

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

This article was published in the following Dove Press journal:
Advances in Medical Education and Practice

Anchit Chandran 
Lorita Krasniqi 
Natasha Chandrakant Patel 

Imperial College School of Medicine,
Imperial College London, London, UK

Dear editor

We read with interest the article by Weeks et al¹ 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.² 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.³

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.⁴ A shorter interview places greater stress on establishing a positive relationship between interviewer and interviewee as quickly as possible, and

Correspondence: Anchit Chandran
Imperial College School of Medicine,
Imperial College London, London, UK
Email ac4816@imperial.ac.uk

without establishing adequate rapport, information sharing is hindered.⁴ 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.

References

1. Weeks K, Swanson M, Manorot A, et al. Viewpoints on healthcare delivery science education among practicing physicians in a rural state. *Adv Med Educ Pract.* 2021;Volume 12:29–39. doi:10.2147/amep.s285463
2. Schmidt HG, Wagener SL, Smeets GACM, Keemink LM, van der Molen HT. On the use and misuse of lectures in higher education. *Health Prof Educ.* 2015;1(1):12–18. doi:10.1016/j.hpe.2015.11.010
3. Joshi A, Kale S, Chandel S, Likert Scale PD. Explored and explained. *Br J Appl Sci Technol.* 2015;7(4):396–403. doi:10.9734/bjast/2015/14975
4. DiCicco-Bloom B, Crabtree BF. The qualitative research interview. *Med Educ.* 2006;40(4):314–321. doi:10.1111/j.1365-2929.2006.02418.x

Dove Medical Press encourages responsible, free and frank academic debate. The content of the *Advances in Medical Education and Practice* 'letters to the editor' section does not necessarily represent the views of Dove Medical Press, its officers, agents, employees, related entities or the *Advances in Medical Education and Practice* editors. While all reasonable steps have been taken to confirm the content of each letter, Dove Medical Press accepts no liability in respect of the content of any letter, nor is it responsible for the content and accuracy of any letter to the editor.

Advances in Medical Education and Practice

Dovepress

Publish your work in this journal

Advances in Medical Education and Practice is an international, peer-reviewed, open access journal that aims to present and publish research on Medical Education covering medical, dental, nursing and allied health care professional education. The journal covers undergraduate education, postgraduate training and continuing medical education

including emerging trends and innovative models linking education, research, and health care services. The manuscript management system is completely online and includes a very quick and fair peer-review system. Visit <http://www.dovepress.com/testimonials.php> to read real quotes from published authors.

Submit your manuscript here: <http://www.dovepress.com/advances-in-medical-education-and-practice-journal>