

The Current Status of Professional Interactions between Medical School and Teaching Hospitals from the Managers' Point of View: A Case Study in Iran University of Medical Sciences

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Abstract

Background. Training skilled doctors and the benefit the medical students receive from education, especially clinical education, depends on the realization of the goals of medical schools and teaching hospitals, which is achieved through communication and interaction between these two institutions in medical universities. These interactions are established through different policies, laws, regulations, and memorandums. This study aimed to determine the current status of professional interactions between the medical school and teaching hospitals in Iran University of Medical Sciences.

Methods. The present study was carried out in 2021 using a quantitative approach, in terms of practical purpose, descriptive method, and data collection method. Individuals from research areas, officials of the medical school, officials of the teaching hospitals, and the officials of the Iran University of Medical Sciences were selected for sampling. A total number of 105 individuals were questioned. A researcher-made questionnaire was used to collect data. Data analysis was performed using SPSS software.

Results. According to the data analysis, the current status of professional interactions between the medical school and teaching hospitals in different areas of interaction were as follows (0 is the lowest and 10 is the highest): education and research: 5.68, governance: 4.79, financial budget: 3.83, human resources: 4.74, provision of health services: 4.55, physical resources and equipment: 4.76, and supply chain: 4.27.

Conclusion. Considering the current state of interactions between the Faculty of Medicine and teaching hospitals of Iran University of Medical Sciences, it was necessary to improve these interactions. Faculty members' attention to education, adjustment of frequent treatment practices, referral of learners to teaching hospitals according to a specific program, definition of joint research projects, revision of organizational structure and powers, allocation of the required budget, holding joint workshops for employees of two institutions, fair payments, optimal application of space and educational equipment, as well as setting up dynamic monitoring systems played an important role in promoting the interactions of the two institutions.

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Extended Abstract

Background

To establish the interaction among organizations, it is necessary to identify the level of interoperability in the given organizations, promote this interoperability to higher levels, and increase operational efficiency. Two systems are interoperable when they have mutual understanding, exchange information, and use the exchanged information. All activities and joint processes among organizations are clearly defined and re-defined, and all documents required for performing a joint activity are prepared in order to specify the document exchange. Clinical education is a fundamental and important part of education in the medical course, without which training efficient and competent doctors becomes difficult or impossible. The teaching hospital, with its own set of operations and margins, forms a unique learning space for medical students. However, organizing high-quality education in this field is a complicated task. Professional interactions and organizational relationships between medical schools and educational hospitals have always attracted research attention in academic medicine. For many medical school managers, it is extremely frustrating to respond to the countless signals they receive in this regard. Despite having long-term cooperation and interaction agreements, medical schools and teaching hospitals affiliated to the medical school are always involved in many disputes and challenges. The hospital performance is evaluated from six perspectives based on the 6B.B framework of the World Health Organization, which are "provision of health care services", "human resources", "information flow", "supply chain", "financial affairs", and "governance". This study aimed to investigate the current status of professional interaction between medical school and teaching hospitals in Iran University of Medical Sciences and Health Services.

Methods

This study was quantitative research, in terms of applied purpose, descriptive method, and survey data collection method. The dimensions and components of the professional interactions between medical school and teaching hospitals of Iran University of Medical Sciences were calculated in a research format by the authors of

this study. Based on the aforementioned research, the professional interactions between medical school and teaching hospitals were categorized as seven main dimensions and 22 components.

A researcher-made questionnaire was used to collect the data. In this questionnaire, the scores ranged from 0 to 10 (0 was the lowest and 10 was the highest score). This questionnaire consisted of seven areas and 22 components as follows: 1) education and research area with four components, 2) governance area with four components, 3) human resources area with three components, 4) budget and financial area with four components, 5) field of providing health services with two components, 6) field of physical resources and equipment with two components, and 7) field of supply chain with three components. Since the knowledge of and mastery over all dimensions and components of the interaction between medical school and teaching hospitals were necessary, the officials of the medical school, officials of the teaching hospitals, as well as the related officials of the Iran University of Medical Sciences who played central roles in establishing the interactions between the medical faculty and teaching hospitals were selected for sampling. Considering the specific number of respondents, the questioning was performed as a whole number (census) and 105 individuals were included.

Results

Our study results showed that the average current status of professional interactions between the Faculty of Medicine and teaching hospitals of Iran University of Medical Sciences in the field of "education and research" was 5.68, in the field of "budget and financial affairs" was 3.38, in the field of "governance" was 4.79, in the field of "human resources" was 4.47, in the field of "providing health services" was 4.55, in the field of "physical resources and equipment" was 4.76, and in the field of "supply chain" was 4.27 (0 the lowest, and 10 the highest). The average status of the components in the field of education and research was 6.01 in "Educational Planning", 6.31 in "Clinical Education", 5.10 in "Research Planning and Development", and 5.31 in "Medical Faculty Supervision of Education in Teaching Hospital". The average status of governance components in "mutual

accountability" was 4.94, "official communication according to organizational structure" was 5.56, "level of authority" was 4.84, and "teaching hospital appointments" was 3.85. In the interactive field of budget and financial affairs, the average status of the "educational and research budget allocation" component was 3.46, the "educational expenses" component was 3.61, and earning was 3.09. The current status of the components of professional interactions between medical school and teaching hospitals in the field of human resources was 5.46 for the component of "Academic Staff Affairs", 4.25 for that of "Staff Affairs", 5.22 for that of "Student Affairs", and 2.95 for that of "Personnel Payment Systems". In the field of providing health services, the average status of "treatment protocols" was 4.66 and that of "treatment of patients" was 4.45. In the field of physical resources and equipment, the average of the component "Supply and appropriate use of educational spaces" was 4.66 and that of "Supply and appropriate use of educational equipment" was 4.91; in the field of the supply chain, the current status of the component "Supply of educational items" was 4.52, providing services related to education was 4.80, and the supervision of the medical school on the supply chain of the teaching hospital was 3.49.

Conclusion

The current state of the interaction between medical school and teaching hospitals of Iran University of Medical Sciences was far below the ideal level in most areas of interaction; therefore, it was recommended that the level of interaction should be improved. Faculty members' due attention to education, their distancing from frequent therapeutic practices, and their attempts to introduce learners to the teaching hospital based on

the specific programs may have increased the quality of the clinical education for the learners. The establishment of joint research projects greatly facilitated the effective coordination between medical school and teaching hospital. Furthermore, the appointment of teaching hospital officials by or in coordination with the medical school was a suitable platform for establishing interactions. Accurate assessment of the required credits, timely and complete allocation of credits, and appreciation of the role of the medical school in estimating and allocating the budget enabled the teaching hospital to fulfill its obligations towards education. Holding joint workshops for the employees from both institutes as well as for the professors of basic and clinical sciences may have greatly facilitated their mutual understanding about one another and about their duties and responsibilities. The benefits the professors obtain from fair payments may have played an important role in increasing their motivation and improving the quality of education in the basic and clinical sectors. Paying attention to the well-being of the learners was very effective in increasing the quality of learning. Using the latest treatment protocols and referring the treatment of frequent diseases to treatment centers played an important role in maintaining and improving clinical education and increasing interactions. Re-planning for using the spaces and educational equipment available in the medical school and teaching hospitals, especially the potential physical resources that were less-used, may have facilitated the application of these facilities by the educational complex and increased the interactions between the two institutions. Developing dynamic monitoring systems by the medical school and conducting effective monitoring greatly contributed to identifying and minimizing the interaction gaps.