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Evaluation of training program for medical students on a holistic approach to assist AIDS patients*

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The main objective of this study was to evaluate a training program for medical students. This training program aims to provide students with a holistic approach of assisting AIDS patients. The attitude of physicians towards the AIDS patients will be important in the context of handling the AIDS problem in the future.

The training program is entitled 'Living with AIDS' and consisted of a two-day workshop for third-year medical students. It was held twice with about 40 students per class. The workshop program was set up in accordance with the General Networking theory.

The cognitive effects on students and student appreciation of the workshop were assessed by written questionnaires. Results indicate that the students adopted the holistic approach and were able to apply it correctly. Thus they obtained better understanding of feelings and attitudes pertaining to the relation between physicians and their AIDS patients. Furthermore, students indicated that their critical thinking and self-esteem were increased by the workshop. All of the students considered the workshop to be a useful learning experience.

We advocate the general outline of this workshop as being applicable to approach any health problem with (medical) students.

Key words: *General networking theory, Workshop, AIDS, Attitude, Holistic approach.*

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บุญนาท ลายสนิทเสรีกุล, โนบุฮิโร มารูจิ. การประเมินโครงการการอบรมนิสิตแพทย์ สำหรับการแก้ปัญหาของผู้ป่วยโรคเอดส์แบบองค์รวม. จุฬาลงกรณ์เวชสาร 2539 พฤษภาคม ; 40(5): 371-381

วัตถุประสงค์หลักของการศึกษานี้ เพื่อประเมินโครงการอบรมนิสิตแพทย์ โดยโครงการอบรมมีวัตถุประสงค์ให้นิสิตแพทย์มีความรู้ความเข้าใจ เกี่ยวกับวิธีการแก้ปัญหาของผู้ป่วยโรคเอดส์ โดยเน้นเรื่องทัศนคติของแพทย์ต่อผู้ป่วยโรคเอดส์ เป็นสิ่งสำคัญในการแก้ปัญหาโรคเอดส์ในอนาคต

โครงการอบรมให้ชื่อว่า "การอยู่ร่วมกับโรคเอดส์" ใช้เวลา 2 วัน จัดให้แก่ นิสิตแพทย์ชั้นปีที่ 3 ปีการศึกษา 2538 คณะแพทยศาสตร์ จุฬาลงกรณ์มหาวิทยาลัย จำนวน 79 คน โดยจัดเป็น 2 รุ่น ๆ ละประมาณ 40 คน รายละเอียดการอบรมออกแบบตามหลักของทฤษฎีเครือข่ายทั่วไป

ความรู้และความประทับใจของนิสิตแพทย์ที่มีต่อโครงการอบรม ประเมินโดยใช้แบบสอบถามให้นิสิตแพทย์เขียนตอบ ผลการอบรมพบว่า นิสิตแพทย์มีความรู้ความเข้าใจเกี่ยวกับวิธีแก้ปัญหาแบบองค์รวม และสามารถแสดงการประยุกต์ใช้ได้อย่างถูกต้อง ตัวอย่างเช่น นิสิตแพทย์มีความเข้าใจที่ดีขึ้นเกี่ยวกับความสำคัญของความรู้สึกและทัศนคติ ที่มีต่อความสัมพันธ์ระหว่างแพทย์และผู้ป่วยโรคเอดส์ นอกจากนี้ นิสิตแพทย์ยังระบุว่า มีความคิดอย่างมีวิจารณญาณและ ความภูมิใจในคุณค่าของตนเองเพิ่มมากขึ้นจากการอบรม นิสิตแพทย์ทุกคนเห็นว่า การอบรมนี้ให้ประสบการณ์การเรียนรู้ที่เป็นประโยชน์

ผู้วิจัยสนับสนุนให้นำโครงร่างทั่วไปของการอบรมนี้ไปใช้อบรมเพื่อการแก้ปัญหาทางสุขภาพอื่น ๆ แก่นิสิตแพทย์

