This is the published version:


Available from Deakin Research Online:

http://hdl.handle.net/10536/DRO/DU:30054586

Every reasonable effort has been made to ensure that permission has been obtained for items included in Deakin Research Online. If you believe that your rights have been infringed by this repository, please contact drosupport@deakin.edu.au

Copyright : 2009, iHEA
Is there value in including health economics in an undergraduate medical curriculum?

Presenter: Rohan Sweeney, Monash University

Abstract

Introduction: Undergraduate medical students at Monash University, Australia are taught a compulsory twelve week, online unit about health economics and health systems in their fourth year of study. The unit objectives are to introduce students to key concepts of health economics in the context of their future role in clinical practice and the Australian health care system.

Objectives: To assess the perceived value amongst students of studying health economics as part of an undergraduate medical degree, as well as to assess whether students demonstrate a good understanding of key concepts taught.

Methodology: At the end of each teaching semester, all enrolled students were asked, using a five point Likert Scale, whether the health economics teaching component: (a) would be relevant to their clinical practice; and (b) had improved their understanding of the Australian health care system. To further assess students' beliefs of the relevance and their understanding of the concepts taught, they were asked using open ended questions to describe: (a) an example from their clinical placement where they had observed a conflict between the treatment of an individual and maximising social welfare; and (b) if, and how, the health economics teaching component might influence their clinical practice.

Results: Preliminary analysis of the data (111 students) using chi-squared tests shows that significantly more students responded that health economics would "often" or "always" be relevant to their clinical practice compared with "not at all" or "seldom" ($p=0.013$). Significantly more students responded that the content of the health economics component "often" or "always" improved their understanding of the Australian health care system compared with "sometimes" ($p=0.002$), and "not at all" or "seldom" ($p<0.001$). Almost all of the qualitative responses demonstrated a good understanding of health economic concepts taught. Further, despite many students indicating initial trepidation with the unit, overwhelmingly students felt the unit had contributed positively to their understanding of health economics and the health care system and would contribute positively to their clinical practice in the future.

Conclusions: Students being taught health economics as a component of their medical curriculum demonstrated good understanding of basic economic concepts. They also found the unit interesting and believed it better prepared them for clinical practice within the health care system. These findings suggest that medical students will respond positively to health economics in an undergraduate medical curriculum.

Authors: Rohan Sweeney, Jennifer Watts

Session: Poster
Time: -
Room: No.3 Hall