

Roles of Islamic Medical Organizations in modeling Mini-Med Schools: A periodic analysis of public lectures of the Aminu Kano Teaching Hospital Chapter of the Islamic Medical Association of Nigeria

¹Abiola T., ²Habib ZG., ³Musa HM., ⁴Usman HS., ⁵Umar A., ⁶Anas I.

¹Medical Service Unit, Federal Neuropsychiatric Hospital, Barnawa-Kaduna, ²Clinical Services, Federal Neuropsychiatry Hospital, Kware-Sokoto, ³Department of Anaesthesiology and ICU, Aminu Kano Teaching Hospital Kano, ⁴Department of Accounts, Aminu Kano Teaching Hospital Kano, ⁵Department of Stores, Aminu Kano Teaching Hospital Kano, ⁶Department of Radiology, Aminu Kano Teaching Hospital Kano.

Corresponding author:

Abiola T., Medical Service Unit, Federal Neuropsychiatric Hospital, Barnawa-Kaduna. Email: abiolatob@yahoo.com

Abstract

Introduction

Mini-Med Schools serve as an outreach medical education program of some American medical colleges and universities to their host community. The schools provide medical lectures to willing members of the community in simple, everyday language over a course of few days or weeks. This idea of Mini—Med schools is rare here in Nigeria, as neither the conventional medical schools nor related professional bodies have any such programs. This study thematically analyzes the periodic public lectures of a chapter of a faith-based professional body in modeling and providing Mini-Med school programs to its host community.

Methodology

Public lectures organized by the Aminu Kano Teaching Hospital Chapter of the Islamic Medical Association of Nigeria were qualitatively analyzed over a 5-year period (2008-2012). Non- medical lectures too were included and analyzed.

Results

Half of all the 18 public lectures organized over the period under review followed Mini-Med school syllabus and it was relevant to the host community. Thematic issues identified were: doctor-patient relationship (M1); teamwork and development (M2); health workers investment (M3); death and dying (M4); and community health education (M5). All were provided to address the ‘faith-based’ question regarding health in the community.

Conclusion

The need for this and other faith-based organizations to use their public lectures to help the host community understand these identified thematic issues and other related healthcare community programs were identified.

Keywords: Mini-Med schools, Roles of Islamic Organizations, Outreach medical education, Public lectures, IMAN

Introduction

Mini-Med schools serve as an outreach medical education program of some American medical colleges and universities to their host community. It started at University of Colorado,

Denver in 1989 as an educational service(s) that would help the host and surrounding communities gain insight into the world of medicine.¹ Since then, more than 100 of such

Mini-Med schools have sprung up all over the world.

Mini-Med schools typically provide medical lectures to willing members of the community in simple everyday language over a course of few days or weeks.¹ While majority of this type of schools run a relevant non-specialized educational programs in Medicine, few tailored theirs to suit various categories of people. For example, the Drexel University College of Medicine Mini-Med School has seven distinct medical education programs, including those offered to medical graduates who schooled outside of the United States, excluding the general public.²

These schools provide learning mainly to the general public about health care, biomedical discoveries, meaning and values of cutting edge medical research, answers to burning questions on particular disease and what it feels like to be a health worker. The schools are usually given on a no fee for service basis, i.e. they are often free to all who participated. Some Mini-Med schools even issue certificate of participation to the participants. All these help to improve the host and surrounding communities' understanding of activities going on in the university hospitals, and most importantly reduce stigma that are often associated with medical illness and hospitals.

The idea of Mini-Med school is rare here in Nigeria as neither the conventional medical

schools nor related professional bodies have any program like it; even though many professional groups have been organizing activities to help address some of the issues that the Mini-Med schools elsewhere, especially in Europe and America, have been able to address. This study, therefore, deems it fit to look for community-based medical educational activities from our environment that had performed roles similar to these Mini-Med schools. This study thematically analyze the periodic public lectures of a chapter of a faith-based professional body in modeling and providing Mini-Med school programs to its host and surrounding communities.

Methodology

Public lectures provided by the Aminu Kano Teaching Hospital Chapter of the Islamic Medical Association of Nigeria were qualitatively analyzed over a 5 year period (2008-2012). Non-medical lectures too were included and analyzed.

Results

Table 1 show all the public lectures organized over the period of the study. Half (50%) of all the 18 public lectures organized over the period followed Mini-Med school syllabus, and these were relevant to the host and surrounding community. The rate of delivering these medically centered topics is 2 per annum.