Ten years of research on HIV and AIDS has yet to provide answers to key questions about this killer virus. World famous scientists who attended the Tenth International Conference on AIDS and sexually transmitted diseases held in Yokohama, Japan in August 1994 were still discussing possible new approaches to AIDS research. Even those responsible for the original isolation of HIV and the identification of HIV as the cause of AIDS are still puzzled by the behaviour of the virus.⁽¹⁾

With sufficient resources and political will, WHO believes that millions of new HIV infections can be avoided. There are signs in sub-Saharan Africa that it is possible to encourage people to change their behaviour so as to avoid infection. Worldwide, over 6,000 people are becoming infected with HIV every day, more and more of them in Asia. Faced with such a rapid spread of the disease, Merson⁽²⁾ said that the answers to the questions posed by HIV/AIDS lay in teamwork. The answers - the global response - are up to us, researchers, government officials, clinicians, journalists, citizens of all nations, men and women living with or without AIDS. As we move forward, we need to seek out and link up with all possible allies - people fighting for development for equality, for human rights, for fairness, in whatever sphere of life. If we act together, we can persuade the powers that be that action cannot wait - in Africa, in the Americas, in Europe - not the least in Asia, where time is fast running out. WHO estimates that in the last 12 months another 3 million men, women and children have been infected with HIV. The cumulative total stood at around 14 million a year ago. It now exceeds 17 million. In South and South-

east Asia, HIV infections are now estimated at over 2.5 million, a million more than just a year ago.

Since the Primary Health Care (PHC) concept is supposed to be a matter of course for health personnel, including layman, they are apt to understand the concept as just a newly introduced theory for general use in their practice. In 1978, Maruchi and his team⁽³⁾ developed a holistic approach for the methodology on health system/service research based on the PHC concept, and this was named 'General Networking (GN)'. It was a new type of health activities assessment by means of the 'Empathic Viewpoint'. Whereas the conventional or scientific viewpoint has been believed most powerful for scholars, many people have been neglecting this empathic viewpoint because of popularity in daily life. These two viewpoints consist of alternative approaches and they are unified through the 'Holistic Viewpoint'. Essentially, the human being has a holistic viewpoint and conventional and empathic viewpoints have a relationship like 'both sides of the coin'.⁽⁴⁾ As human beings should be fundamentally self-reliant, health related ideas should also be self-enlightened through case studies and dialogue among the people concerned. They believe this must lead health personnel to understand the real meaning of the 'holistic approach'. In order to promote this idea, for the past many years they have been trying to examine a variety of study subjects, e.g. PHC, environmental conservation, community health control, tuberculosis, epidemiology, medical education and AIDS prevention.

The first patient with AIDS in Thailand was reported in September 1984.⁽⁵⁾ During the following

year, 1 more AIDS case, 5 cases of ARC, and 5 cases of HIV seropositive were reported. The introduction of AIDS into Thailand prompted the Ministry of Public Health to issue Ministerial Announcement No. 2 under the Communicable Disease Control Act to include AIDS in the list of noticeable diseases. The addition of AIDS to the list led to the establishment of AIDS and HIV infection reporting systems. As of June 15, 1991 a total of 31,333 HIV infected cases had been reported. The number of HIV infected persons who still are alive and remain in Thailand was 30,577. The number of known and reported cases of HIV infection reflect only the tip of the iceberg. A working group comprised of representatives from the Ministry of Public Health, other government organizations, and the private sector worked together to develop estimates of the total number of HIV infections. An estimate, derived from the sentinel surveillance results, suggests that at least 130,000 to 240,000 persons (mean of approximately 200,000 persons) are now infected with HIV. It is expected that the AIDS epidemic in Thailand will continue to expand with heterosexual intercourse being the major mode of transmission. In order to reduce sexual transmission rates, the plan for 1991 will stress the need to implement education, information and counseling programs on safer sex practices and condom use for targeted groups practicing high risk behaviors. It will include efforts to provide information and influence behavior choices among susceptible groups including housewives and non-sexually active youth approaching puberty. The target set will reflect the growing awareness

of the AIDS problem in Thailand, and will call for political support and social mobilization to help reduce HIV infection and AIDS. Consequently, the authors are interested in studying the General Networking Theory and implement it to help solve the AIDS problem in Thailand.

