COMMUNITY BASED EDUCATION: AN EXPERIENCE FROM NEPAL

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INTRODUCTION

Community based education (CBE) is a means of achieving educational relevance to community needs and consequently, of implementing a community-oriented educational programme.[1] It is argued that CBE makes health personnel responsive to the need; of the populations they serve, in order to achieve the goal of Health For All. Such training is most effective if it is carried out in close relation to the health system in the given community in which the health personnel are later to work, or to one of the same type. It should be largely in the family, community and primary health care level or in a variety of health service settings. This concept is called community-based education.[2]

The students should learn in an environment closely resembling that in which they are to work after graduation and that they should be more than passive receivers of information provided by teachers in lecture halls. Education is not only the knowledge but it is action process.[3] So both can be incorporated in the principles of education. However, the majority of Health Profession students are trained either in lecture halls or in tertiary care setting[2] and are not oriented to Primary Health Care. They found easy to adjust in any big hospital setting as care provider rather than being manager of District Health System.

CBE is, therefore, not an end in itself but a means of ensuring that health personnel are responsive to the health needs of the people and of improving health care systems through the education of health personnel in both developing and developed countries.[2]

COMMUNITY BASED LEARNING (CBL)

CBL activity is one that takes place within a community or in a variety of health services setting at a primary or secondary care levels. It focuses on skill development especially those important for community based work viz. planning, organization, communication, health education, training of health workers, community diagnosis, needs

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assessment, participatory management, evaluation etc. There is greater emphasis on learning by doing.[1,2]

COMMUNITY-ORIENTED MEDICAL EDUCATION

Community-oriented medical education (COME) is an approach to medical education in the same way as the concept of primary health care is an approach to health care. It is an education, which is focused on population groups and individual persons taking into account the health needs of the community concerned. A community-oriented curriculum, which is not field-based, cannot fully convince a student of its relevance in the context of the community. It is the field-based nature of the programme, which enables a student to achieve self directed learning through direct observation of the determinants of the health and illness and of its resources.[1,2] Learning from the community represents an essence of the new public health. It is not an additional or optional features.[1,2,4]

Accountability of medical schools to the health care of the population has now become an international agenda. Therefore, the issue is not whether to have or not to have community based medical education, the issue is how to do it?

EXPERIENCE AT B.P. KOIRALA INSTITUTE OF HEALTH SCIENCES

The efforts for orienting the medical under graduation towards community based education starts from their entry into the medical school. The students during pre clinical phase itself are oriented towards community based education by exposing them in the form of field practice learning which range from assessment of health status, working of national health agencies and project aimed at delivery of health care services to valuable section of the population.

The student during the clinical posting is regularly taken once a week in the District health office to orient them to various health problems and national health programmes. It has a comprehensive socio-clinical orientation to the various health problems. They are also required to carry out a focused family health advisory service by carrying out periodic family visits in the selected rural area. The epidemiological skills and managerial capabilities are imparted by having a residential posting of six weeks with an aim to carry out community diagnosis, plan health intervention and work with public health staff in delivery of health care service and national health programmes. They also carry out extensive in depth evaluation of performance of the various national health programme by participating and analyzing the records of health programmes at district health office, primary health center, and lower down in health post and sub health post.

Countries are beginning to see that economic stringency can indeed exert a powerful influence on the development of their human resource policies and plans. Thus, as the need to ensure, the relevance of health personnel to the requirements of the health system has become urgent, greater emphasis is being placed on using available health personnel more efficiently and avoiding imbalances in their production and placement. B. P. Koirala Institute of Health Sciences started to work with close liason with Ministry of Health, Department of Health Services the main employer of doctors in the country. Although countries like Nepal and other under developed nations now acknowledge that different sectors must co-operate in order to formulate relevant human resources policies and plans. Effective coordination between planners and educators specially universities and health services as employers is still frequently absent or weak.

World Health Organization (WHO) emphasizes the need for coordinated health and human resources development strategies. Initiative for this is taken by B. P. Koirala Institute of Health Sciences, as a Community Based Medical University in the concept of teaching districts. Those existing health institutions run by government health services were utilized by BPKIHS on with the mutual understanding between University and Ministry of Health for utilising the three districts of the eastern Nepal covering near about two million population.

