

Unit 11 – The healthcare system through socio-political lenses



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Contemporary Romanian medicine in images

1. Fundeni Hospital, Bucharest. Online photo, gallery of Romanian communism, ref.

286/f.a. Available from: <https://fototeca.iicr.ro/picdetails.php?picid=40770X5X9>



2. April 14, 1964. Bed ward of Crivești Rural Hospital, Dragalina, Vaslui county. Memories from Communism, National History Museum of Romania. Available from:

<http://www.comunismulinromania.ro/index.php/14-aprilie-1964-salon-al-spitalului-rural-crivesti-comuna-dragalina-judetul-vaslui/>



3. Members of the party and state leadership at the appointment of the new minister of health and social provisions, academy professor doctor Aurel Moga, online photo gallery of Romanian communism, ref. 290/1966). Available from:

<https://fototeca.iicr.ro/picdetails.php?picid=31330X2X8>



Information for lecturers (1)

- **two-fold approach** (The relevance of the national medical healthcare system to the medical profession– state of the art and its development as a consequence of its history, with a case study – the Romanian current healthsystem and its challenges– illustrative for the postcommunist countries).
- **learning objects strategy**, with a reading & case scenario (adaptation from official reports, newspaper articles, research articles, videos, interviews) to help learners develop their understanding of the system of healthcare in a country, and create abilities to compare systems

1. Reading - divided into two main sub-topics and an interlude: the history of the Romanian healthcare system in the last two centuries (pre communist, communist), the current situation brought about by the Covid-10 pandemic and the postcommunist, current state of the Romanian healthcare;

- It covers the *evolution of medicine in the Romanian Principalities, the communist regime* in Romania and the **transition period** after 1989

2. Case study - illustrative for challenges facing the transition of the medical system from communism to the 21 st c. Medicine

3. Film - testimonial about the perceived progress of the system after the fall of communism



Information for lecturers (2)

- ***healthcare in post-communist Romania***
- Description: poor state of health of the poor living in rural areas & chronic patients seeking less medical help than the wealthier population; people that do not pay social security contributions for various reasons; need for prevention, current solutions for treatment, avoidance of risk factors;
- It invites students to propose simulation of integrative solutions to cope with the serious problems of the transition years;
- shortcomings of this health system include: sub-financing; hospitals closing; reorganization of hospitals; too many prescriptions; no control from regulatory bodies; prevention strategies; fighting addiction; medical brain drain;



Information for lecturers (3)

2. Case scenario - two interviews, with dr. Vasile Ciurchea, president of the National Health Insurance House, Romania and with prof. dr. Corin Badiu, Chair of Endocrinology at the *Carol Davila* University of Medicine and Pharmacy, Bucharest, Romania, supported by a YouTube interview with dr. Eugen Tarcoveanu, surgeon and university professor, former head of surgical clinic and director of *St. Spiridon* Hospital in Iasi, conducted by dr. Richard Constantinescu, author and iatro-istoriographer, head of the discipline History of Medicine, and Curator of the Museum of the University of Medicine and Pharmacy *Grigore T. Popa* of Iasi, the second biggest city of Romania.

- **Interview 1** focuses on ways of increasing the efficiency of National Health Insurance House
- **Interview 2** outlines the challenges of Romanian residency programs and proposes solutions for them
- **Interview 3** pinpoints positive aspects of Romanian medicine and surgery after World War II and in the post-communist times



Learning objectives (1)

- focus on the description of what the learner must be able to do upon completion of this educational activity and outline the knowledge, skills and/or attitude of the learners
- specify the measurable way in which performance and change could be measured
- are based on Benjamin Bloom's taxonomy: cognitive (knowing), psychomotor (doing: skill) and affective (attitude) domains
- the cognitive domain: 6 levels-recall or recognition of facts (knowledge), increasingly to more complex and abstract mental levels, to the highest order (evaluation).
- 5 elements: *who, will do, how much or how well, of what, by when* are included

Learning objectives (1)