Objectives of the study

1. To develop the General Networking (GN) training program
2. To organize a workshop for medical students
3. To evaluate the effectiveness of the GN training program

Definitions

1. **Holistic**⁽⁶⁾ is derived from the Anglo-Saxon Rost, 'hal' which means 'whole', 'to heal', 'sound', or 'happy'. The word may also be spelled with a 'w' added to the base 'ho' which accounts for the word 'wholistic' which is often used interchangeably with 'holistic'.

2. **General Networking (GN) Theory**⁽⁷⁾
We often use such terms as 'comprehensive', 'total', 'general', or 'holistic' when we would like to express our total needs or desires. Also, terms such as 'coordination', 'integration', 'networking', or 'interface' are jointly used when we wish to express the importance on human subjectivity in a specified setting. The GN theory has been developed in order to communicate our common sense or basic unity in a specified setting. This kind of 'common sense' is frequent to us through our mutual discussions for common problem

solving. Because of the nature of this theory, it is basically the needs orientation of people concerned which emphasizes the total idea through the combination of 'terms', 'number', 'model', and 'dialogue'. Among them, the importance of the dialogue and the models should be specifically emphasized for basic communication.

Method

This study was conducted in order to develop a training program based on GN theory for developing a holistic approach. The training program aims to provide medical students with a holistic approach to AIDS patients. The training program entitled "Living with AIDS" was conducted in four sessions of a two-day workshop which was held twice with about 40 students per session at the Faculty of Medicine of Chulalongkorn University. The population was 79 third year medical students in the 1994 academic year who be volunteer and divided to two groups by the random sampling technique.

1. Educational tools used in this study were:

- 1) a manual developed by the researchers as a guideline for participants
- 2) role playing performed by participants, and
- 3) real case studies of two HIV carriers invited from the Wednesday Club of Bangkok to attend each workshop.

2. Evaluation of the program was done by means of:

- 1) participants responding to five questionnaires, and
- 2) discussions of feelings and opinions of

participants about the study topic and the program.

3. Strategies of the training program on holistic approach of this study were as follows:

- 1) the preliminary stage was concerned with the distribution of the manual to prospective participants and informing them of preparing for role playing on the topic of living with AIDS.

- 2) Discussion for various purposes which were:

- 2.1 discussion about GN theory for developing holistic approach.

- 2.2 discussion about the study topic on "Living with AIDS".

- 2.3 discussion for the purpose of evaluation and feedback of feelings, opinions, and ideas about each particular session such as GN theory, study topics, role playing, real case studies and the program itself.

- 2.4 response of the participants to five evaluative questionnaires by making choices to the rating scale items and writing comments and/or drawing illustrations.

- 3) Note taking for the purpose of evaluation and report writing of the study by one of the research teams.

- 4) Role playing on the subject of "Living with AIDS" by participants of the program.

- 5) Real case studies of HIV carriers.

- 6) Several meetings of the research teams to make plans and evaluations of the program process and the program product.