The undergraduate medical curriculum of BPKIHS is thoroughly integrated and community oriented and partially problem based incorporating the organ-system and need based approach. During the first two years, the emphasis has been laid on the pre and para clinical sciences along with community medicine and professional skills. In the next two and half years, the emphasis is on clinical sciences with a high degree of probability for integration between clinical disciplines and community medicine while the foundation of pre and para clinical sciences continues to be strengthened. The curriculum incorporates early patient contact and emphasizes the importance of study of community medicine and behavioral sciences from the beginning.

The medical students are exposed to the community during orientation course itself by taking them to a village. The objectives of these visits are as follows.

At the end of the visit, the students will be able to

? Describe the socio-cultural structure of the community.
? Identify the environmental problems.
? Describe the existing health facilities.
? Make a simple presentation of the community visit.
? Suggest and conduct a simple intervention for the problem identified.

Students are familiarized with the community, they have to work in the future. Visits to the community helps them in practical exposure in sensible way. They observe differences between rural and urban life, class, ethnicity, culture and their various socio-economic factors from different perspectives their impact on total human development including health.

Community Based programs during the undergraduate medical course - Bachelor of Medicine & Bachelor of Surgery (MBBS) are as follows:

Phase-I (First 2 Years):

There are six-field visits in each year. During these visits students are taken to Sub-health Post, Health Post, Primary Health Center, District Hospital, Zonal Hospital, Regional Medical Store and Family Planning Association etc.

The purposes of these visits are as follows:

? To familiarize the students about National Health Care Delivery System.
? To understand the structure and functions of the different Governmental and Non-Governmental Organizations.

Phase-II (V Semester) : Family Health Exercise

During third year, each student is allotted one family in a village. The student has to spend minimum 3 hours with the family in every alternate week for six months. Thus, each student makes 12 visits. They have to maintain a logbook.[6] The logbook contains the data related to family genogram, socio-economic conditions, health problems and other details of the family. At the end of the posting each student makes presentation about family and do the follow up of any health problem present in that family. The main objective

of this exercise is to make the student a complete family oriented health care provider. Emphasis is given to realise that the role of family in health is immense. Doctor should be able to tap those information in clinical practice.

Phase-II (VI Semester) : Residential Posting

This six weeks residential posting is the unique feature of teaching community medicine in this institute. After two days of orientation, students are taken to a village for three weeks. The activities in village are meeting with village leader, social mapping, survey, rapid rural appraisal, participatory rural appraisal techniques, health education sessions and community diagnosis etc. After that the students are divided into two groups. Each group is sent to one district hospital. Each group has a residential posting in one district hospital for two weeks in rotation. Remaining one week is used to analyze the data and presentation of the information including recommendations. The objectives of this program are as follows.

At the end of the posting a student will be able to:

? Participate in all activities of the district health services.
? Function as a group leader of the health team.
? Monitor and provide support and supervision to the health post staff and sub-ordinates.
? Collect information and data and manage them.
? Diagnose and manage common health problems in individuals, family and community.
? Develop programme document on specific services as an integral part of primary health care.
? Plan, develop, implement and evaluate specific extension program in the community.
? Undertake a simple epidemiological investigation.

Phase-II (V-IX Semester):Learning In Field (LIF)

Students are taken to district hospital once in a week from V semester to final year of MBBS course. In this program along with other departments, community medicine department is one of the major teaching department.

The objectives of the posting are as follows:

? Students learn about health care delivery system and national health programs.
? They work up socio-clinical cases.
? Students know and learn about the morbidity and mortality pattern at the level of primary health center and district hospital.
? Students also learn about basic laboratory tests to detect diseases at the level of primary health center and district hospital.
? They understand the managerial skills.

The overall objective of this program is to prepare them most suitable doctor and manager to work in the various challenges in their future life.

INTERNSHIP PROGRAM

Intern means a doctor who is completing his training by residing in a hospital and acting as an assistant physician or surgeon. Different country has different way of training these young graduates. In Eastern Europe, the sub-ordinature in final year is considered as Internship. In former USSR they take final examination after this posting.[7] Most of colonial country of Great Britain conduct their final examination and then only they train these intern for one year in major disciplines. In South Asia region, Sri Lanka gives training by pulling in two disciplines like internal medicine, surgery or Gynecology/Obstetric for a year.

