

# A Response to Viewpoints on Healthcare Delivery Science Education Among Practicing Physicians in a Rural State [Letter]

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## Dear editor

We read with interest the article by Weeks et al<sup>1</sup> exploring physician's viewpoints on Healthcare Delivery Science Education (HDSE) to inform health interventions and improve the education of doctors in the business of medicine. As fifth-year medical students with a Bachelor's in Healthcare Management, we propose considerations not fully addressed on the realities of learning and utilising HDSE concepts.

The marketed course length of 4 four-hour sessions, though may confer a higher rate of initial adoption due to perceived low commitment, appears to be unrealistically short. The level of knowledge gained is likely to be inadequate, even with the marginal time cost, leading to further frustration, especially when considering time constraints was one of the biggest barriers. Moreover, the advertised "four four-hour lectures per year" seems misleading. The aim of providing "the basic fundamentals of HDSE" is unlikely simply within these sessions and falls victim to the "information transmission fallacy", where didactic lectures are given on the ostensible basis that information can be directly transferred from teacher to learner. When given sufficient attention, the learner will then assimilate the new knowledge. In reality, students must actively utilise information, perhaps through discussion and projects, for long-term memory development and understanding.<sup>2</sup> This is potentially solved through the suggested capstone research, however these will require significantly more time investment for researching, planning, and editing.

The study's participants are limited to physicians who largely have little prior experience of HDSE. Though important to consider the views of these physicians, their appreciation of the true value is unlikely until one grasps a thorough comprehension of HDSE concepts and their utilisation, leading to under- or over-evaluation. Additionally, the measure of physicians' perceived value of the course is difficult to ascertain using only a qualitative measure. Future quantitative studies for assessment pre- and post-course implementation are required. These can utilise Likert Scales, a widely used psychometric tool in Social Science.<sup>3</sup>

Qualitative research is dependent upon eliciting in-depth, meaningful data from participants to answer the research question. In this study, semi-structured interviews lasted only fifteen minutes, however, research has shown commonly such interviews last at least thirty minutes.<sup>4</sup> A shorter interview places greater stress on establishing a positive relationship between interviewer and interviewee as quickly as possible, and

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without establishing adequate rapport, information sharing is hindered.<sup>4</sup> Therefore, these interviews may not have fully elicited physicians' viewpoints on HDSE.

Concluding, researchers should explain more realistically the true time commitment required even for a basic level of understanding from HDSE. Further research should investigate the views of physicians with prior HDSE experience, increase interview length time, and utilise objective measures for evaluation.

## Disclosure

The authors report no conflicts of interest in this communication.

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