4. Data collected were analyzed in both qualitative and quantitative manner. The percentage was computed for the rating scale items and subjective data were summarized and presented in narrative

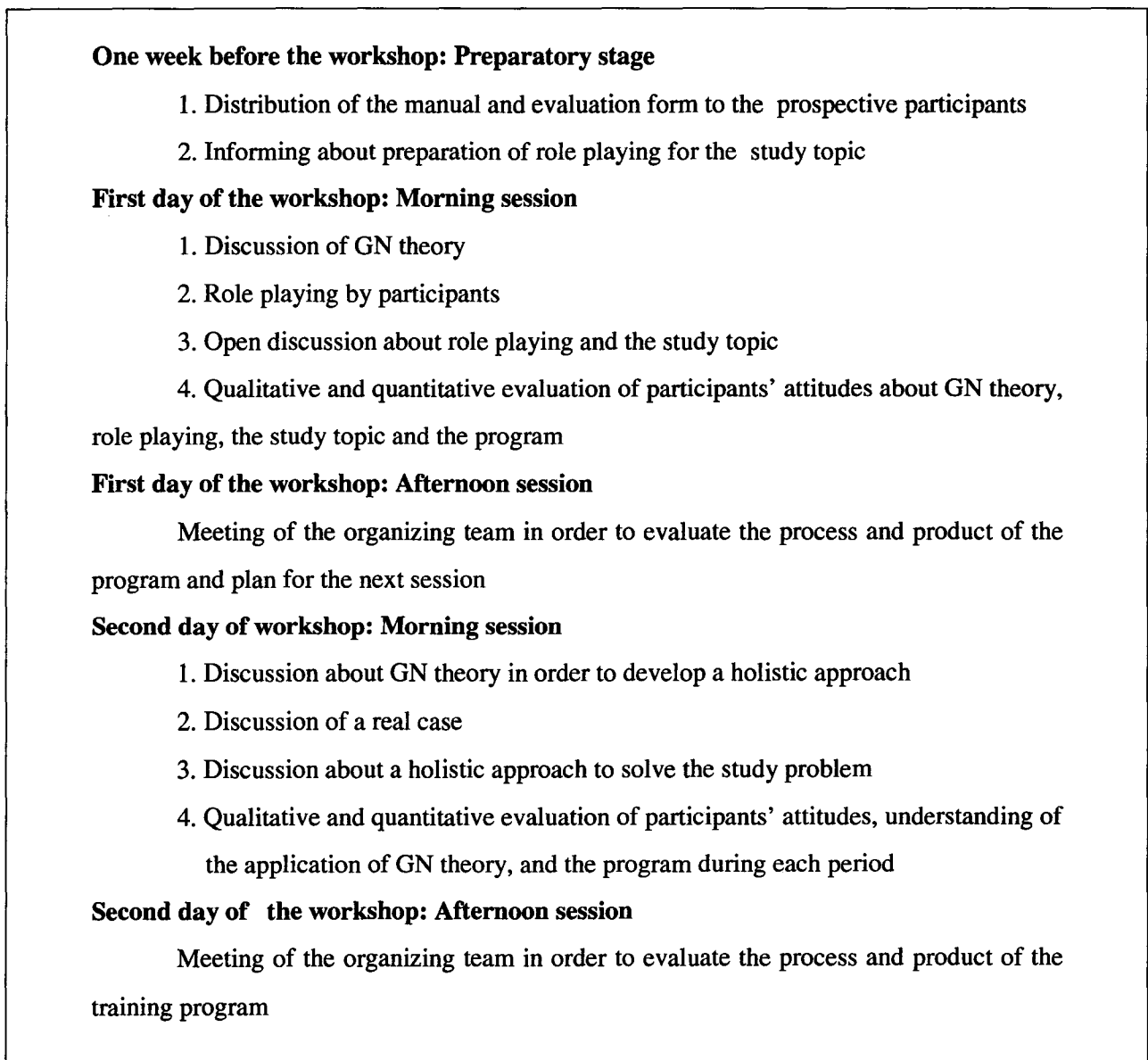
form. The findings were also immediately applied to the group of participants at the end of the workshop discussion.

Results

The training program to develop holistic approach was created in the form of a two-day

workshop. This educational workshop was based on the GN approach through a mutual learning process for the promotion of health under the spirit of health democracy. The structure of the training program is shown in Fig. 1

Figure 1. Structure of the Training Program.