All these refining of graduates is for the need of services expected from them in forthcoming years.

Country like Nepal puts massive investment for producing doctors. They understand some part in their training to make realization what health needs are in the community.

BPKIHS is committed to train interns as per the need of the nation. At the same time, institute is committed to ensure the academic competency and skills required for their level. Extensive supervision is provided by sending faculties in these hospitals, besides getting input in teaching learning exercises by experienced doctors in the district hospitals.

Minimum standard of district hospital has been defined and objectives (measurable in quantitatively) are spelled out in the program. Robust mechanism of ensuring their competency is still to be worked out, but with three batches of graduates, their performance measured by the concerned authorities from within the country and abroad are graded as competent.

So this visionary commitment should be looked in board based approach, rather than our subjective impressions of traditional training.

The BPKIHS internship program consists of six month posting at teaching hospital and remaining six months at district level hospitals with adequate facilities under the supervision of faculty. Department of community medicine is actively involved in the six months posting at district hospital. During this period, one month is specially to the community medicine.[8] Public Health orientations can not be confined within the buildings of academic institutions. Medical graduates are exposed to an individual, his family and locality. Such exposure will inculcate the sensitivity among the future health professionals in public health. They will impart their knowledge and disseminate skill to common people spreading the message as the role of self care, family responsibility in health and commitment of society at large to be healthy community.

The role of medical graduate as a first contact general practitioner was kept in center, while deciding the objectives. Emphasis was laid on acquisition of mainly practical knowledge and skills - clinical, behavioral, process skill, self directed learning and problem solving abilities, and administrative and managerial skills.[8]

The internship program begins with an "Orientation Program" of three days duration. Several important aspects of medical ethics, techniques of sample collection for investigations, rational drug prescription, operation theater protocol, medico legal aspects, health research methodology etc. are covered during the orientation program. The progress of the intern through the program is proposed to be monitored through a logbook.[8]

The intern is posted for 10 days each at Primary Health Center (PHC), Health Post (HP) and Sub-health Post (SHP) during District Hospital posting.

The job responsibilities of the interns during commonly posting are as follows.[9]

? Interns attend the out patient department, Antenatal clinics, Immunization sessions, Family Planning clinics and all other special community clinics that are held at the PHC/ HP/SHP. They examine the patients, antenatal women and perform immunization themselves under the supervision of the staff of PHC/HP/ SHP.
? Interns go for outreach clinics.
? They make visits to the community along with the field staff.
? They conduct health education session for different population groups in the community on topics of relevance.
? The interns adively take initiative to conduct

school health programs. Those programme include health education sessions, health examination and screening for various disease.

? They also carry out a research project during their posting.

These all activities are closely supervised by the faculty from the department of the community medicine and collaboration with other concerned departments.

CONCLUSION

Medical educators experimenting with community orientation camps, community block postings, community based ad hoc or planned experimental learning, and all fields based learning activities beyond the teaching hospitals and in health settings, lower down in the pyramid of health care, can learn a lot from this experiences in the alternative sector.

In BPKIHS, each student spends 354 days (almost a year) with the community during the couse of 5.5 years. It does indicate that students have enough exposure the feel the community and understand the health needs of the people. They also have enough interactions with government health system. In reality, they prepare themselves to work in such environment.

Experiences have shown that laying the foundation of such innovative community based medical education school is by no means easy. The number of community based medical education schools remain very limited, compared to the worldwide number of traditional schools. They are still challenged by conventional curricula full of hard scientific data but appealing to students. Community based education is associated with efforts to involve students and, more generally, educational institutions in national development and to combine theory with practice. Almost all countries have community based educational programmes in which all types of social system and all levels of development are represented. However, they have been most successful in developing countries because of the benefit derived from the services of the students to the needy community and ultimately to the country.

ACKNOWLEDGEMENTS

The authors gratefully acknowledge the help of Dr. PT Jayawickramarajah Medical Educationist WHO, Nepal in revision of this manuscript and making valuable suggestions.

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