Chapter 10

Tailor–Made Distance Education as a Retention Strategy:
The "Learning at the Workplace" Program in Thailand

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ABSTRACT

In rural areas of Thailand, health center personnel are responsible for primary health care. The opportunity for continuing education is imperative in the attraction and retention of these workers at their primary locations. The provision of continuing education also increases the quality and spectrum of health care available for the local people leading to better health outcomes for the Thai population. Distance education is one promising form of continuing education involving the use of advanced communication technologies to allow health center staff to continue to work and study off-campus. This chapter describes a tailor-made "Learning at the Workplace" distance education program provided to Thai rural health center personnel through the College of Public Health Sciences at Chulalongkorn University. Focus group discussions and selected quantitative research methods are recommended to evaluate the effectiveness of this learning model and determine the educational needs of health workers. Learning at the Workplace is expected to make a new contribution to the local needs of continuing education among the health care workforce in Thailand. This chapter emphasizes the potential that distance education offers to attract and retain health care personnel as well as the importance of providing a tailor-made curriculum in response to different regional and epidemiological factors.

INTRODUCTION

To cope with constant changes, challenges, and new epidemiological and demographic transitions, it is essential that Thai primary care health workers in rural areas maintain up-to-date skills. Skill enhancement targeted towards the retention of health center personnel at their current work locations can be achieved through continuing education. However, shortages of personnel, especially in rural areas of Thailand, make on-campus education a less than viable option. An alternative

and more appropriate option is distance education that allows individuals to continue working while studying off-campus.

In the public health field, the "Learning at the Workplace" program has been conducted for many years by the College of Public Health Sciences at Chulalongkorn University, Thailand. The college is working to blend major educational components in a systematic manner in a student-centered framework (Moore & Kearsley, 2005, pp. 1-3/21). These components include self-directed student learning skills, a coaching-based approach led by faculty, the creation of an online community through social networking/integration, and a new "mindset" for the College's administrative staff. A tailor-made and differentiated approach is undertaken by creating effective and efficient distance education programs based on further application of the concept of learner autonomy (Moore & Kearsley, 2005, pp. 227-228).

The objective of the current chapter is to emphasize that, within this distance education program, the required lessons and course packages were determined by the learners themselves with guidance and supervision from faculty. An equally important aim of distance education was to provide appropriate educational material for health workers in each region of the country based on local needs. Differentiated or specific course packages in distance education programs within the public health field are expected to return better health outcomes for the Thai population via increased quality and service coverage provided by the primary care health workforce. Focus group discussions, opinion surveys, importance-performance analysis (IPA), and Kirkpatrick's (1996) multilevel assessment conducted with health workers from the 18 Centers of Provincial Clusters were recommended as means of measuring the efficacy and efficiency of these programs.

BACKGROUND

Levels of Health Care Services in Thailand

Thailand's health care services are divided into five levels based on the complexity of services provided.

1. **Self Care Level:** Encompasses health services concerned with the potential of individuals to care for their own health and the health of their families.
2. **Primary Health Care Level:** Encompasses health services implemented at the community level. Primary health care incorporates the four cornerstones of the public health discipline: health promotion, health prevention, treatment, and rehabilitation. It uses minimal technology and is provided by community volunteers.
3. **Primary Care Level:** Encompasses health services provided through formal health care personnel such as physicians. This level covers four different groups:
   a. Village-level community public health centers responsible for 500-1,000 individuals
      b. Tambon-level health centers responsible for 1,000-5,000 individuals
   c. Local medical clinics
   d. Drugstores
4. **Secondary Care Level:** Encompasses health services offered through medium-size hospitals in both the public and private sectors.
5. **Tertiary Care Level:** Encompasses health services offered through large hospitals in both the public and private sectors.

This chapter focuses primarily on the tambon-level health centers considered the first line of (formal) health service operating closest to the community. According to a report from the

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