Qualitative results

Most of medical students accepted the idea "Living with AIDS" for several reasons. AIDS is not easily communicable and it can be prevented with health education. Regarding HIV carriers and AIDS patients, they thought that people should treat HIV carriers like other people. We should support both mental health and physical health.

In the topic "the importance of community participation or dialogue/discussion or role playing to exchange/share our ideas /feelings among each other", most of the students expressed the feeling that to solve community problems we must cooperate with various people because each person will have a different experience. Community participation will encourage clarification of the problem and finally arrive at the appropriate and correct method. Role play could reflect a different view of the issue so we dare to express our ideas.

They felt that the GN approach was a good tool for solving health problems through considering all aspects relating to the problem. And they also perceived that GN theory is a process using both scientific methods and humanity in problem solving. Examples of illustrations drawn by the medical students are shown in Figure 2-3.

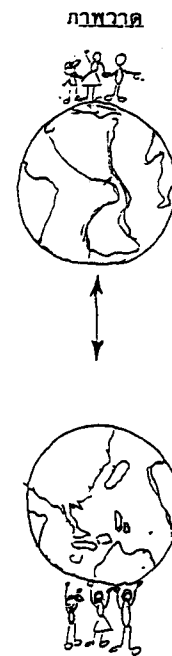


Figure 2. "Heal the World"



Figure 3. "Different points of view"

Some of the medical students displayed confusion over the terminology of the manual prepared by the researcher for this study. Some of the medical students also thought that this approach was not a new approach in health problem solving but rather was a “common sense” approach rearranged with new terms for problem solving in general.

Quantitative results

Table 1 shows the responses of the 78

medical students in the first day activities and the role playing session. Most of them felt the teacher was very supportive (53.16%) or supportive (44.30%). Most were impressed with the role playing (59.49%). Most of them felt normal about the discussion after the role playing (84.81%). The students felt they were attentive to commitment in the program (74.68%) and felt that the workshop was useful (97.47%). They felt some empathy with patients (60.76%) or very much (36.70%).

Table 1. The opinion of medical student on the first day workshop.

ITEM	%	%	%
1. About the explanation and the support of the teacher	very supportive 53.16 (42)	supportive 44.30 (35)	not helpful 1.27 (1)
2. Total impression about this role play	good 59.49 (47)	so-so 37.97 (30)	bad 1.27 (1)
3. About the discussion after the role playing	very exciting 10.13 (8)	normal 84.81 (67)	dull 3.79 (3)
4. Commitment in the program	very attentive 18.99 (15)	attentive 74.68 (59)	recessive 5.06 (4)
5. Usefulness of this program	very useful 12.66 (10)	useful 83.54 (66)	no need 2.53 (2)
6. Empathy with patients	very much 36.70 (29)	little 60.76 (48)	very little 1.27 (1)

Remark: one of medical student has no response.

Table 2 shows the responses of 70 medical students in the second day of the workshop. Most of them responded that the teacher was very supportive (58.57%) or supportive (40.00%). The students mainly liked the interview (64.29%). Most of them felt normal attitudes toward the patients (77.14%) or more than normal feelings (20.00%). The students

felt that the discussions after the interview provided different feelings from the previous day (65.71%). They thought the workshop was very useful (25.71%) or useful (74.29%). And they understood much better about the HIV carriers (67.14%), only a little better (31.43%) or very little better (1.43%).

Table 2. The opinion of medical student on the second day workshop.