Table 1: Topics of public lectures of IMAN-AKTH from 2008-2012

S/No.	Year	Code	Topics Presented
1	2008	M1	Health Workers' Attitude and Service Quality – The Clients' vs Providers' Experience
2	2008	G	Marital Discord – Causes, Effects and Remedies (in Hausa)
3	2008	G	Zakat, Shares and Loans: What Muslims Often Forget
4	2008	M5	Ruqqiya and Orthodox Medicine – Is There a Link? (in Hausa)
5	2009	G	Muslim Unity: The Urgent Need of our Time
6	2009	M3	Salary, Investments and Zakat in the Life of a Salary Earner: Islamic Viewpoints
7	2009	G	Taqwa as Exemplified by the Companions of the Prophet (SAW)
8	2010	M2	Religion as the Last Solution to Corruption Problem (Specifically in Health Sector) (held in collaboration with the Anti-Corruption and Transparency Unit of AKTH)
9	2010	G	Remaining Steadfast at the Times of Temptation
10	2010	G	Improper Parent-child Relationship: A Root Cause of Social Decadence
11	2010	M2	Inter-professional Conflicts in Healthcare Industry
12	2010	G	Bounties of Hajj
13	2011	M2/G	The Leader and the Lead: The Islamic Perspective
14	2011	G	The Ideal Muslim Woman. The Classic Example from the Wives of the Prophet (SAW)
15	2011	M2/G	Patience: A Rare virtue in the Present Situation
16	2012	M5	Vesico-Vaginal Fistula: Islamic Viewpoints
17	2012	M4	Death, the Inevitable Journey: The Challenges Facing the Dying and the Caregiver
18	2012	G	Illolin Rashin Hadin Kan Musulmai (Disadvantages of Muslims Unity)

Code – these sort the public lectures into either the medically centered and/or general public interest

M1 - doctor-patient relationship; **M2** - teamwork and development; **M3** - health workers investment; **M4** - death and dying; and **M5** - community health education

Thematic issues identified were: doctor-patient relationship (M1); teamwork and development (M2); health workers investment (M3); death and dying (M4); and community health education (M5). All were provided to address the 'faith-based' question regarding health in the community. Some of the lectures considered were generally public lecture with medical education value as well (e.g. a 2011 lecture on leadership and followership).

Discussion

The level of medical education given through these lectures is far below that of a typical Mini-Med School (1:4). This may be because our study group is only a professional body, compared to a college of Medicine with more

diversified resources and health personnel. Furthermore, the Mini-Med school lectures are usually given over specified periods¹ rather than on a quarterly basis of the study group. All the speakers in the Mini-Med schools have either PhD or MD¹, unlike in the study group where the speakers cut across various fields of life, with or without medical degrees or more. In addition, audiences in Mini-Med school programs are usually given handouts¹ which are almost always missing in the study group programs.

Despite the above differences, our study group lectures do share some similarities with Mini-Med schools' programs. For instance, each lecture in the Mini-Med school starts with introducing the guest speaker by the program

director, which is the same in our study group as the guest speaker is often introduced by the Ameer of the organization. Other areas of similarity include: the question and answer session, provision of drinks and snacks, and the lectures are delivered by well experienced lecturers with deep knowledge in a simplified language.

It is important for this study to highlight the positive influence of the topics usually covered in Mini-Med schools have on the participants, as this could be seen from their comments like: “Mini-Med school programs make me a better patient”; “Great community outreach program”.¹ It is hoped that when professional bodies, especially a faith-based ones like IMAN, organize their public lectures, they will factor-in more of the Mini-Med school virtues in them. This will certainly go a long way in serving patients and the community better.

Finally, in a community like ours where there are no Islamic-oriented medical schools, the Mini-Med school approach can serve the Muslim community and professionals well on the interim. Thus, we call on IMAN (at all levels) to introduce a regular medical educational program outside the usual annual general meeting and scientific conference. This program should promote not only faith-centric medical professionals and participants, but dynamic enough to be process-oriented, rather than the reactionary consequence –oriented Muslims of our generation.^{3,4} This program

should help to create Muslims (both in medical and non-medical sectors) with Islamic values, balanced knowledge.^{3,4}

Conclusion

This study identified that IMAN and other faith-based medical professional bodies can upgrade their public lectures to the standard of Mini-Medical school. This will not only help the host and surrounding community to understand health and faith better, but can also serve to educate Muslim and non-Muslim health professionals well on the needs and peculiarity of the host community. The identified thematic issues from the current study can serve as a starting point for others.

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Conflict of interest: Nil