

Short Communication**ASSESSMENT OF CLINICAL POSTINGS IN COMMUNITY MEDICINE AT A MEDICAL COLLEGE IN WESTERN INDIA-A FOCUS GROUP DISCUSSION WITH TEACHERS****Shobha Misra¹, R. K. Baxi², Parag Chavda³**¹Associate Professor, ²Professor, ³Postgraduate student, Preventive and Social Medicine (PSM), Medical College and SSG Hospital, Baroda, India.**Correspondence:** shobhamisra@rediffmail.com**Key words:** Community Medicine, Medical College, FGD**INTRODUCTION**

Field visits, hospital visits and family visits for undergraduate medical students are an important component of curriculum in teaching Community Medicine (CM). They are necessary for development of various attitudes and skills apart from gaining knowledge in community and hospital settings and to ensure quality professional practice. The medical students in India are exposed to 12 weeks of Clinical Postings (CP) in Community Medicine during 2nd and 3rd years of MBBS course. These Postings are divided into two phases, each of 6 weeks duration.

Substantial restructuring of curricula is required for development of competencies not only in epidemiology, health management, health education, and health informatics, but also in public policy, health economics, environment and occupational health, and health promotion.¹

The present study utilized Focus Group Discussion (FGD) as a method of enquiry to get a holistic understanding of Clinical Posting teaching in the subject of Community Medicine at a Medical College located in western India from the teacher's perspective. FGD permits free and focused participation to explore issues at hand.²

MATERIAL AND METHODS

The FGD was conducted with 6 Tutors actively involved in teaching CM at a Medical College. Both the moderator and note-keeper were trained in qualitative research. A semi structured guideline was prepared with the objectives; to get an account of the current scenario of Clinical Posting in CM; to understand the facilitating factors and impeding factors by taking views of teachers involved in CP teaching in order to learn from them the teaching changes needed as perceived by them.

The FGD was set up in a quite comfortable departmental conference room, seated in a circle bereft of any disturbance. At the beginning the participants were explained the purpose of the discussion and a verbal consent was taken. They were explained that they had the liberty to refuse

to answer any question that they did not like. There were no disturbances & almost all could remain present through out the discussion. No audio-tape was used. The discussion lasted for one and half hours and the notes were expanded within 24 hrs of the discussion.

RESULTS AND DISCUSSION

The discussion started with the question on their opinion about the importance of Clinical Postings. The overall response was that, more topics of practical importance, which are not covered in didactic lectures, should be given priority in Clinical Postings. They felt that through CP the topic becomes lively; students get an opportunity to see what is the actual field practice. They get a chance to meet the people involved in various health services and the process of service delivery.

About the curriculum it was also suggested that some of the visits {for instance, District Health Office, DHO, Malaria/Filaria, and Public health Laboratory (PHL)} were not serving the purpose. So, for Malaria-Filaria visit the students could be taken to the field instead and shown the actual process of mosquito control activities in the community. To give students a better exposure to field laboratory activities it was suggested that, the PHL visit could be shifted to Municipal Corporation (MC) PHL instead of hospital PHL.

It was felt by all to include some new topics in clinical posting curriculum like Mamta Divas (Mother & Child health visit day) visit, visit to Old Age Home, Blind People's, Home and Anti-Retroviral Therapy (ART) center visit to be clubbed with Integrated Counseling and Testing Center, ICTC, so that training is updated.

Majority felt that in the absence of a standard guideline for contents to be covered under each topic; the contents varied widely from teacher to teacher. In this context it was suggested to have guidelines on learning objectives. Also for the contents to be covered under each topic, Power Point presentations could be prepared for all topics which could be utilized by all teachers. This would

therefore bring in standardization in curriculum and teaching.

About the assessment method all unanimously agreed that the theory exam at the end of clinical posting could be done away with. Instead the questions asked in theory exam could be converted into spots/ practical exercises. Some suggested that grading system be included in Journal checking.

FINAL NOTE

At the end the facilitator thanked the participants. The participants expressed that it was indeed a fruitful exercise which gave them an impetus & an insight into Clinical posting teaching and training.

CONCLUSION

At the end of FGD following salient conclusions emerged;

A. Action at the level of Junior in-charge of Clinical Postings.

1. Revision of schedule of topics incorporating some newer topics of current relevance.
2. Attempt is being made to prepare standard learning objectives & uniform Power Points on the topics selected.

B. Action at the level of Senior in-charge of Clinical Postings.

1. Assessment method at the end of clinical posting was changed where required and new suggestions were tried in a batch on a trial basis.
2. It was felt that officer and staff of the health institutions and field practice units where we take our students to, should be briefed in advance about the purpose and, their active participation in the process of teaching and training should be planned and ensured.

3. A one pager sensitization note was prepared and mailed to all concerned visit places about the requirements of the department and learning objectives.

4. The results of FGD were circulated to all teaching staff to invite suggestions of those who did not participate in the same.

To sum up, the results of FGD were discussed with all the teachers involved in Clinical Posting teaching and training and most of the feasible action points were implemented. The discussion proved fruitful in bringing in some positive change in the teaching and training of clinical postings.

Practice Points:

- FGD with Teachers, Undergraduate students and Postgraduate students appears to be a promising tool to identify the current needs with reference to teaching community medicine.
- This would also lead to better teacher's and student's participation in the designing and implementation of curriculum.

ACKNOWLEDGEMENT

We extend our sincere thanks to all the study participants for cooperating with us during the discussion.

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