- examples of action verbs that represent each of the six cognitive levels, from lowest to highest
Knowledge: define, list, name, order, recognize, recall, label
Comprehension: classify, describe, discuss, explain, identify, locate, report, review
Application: apply, choose, demonstrate, illustrate, practice, solve, use
Analysis: analyse, appraise, calculate, compare/contrast, differentiate, diagram
Synthesis: arrange, assemble, construct, design, formulate, prepare, write
Evaluation: assess, argue, judge, predict, rate, evaluate, score, choose
- example of a SMART objective for this unit: “Upon completion of this unit, participants should be able to comment about the way the Romanian medical system has developed and changed from the pre-communist period through communism to the transition period after 1989.



Learning objectives (2)

The participants have to be able to:

- a) *recognize* and *list* at least 5 self-chosen difficulties and challenges identified in the case study, the reading and the filmed testimonial;
- b) *describe* and *report* about solutions to these difficulties based on both the resources given and on personal medical practice or personal research;
- c) *analyse* their work context and *choose* one main challenge and *propose a solution* to it;
- d) *appraise* the current situation of the Romanian health system as reflected in their own medical institution and *formulate* a short critical diagram of the main difficulties identified;
- e) *predict* the likely solutions for the next 5 years in relation to the issues mentioned at point d).

Learning objectives (2)

As detailed in specific literature (Kirkpatrick, 1998; Barr et al., 2000 for the medical field) other generic learning objectives of this unit:

- a) encourage the learners' participation and motivation for learning;
- b) contribute to changing the participants' attitudes or perceptions of biases operating in the Romanian healthcare system (see the learning object found in the YouTube link <https://youtu.be/yCMgzCeOFHg>);
- c) contribute to the change of the learners' behaviour so as to help them transfer willingly what they have learned to the (medical) workplace; stimulate the participants' proactive attitude for practical solutions for needs illustrated in the reading/case scenario/YouTube link or identified by the participants in the real life in a medical institution ;
- d) differentiate among new concepts according to which the standards of quality of a health system are structures including procedures and principles;
- e) exercise and practise social skills, cognitive thinking and problem-solving skills as important skills for a medical doctor via the reading/case scenario/YouTube testimonial;
- f) stimulate a positive attitude to change of the organizational practice of healthcare institutions and pinpoint to which mistakes could be avoided (particularly those specific to communism and those of the transition period after the fall of communism in 1989);
- g) identify positive role models, predecessors' good medical practice to finally benefit patients and their well-being (mobility abroad, continuing professional development, etc.) and identify the pitfalls of unlawful practices (bribery, excessive drug prescriptions, etc.).



Teaching methodology (principles, methods and strategies)

- Strategy used: **learning objects strategy**
- **Characteristics:** *reusability, granularity and ability to form new learning - resource conglomerates* depending on the learning objective of a unit
- Suitable for preclinical and clinical training as part of a *blended learning strategy*.
- **learning objects strategy:** *smaller* in size as units of learning (2-15 minute)

Added value

- medical education becomes more efficient
- this approach encourages *accountability, outcomes, and competence-based learning*
- *unlimited number of learners* in various locations because it can be accessed on demand.

Teaching methodology (principles, methods and strategies)

The main learning **principles** : students' *prior knowledge is activated*

- learning objects used aim at creating *new medical knowledge*, and *modify older concepts* ; it presupposes a *conceptual change* through expert role models
- highlights the *authenticity* part;
- includes *collaborative teaching and learning* by supporting *collaboration among teacher and learners and among learners themselves, and co-creation of knowledge*;
- stimulates *critical thinking and problem solving, analogical reasoning*
- It meets the *needs of all types of learners*

Teaching strategies include *visualization*

- *learning objects can be used creatively by each lecturer*
- they invite to *inquiry-based instruction and reflection*
- The formative and summative evaluation questionnaires invite students to reflection and problem solving, *applying the information to new contexts*

Information for students (1)

- By the end of the unit, students are going to know and be able to discuss about:
- aspects related to contemporary medicine in Romania from the pre-communist to the post-communist years;
- issues affecting the early times of Romanian national healthcare and factors contributing to its development before communism, with its dependency on the economic, social and cultural factors of society;
- problems of the communist system and its impact on Romanian healthcare and its professionals
- current challenges of Romanian medicine (sub-financing, corruption, bribery), its units (closing of hospital, less care for rural patients than urban ones) and staff (brain drain, improper training of residents).



