of the trainees and that some sub specialty training will occur off shore.

District Practice Diploma

This is a two-year diploma we are keen to promote as training for those from rural areas and smaller islands. It is general in nature and is tailored to the individual's needs. It is not as prescriptive as the other postgraduate training. The theory is drawn from the public health and clinical disciplines and various mixtures of clinical training are available. This should develop into our most popular programme.

References

Available from the author on request.