Indian Journal of Medical Sciences is a monthly journal published as a medium for the advancement of scientific knowledge in all the branches of Medicine and allied Sciences and publication of scientific investigation in these fields. It is also intended to present this as a form suitable to the general practitioner and primary care physician.

The journal is owned by the Indian Journal of Medical Sciences Trust, a registered charitable organisation and published by Medknow Publications Pvt Ltd., Mumbai, India.


All the rights are reserved. Apart from any fair dealing for the purposes of research or private study, or criticism or review, no part of the publication can be reproduced, stored, or transmitted, in any form or by any means, without the prior permission of the Editor, Indian Journal of Medical Sciences.

The information and opinions presented in the Journal reflect the views of the authors and not of the Indian Journal of Medical Sciences Trust or the Editorial Board. Publication does not constitute endorsement by the journal.

Indian Journal of Medical Sciences and/or its publisher cannot be held responsible for errors or for any consequences arising from the use of the information contained in this journal. The appearance of advertising or product information in the various sections in the journal does not constitute an endorsement or approval by the journal and/or its publisher of the quality or value of the said product or of claims made for it by its manufacturer.

Trademarks Acknowledged
SIR,

Public-private partnership and intergraded services would be the future strategies for maintaining equitable and accessible health services in most of the countries. As the present public-health care delivery system in Sri Lanka is catering to all children despite the usage of private sector by parents, Public Health Midwives (PHM) are supposed to issue Child Health Development Records (CHDR), record the immunization data, carry out the home visit, and educate the mothers regarding immunization among private sector users.

As we had reported earlier, the private sector contribution to childhood immunization in Sri Lanka is 33.59%. We further analyzed the available data to evaluate public services, private services, and their partnership, and made a comparison between public and private sectors in order to gain more understanding of the prevailing situation. Methodology of the study can be found in the previously published article.

Out of the 553 households studied, 99 [17.9%] received shared care from private and public sectors. The main reasons given for using private sector by these mixed users were availability of non-EPI vaccines [11.7%], private sector because of lack of non-EPI vaccines and combined vaccines in public clinics, not because they refused all the services from public sector health care providers. This understanding is essential to improve the quality not only of immunization service but also of other public health services.

According to these results, in a setting where the private sector contribution is high for childhood immunization, the partnership and shared care is not up to satisfactory level. People who use private sector for immunization services are deprived of some of the other essential services provided by PHM. These parents use private sector because of lack of non-EPI vaccines and combined vaccines in public clinics, not because they refused all the services from public sector health care providers. This understanding is essential to improve the quality not only of immunization service but also of other public health services.

S. B. AGAMPODI, D. A. C. L. AMARASINGHE†
Post Graduate Institute of Medicine, University of Colombo, †Epidemiology Unit, Sri Lanka

Correspondence:
Dr. S. B. Agampodi, Post Graduate Institute of Medicine, University of Colombo, Sri Lanka.
E-mail: sunethagampodi@yahoo.com

REFERENCES


—

LETTER TO EDITOR

PUBLIC-PRIVATE PARTNERSHIP IN IMMUNIZATION SERVICE PROVISION IN SRI LANKA

PRACTITIONERS’ SECTION

NETWORKING IN MEDICAL EDUCATION: CREATING AND CONNECTING

AVINASH N. SUPE

ABSTRACT

Social networking is being increasingly used as a tool of choice for communications and collaborations in business and higher education. Learning and practice become inseparable when professionals work in communities of practice that create interpersonal bonds and promote collective learning. Individual learning that arises from the critical reconstruction of practice, in the presence of peers and other health professionals, enhances a physician’s capability of clinical judgment and evidence-based practice. As such, it would be wise for medical schools, whose responsibility it is to prepare students to make a transition to adult life with the skills they need to succeed in both arenas, to reckon with it.

Key words: Education, interprofessional relations or interdisciplinary communication or cooperative behavior or communication or social networking, knowledge sharing or diffusion of innovation

The word “network” (plural, “networks”) has different meanings in different contexts. Commonly, network means any interconnected group or system (e.g., a network of roads crisscrossing the country). However, it is also used as a directory of people maintained for personal advancement (e.g., to get a job in today’s economy, it is important to have a strong network). Over the last decade, there is a new meaning assigned to the word “network” - a system of multiple computers and other devices connected together to share information (e.g., the copy machine is connected to the network so that it can now serve as a printer).

NETWORKING IN EDUCATION - BUILDING COMMUNITIES AND SHARING KNOWLEDGE

Networking refers to the art of creating interdependent or interconnected groups or systems for the mutual benefit of all members of the system. In medical education, it would mean “the conscious creation of interconnected relationships among various students, teachers, and other stakeholders with similar interests, either directly or through intermediaries, for the purpose of achieving common or individual