Information for students (2)

- By means of the learning objects included in the unit, and after attaining the learning objectives proposed, students will be able to:
- find/imagine solutions for the existing problems of contemporary Romanian medicine in all sub-periods (pre-communist, communist and post-communist one);
- get hands-on clinical practice learnings from the mistakes of the past, following the advice of their illustrious predecessors trained abroad and avoid engaging in a defective mindset that brought misfortunes to our medical field from the beginning to present day;
- display proper behaviour as part of medical ethics and treat patients equally;
- Appreciate the impact of the medical social sciences on their overall career and have an improved doctor-patient communication.



Formative Evaluation Questionnaire

Question 1	In your opinion, which factors contributed to the development of Romanian medical healthcare system before communism?
Question 2	What was the impact of communism on the medical profession?
Question 3	How have medical problems been addressed in post-communism?
Question 4	What were the measures taken by your country's healthcare system in its fight against Covid-19?
Question 5	What solutions could be adopted to further improve residency programs in Romania?

Summative Evaluation Questionnaire (1)

Question n. 1

Name some of the great epidemics that Romanian medicine had to cope with at the beginning of the 19th century.

plague	Yes/ True
cholera	Yes/ True
typhus	No/ False

Question n. 2

Explain why there was permanent improvement in the healthcare system of Romania in the early 30s based on the following true factors:

the contribution of great organizations	Yes/ True
little contact with the Western medicine	No/ False
the help of private institutions for social assistance and protection	Yes/ True

Question n. 3

Illustrate how, during communism, several reputed physicians such as dr. Emil Gherman have failed to rise beyond the rank of lecturer for reasons of ...

<i>Social origin</i>	Yes/ True
<i>Not speaking Russian</i>	No/ False
<i>Not being a party member</i>	No/ False

Question n. 4

Identify the main cause of death in today's Romania.

Cancer	No/ False
Injury	No/ False
Cardiovascular disease	Yes/ True

Question n. 5

Compare the medical situation of the rural population of post-communist Romania as opposed to other categories considering the factors that are true in the reading such as:

doctors' preference for jobs in the urban areas	Yes/ True
equal access to the healthcare system	No/ False
brain drain	Yes/ True

Summative Evaluation Questionnaire (2)

Question n. 6

Choose the organism that listens to the opinion of patients, doctors, hospital managers and healthcare providers, correcting what is necessary within the Framework Contracts so as to observe the legal provisions enabling the system to function as efficiently as possible and **assess** its impact on contemporary Romanian medicine based on the info in the case scenario.

NHHH	<i>True</i>
Ministry of Health	<i>False</i>

Question n. 7

Formulate a hypothesis to explain why, after the reform of residency programs in Romania, highly traditional specialties such as ... were included in internal medicine and adult neurology, respectively.

oncology	Yes/ True
paediatric neurology	Yes/ True
cardiology	No/ False

Question n. 8

Predict factors that prevented residents in oncology to be provided chances to see patients with common types of cancer such as ... by the end of their residency training.

thyroid cancer	No/ False
breast cancer	Yes/ True

Question n. 9

Design a scenario to **solve** the recent problem of complementary internships and ... which have been reduced, while specialized training has been maintained in Romanian residency programs.

basic training	Yes/ True
optional modules	No/ False

Question n. 10

Based on the learning object found in the [youtube link](#), **evaluate** the contribution of professor [Tarcoveanu](#) to ... Romanian surgery.

non-invasive laparoscopic	Yes/ True
invasive	No/ False

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