ITEM	%	%	%
1. About the explanations and supports of teachers	very supportive 58.57 (41)	supportive 40.00 (28)	not helpful 1.43 (1)
2. Interview like the one you had expected	exactly 20.00 (14)	mainly 64.29 (45)	total difference 15.71 (11)
3. Attitude of the patient as you respected	more normal 20.00 (14)	normal 77.14 (54)	less normal 1.43 (1)
4. Discussion after the interview, different feeling from yesterday	more excited 65.71 (46)	same 31.43 (22)	disappointed 2.86 (2)
5. Useful of this program	very useful 25.71 (18)	useful 74.29 (52)	no need -
6. Understanding the patients	very much 67.14 (47)	a little 31.43 (22)	very little 1.43 (1)

Remark: nine of medical student has no response.

Discussion

From this study, a training program was set up in accordance with the General Networking theory for developing a holistic approach to treating health problems. This program does not neglect scientific methodology but includes human and multidisciplinary approaches. Discussion and/or dialogue are the key to this approach. Through dialogue people are able to express the use of democracy and community participation in common health problem solving.

Cognitive effects on students and student appreciation of the workshop were assessed by use of written questionnaires. Results indicated that the students adopted the holistic approach and were able to apply it correctly. Thus, they had obtained a better understanding of feelings and attitudes pertaining to the relation between clinicians and AIDS patients. Furthermore, the students indicated that their critical thinking and self-esteem had been increased by the workshop. All of the students considered the workshop to have been a useful learning experience.

Regarding the point, "How to apply GN for developing a holistic concept for health?", students many felt unclear but there were some students who said that they will use this theory for taking care of their patients. They can easily make use of the part of the theory about human stress and then look at the many bad and good parts. In the observation and discussion part, the students conducted a lot more discussion than they had done before and this required them to think all the time and try to express their ideas. This information shows that from the process,

the students gain self assuridness or develop themselves to express ideas. The researchers used teaching methods such as giving information, examples, discussion, direct experience and role playing which Abbatt⁽⁸⁾ suggested to use for changing attitudes. However this study did not emphasize on how much the students' attitude change before and after the workshop then it had no the before-after evaluation.

The subject study, "Living with AIDS", should be oriented to preventive medicine. The global AIDS epidemics has provided a lot of questions about the progress of contemporary society as well as its sciences. We have to examine if the nature of existent preventive medicine will cope with the needs of present study. In order to study this new but old problem solving methodology, we have to introduce a multidisciplinary approach which does not neglect any existent scientific methodologies, but involves them as one of several important procedures.

The research team suggest that this program be applied as "New Horizon Preventive Medicine" or "New Health Paradigm" in the health care delivery system. Moreover, the research team suggests that this holistic approach may be applied to solve other social problems such as environmental conservation and traffic problems.

Acknowledgments

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References

1. Lobulu W. 10 years of AIDS research: no answer yet. AIDSLINK1994 Sep; 16: 1
2. Merson M. It is possible to change behaviour. AIDSLINK 1994 Sep; 16: 3
3. Maruchi N. Theory and Practice on Holistic Approach for Health Network. Tokyo: The International Nursing Foundation of Japan 1986: 1
4. Maruchi N. Theory and Practice on Holistic Approach for Health Network. Tokyo: The International Nursing Foundation of Japan 1986: 7
5. Maruchi N, Nakama H, Fujita M. How to use Thailand document "AIDS Prevention and Control in Thailand" for the best understanding on subject - from theory to practice through Holistic (GN) approach -. In: Maruchi N. New Horizon for Preventive Medicine with Special Emphasis on "Living with AIDS" - an educational guideline for new health paradigm -. Matsumoto: Shinshu University School of Medicine, 1992: 21-8
6. Fink D. Holistic Health: implications for health planning. AJHP1976 Jul; 1: 22-31
7. Maruchi N. An Introduction to New Health Paradigm with Particular to 'Living with AIDS' - an educational guideline for health professional -. Matsumoto: Shinshu University School of Medicine, 1993: 63
8. Abbatt FR. How to Teach Attitudes. Teaching for Better Learning: A Guide for Teachers of Primary Health Care Staff. Geneva World Health Organization, 1980: 49-55