

# Incentive-based Strategy for Introducing Health Systems Perspective to Medical Students

Krit Pongpirul,<sup>1,2</sup> Seelwan Sathitranacheewin.<sup>1</sup>

## The Experience

### Setting and Problem

Clinical practice is affected by factors beyond the doctor-patient level including healthcare systems. Since 2001, the introduction of Thailand's Universal Coverage Scheme has not only led to the successful expansion of population coverage and improvement of major health indicators but has also stressed the importance of health systems perspective in clinical practice. Thai medical students now have to understand how to offer optimal treatment choices to a patient that concur with the payment policy of the responsible health insurance schemes. Likewise, American medical students are expected to demonstrate competence in "system-based practice" by understanding cost containment, practicing cost-effective medicine and resource allocation, assisting patients in navigating the complexities of the health systems, and coordinating with other providers.<sup>1</sup> According to the World Health Organization, a health system consists of all organizations, people and actions whose primary interest is to promote, restore or maintain health.<sup>2</sup>

The current cohort of medical students is comprised mostly of the millennial generation (or Generation Y; born between 1980 and 1999) who are the generational demographic cohort following the Generation X (born between 1965 and 1979). Known for being self-reliant, inquisitive, and technologically advanced beyond any other age group<sup>3</sup>, the millennial generation of medical students would not welcome the traditional approach to integrating a new perspective into the currently overwhelming medical curriculum. With collaborative efforts of key national authorities, the Medical Students for Health Systems and Services (MS-HSS) was launched as an innovative program to introduce health systems perspective to medical students in Thailand. This paper describes program characteristics, outcomes, and lessons learned from the first year of implementation with specific examples.

### Intervention

The intervention was systematically developed to be an incentive-based program to help medical students understand and integrate health system perspectives into their basic science and clinical competencies. A budget for essential expenses for conducting projects relevant to health systems or health services and presenting the findings in international conferences was set aside. A committee was formed, consisting of faculty members nominated by students, to oversee the program and make decisions on budget allocation.

Medical students voluntarily participated in the program after they were informed through word of mouth about associated incentives, such as an opportunity to attend international conferences. A committee member was then assigned to be the student mentor. The responsible mentor conducted an initial discussion with each group of

students to identify a potential health systems research topic that concurs with their current knowledge and career goal of medical training. Some class assignments were also used as a starting point. A few tailored lectures were conducted to fill in potential gaps of essential knowledge, such as conducting a literature review, data collection, data analysis, and abstract and manuscript preparation.

### Outcomes to Date

Ten projects were launched in the first year. One student received the Prince Mahidol Award for a project on system-wide improvement of critical care, and one project on comparative analysis of medical licensing examination systems across Southeast Asian Nations was orally presented and won the Patil Award at AMEE 2013. Another national survey project exploring factors affecting the decision of newly graduated physicians in choosing potential practice areas was chosen, financially supported by the Second Global Symposium on Health Systems Research in Beijing. Both works were successfully published in international and domestic journals.<sup>4,5</sup>

Key principles that led to the program's success were voluntary participation and blending recruitment, tailored schedules and lectures, incentive systems, special financing mechanisms, and support by faculty members. As these components exist in any context, the generalization of our experience is possible; however, the following concerns should be addressed. Firstly, providing financial and non-financial support to this incentive-based extracurricular program is challenging in the absence of collaborative efforts between the understanding financing authority and the adaptive medical school management team. Secondly, identifying and recruiting the faculty members who are not only knowledgeable in health systems but also good mentors is critical. Finally, it is not known whether or not health systems perspectives are sustained and long-term and thus follow-up of this cohort of medical students is required.

### Ethical Consideration

The nature of this voluntary, extracurricular activity for medical students is experience sharing rather than scientific research. While the names of participating medical students may be identifiable through online internet searches, the information is publicly available and does not incur additional risk to the medical students. The content of this work has not been published previously in whole or part; however, it was orally presented at the Third Global Symposium on Health Systems Research, September 30 – October 3, Cape Town, South Africa, to which the first author was awarded full support for registration, travel, and accommodation from the Symposium Secretariat.

<sup>1</sup>Thailand Research Center for Health Services System (TRC-HS), Faculty of Medicine, Chulalongkorn University, Bangkok, Thailand.

<sup>2</sup>Department of International Health, Johns Hopkins Bloomberg School of Public Health, Baltimore, MD, USA.

About the Author: Krit Pongpirul is an Assistant Professor at the Faculty of Medicine, Chulalongkorn University, Bangkok, Thailand.

#### Correspondence:

Krit Pongpirul

Address: Faculty of Medicine, Chulalongkorn University, Bangkok, Thailand.

Email: [doctorkrit@gmail.com](mailto:doctorkrit@gmail.com)

Editor: Mihnea-Alexandru Găman

Submission: Aug 7, 2018

Acceptance: Aug 15, 2018

Publication: Nov 8, 2018

Process: Not peer-reviewed

### References

1. Combes JR, Arespacochaga E. Physician competencies for a 21st century health care system. *J Grad Med Educ.* 2012; 4(3): 401-5.
2. World Health Organization. *Everybody's Business: Strengthening Health Systems to Improve Health Outcomes: WHO's Framework for Action.* Geneva: World Health Organization; 2007p.
3. Walker JT, Martin T, White J, Elliott R, Norwood A, Mangum C, et al. Generational (age) differences in nursing students' preferences for teaching methods. *J Nurs Educ.* 2006; 45(9): 371-4.
4. Kittrakulrat J, Jongjatuporn W, Jurjai R, Jarupanich N, Pongpirul K. The ASEAN economic community and medical qualification. *Global Health Action.* 2014; 7: 24535.
5. Ratanachina J, Sathitratanaheewin S, Kollawat S, Tantitanawat K, Pongpirul K. Factors affecting decision making of new graduate physicians in choosing potential areas of practice: A national survey. *Chulalongkorn Medical Journal.* 2015; 59(2): 137-50.

---

### Acknowledgments

None.

### Conflict of Interest Statement & Funding

The Authors have no funding, financial relationships or conflicts of interest to disclose.

### Author Contributions

Conceptualization: KP, and SS. Methodology: KP. Writing – Original Draft: KP, and SS. Writing – Review & Editing: KP, and SS. Supervision: KP. Project Administration: KP.

### Cite as:

Pongpirul K, Sathitratanaheewin S. Incentive-based Strategy for Introducing Health Systems Perspective to Medical Students. *Int J Med Students.* 2018 Sep-Dec;6(3):118-119.

*This work is licensed under a [Creative Commons Attribution 4.0 International License](https://creativecommons.org/licenses/by/4.0/)*