

# The Millennium Development Goals

**A U21 learning initiative  
as an elective project at University of  
Melbourne**

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## introduction

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- MDG knowledge has been identified as a deficit at many levels-society and university including health professionals-halfway mark to 2015 already passed
- Without knowledge –**action** unlikely health professionals should be “natural” leaders
- Opportunity identified- **to educate-health professionals via U21-WHO** process led by Prof Kendall Ho with UBC, Tec de Monterrey, HKU already started



## Melbourne University elective proposal

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- Facilitate an innovative elective course to engage, educate and empower this generation to convert idealism among health professional students (already global thinking) to action
- Overcome barriers to participation( \$\$ airfare /commitments) and technical -appropriate social web support
- ?Build on work by Dr Shaun Ewen and colleagues- indigenous health elective priority
- Discipline only or interprofessional?



## Pedagogical rationale (1)

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- **What we know about effective ways to offer service learning**
  - **Aims:**  
Build population health knowledge,  
develop socio-cultural understanding  
Action as approved by community  
practice specific clinical skills
  - **Approaches:**  
On-campus preparation;  
in situ structured experience;  
integrated reflective assessment;  
\*appropriate social web technology support throughout



## Pedagogical rationale (2)

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- **What we know about effective ways to offer interprofessional learning**
  - **Aims:**  
Broaden health sciences knowledge,  
practice team decision-making skills  
develop critical and ethical understanding
  - **Approaches:**  
Preparation for collaborative work;  
in situ team-based tasks;  
individual and group assessment;  
appropriate social web technology support throughout



## Evidence interprofessional vs discipline only????

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- interprofessional
- discipline only



## Aim(s)

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- 1. apply eModule (4 week elective eg indigenous health UBC) to apply to 2 groups; interprofessional and med only
- 2. evaluate immediate action and contribution to blog(tracked) reflective essay
- 3. followup attitude anticipated ongoing action
  - \*career paths; family health/public health vs speciality, rural/remote/resource poor vs city
  - \*Volunteerism/advocacy work
- satisfaction




## Hypotheses

- Students ***in interprofessional groups*** (nursing, physio, medicine) will demonstrate
  - greater satisfaction with project
  - more engagement with the process as evidenced by reflective essay, contribution activity to the blog and intended career action,
  - awareness of other disciplines' contribution to solutions *than **discipline only group (medical)***
- Both ***groups*** will demonstrate more knowledge, and anticipation of ongoing intended action re MDGs than a control group randomly selected from non-participants



## Methods (1)....Prelude

- Pretest; Volunteers (apply GPA limits) apply for scholarships\* matched control randomly chosen other (matched for GPA/local/OS/grad/school leaver)
- Process (1);Volunteers –randomly allocated to med or interprofessional Summerschool 2 days. camp prior to commencement of semester 9
- Group 1 12 med students,
- group 2 4 med students (+4 physio, +4nursing-midwifery 2 paed NICU 2)
- (2)Baseline data; psych perspective ? vocational, social accountability; Knowledge of MDG



## Methods(2) prepare, task

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- Prepare: conflict resolution, professional values and behaviours, MDG's, team roles (Belkin?),
- Task; Introduction of Goals-Scorecard for own country eg Australia indigenous  
Task: rank goals each person (2 lists)
  - a. According to importance-urgent priority
  - b. Ease of solution (David Moore methodology)
- Consultation –ask the indigenous communities in a parallel process (Dr Shaun Ewen)
- E-course during sem 10



## Methods -Action

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- (elective) taken between sem 10 and 11  
*NB must do semester on CAH, O&G in 10*
  - a. Prepare Project to benefit community as **per consultation with community**
  - b. action act out project
- c. Create a still movie of your project-10 mins
- d. Ongoing blog /game until grad –provides a dynamic source of development
- e. follow-up volunteerism career paths advocacy



## Evaluation

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### Immediate

- Pre-post knowledge attitudes skills and action (own control) Compared to non-participants (control x3)
- (Public health curriculum, Ethics, Professional behaviours, Health system as per current curriculum)

### Longer term

- career anticipation, volunteerism, advocacy
- ?compulsory for all (eModule via global issues)



## Future developments

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- Ongoing “game” until graduation various health settings, community, operating theatre, emergency room eg Second Life
- Students update the wider group at other u21 sites with developing world electives
- Students to present Action Plan /logistics to own government in relation to MDG/Campaign co-opt allies?



## appendix 1 Underwritten

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- UBC Tec de Monterrey HKU have developed an e-curriculum for an interprofessional course
- Suggested ideal for private donor backing to transform into eModule (US 25-100,000)
- Local donor –airfare and subsistence wage (dole) for 4 weeks ? Rotary



## Appendix 2 U21 partners-levels of involvement

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- Steering-Development of a key Goal – up to 8 universities (**Level 3**)
  - Edit modules (constructive) as proposed (**Level 2**) and implement work with one of the level 3 's
  - **Level 1** observer, occasional contribution
- or
- Not interested