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Perception on Community Oriented Learning among Medical Students in a Medical College in Bangalore

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ABSTRACT

Introduction: Medical colleges have the social responsibility to produce primary health care physicians for providing preventive, promotive, curative & rehabilitative services to the community. Medical council of India has recommended, community oriented learning in Medical curriculum. Community Medicine department is conducting family studies, field visits, Pulse Polio Immunization programme & other community oriented learning for medical students in 3rd year MBBS.

Objective: The present study was conducted to assess the perception on community oriented learning among the medical students.

Materials and Methods: A descriptive study was done among 106 final year medical students by using self-administered questionnaire. The study was done between December 2015 to March 2016. Perception was assessed using five point likert scale.

Results and Conclusion: There was a positive perception among medical students regarding family study, field visits & pulse polio programme for developing communication skills, group learning & sensitization to community health

Key words: Curriculum, Medical students, Primary care physicians, Perception.

INTRODUCTION

The goal of medical education is to prepare a physician of first contact who is capable of looking after the preventive, promotive, curative and rehabilitative aspect of medicine. To meet this need, medical students should acquire appropriate knowledge, skills and attitudes at the undergraduate level. Knowledge of real-life situations, communication skills, commitment and compassion are required to enhance the quality of performance of the medical practitioners at the grass root level.[1] Community medicine is one of the important branch in medical education. Community medicine is a speciality which deals with the population and measures the needs of the population, both sick and well and who plan and administer services to meet those needs.[2]

Community-based education is important, because the skills of graduates are needed in the community more than in the tertiary hospital.[3] To address this need, Medical Council of India has recommended more of need based, integrated, community oriented learning in MBBS curriculum to make students understand needs of the communities and relate theoretical knowledge to practical training in primary care.[4] Community medicine teaching is included in the Phase I, II ,III and also during the internship. The students have to undergo posting of 2½-3 months in community medicine to emphasize on community oriented learning. According to revised MCI guidelines 1997, the teaching learning hours has been increased to orient the students to asses health problems and solve it at the community level.[5]

The aim of teaching by the department of Community Medicine is directed towards preparation of the medical student to function as community and primary care physician. The goals are: aware of the physical, social, psychological, economic and environmental aspect of health and disease. Be able to apply the clinical skills to recognize and manage common health problems including their physical, emotional and social aspects at the individual, family and community levels and deal with public health emergencies. And be able to define and manage the health problems of the community he/she serves. Understand different types of Biomedical waste, their potential risks and their management.[6]

Community-based education consists of learning activities that use the community extensively as a learning environment, in which not only students but also teachers, members of the community, and representatives of other sectors are actively engaged throughout the educational experience.[7]

A community-based learning activity is one that takes place within a community or in any of a variety of health service settings at the primary or secondary care level. Community-based learning activities include: (1) assignment to a family whose health care is observed over a period of time – family study (2) work in an urban, suburban or rural community designed to enable the student to gain an understanding of the relationship of the health sector to other sectors engaged in community development, and of the social system, including the dominance of special interest and elite groups over the poorer sections of the community – Primary health centre, Subcentre, Community health centre, anganwadi visits (3) over women; participation in a community survey or community diagnosis and action plan, or in a community-oriented programme, such as Pulse polio immunization programme.

Department of Community Medicine, KIMS is conducting family studies, field visits like PHC, SC, Anganwadi, etc and also involve the students in national programmes like Pulse Polio Immunization programme in the third year MBBS.

Department of Community Medicine, KIMS is conducting family study for 2nd year MBBS students for providing practical training in community health services, to become aware of the physical, social , psychological, economical and environmental aspect of health and disease, exposing them to the philosophy of extension in matters of health & disease, develop sympathy and favorable attitude towards poor and ignorant, develop skill and patience needed to understand & solve their health problems and acquire experience in working as a team in solving community health issues.

Despite all these, the community oriented learning is not fully implemented in all the medical colleges. But more emphasis is given to the hospital based teaching. So students' feedback was taken to assess the perception on community oriented learning among final year MBBS students.

METHODOLOGY

The descriptive study is based on feedback obtained from 106 students of final year medical students who passed out from community medicine department. During community medicine posting, they were involved in community oriented learning activities like family study, field visits like PHC, SC etc and were involved in pulse polio immunization programme. The study was done over a period of four months from December 2015 to march 2016. A pre-tested, self administered questionnaire was used to assess the perception. The purpose of the study was explained to the study subjects without their identity disclosed. The questionnaire consisted of close-ended. The close-ended questions were used to asses perception by using 5 point Likert scale. 5 point Likert scale consists of strongly disagree, disagree, Undecided, agree and strongly agree. The data was entered in MS excel and analyzed using descriptive statistics.

RESULTS

Among 106 students, 46 (43%) students were male and 60 (57%) were female. Among 106 students, 105 students were involved in family study.

Table1: Distribution of the study subjects according to their perception.

Questions*	Freq(%)
Purpose of joining MBBS	
To serve community	83 (78.3)
To gain social status	49 (46.2)
To earn money	32 (30.2)
Parental pressure	05 (4.7)
Purpose of studying community medicine in MBBS	
To know about prevention of disease in the community	78 (73.6)
To learn medicine in community situation	54 (50.9)
Part of the syllabus	18 (17)
Preferred teaching learning methods in community medicine	
Tutorials	58 (54.7)
Problem solving exercises	46 (43.4)
Lecture	37 (34.9)
Field visits	18 (17)
The activity which interested you to learn community medicine	
Pulse polio programme	71 (70)
PHC/SC visits	51 (48.1)
Family study	30 (28.3)

*Multiple responses

Table 2: Distribution of study subjects based on perception regarding family study

Questions	Strongly agree	Agree	Undecided	Disagree	Strongly disagree
I was comfortable in doing family study	06(05.66)	**70(66)**	20(18.8)	8(7.6)	1(0.9)
I did not get co-operation from the family	01(0.94)	23(21.7)	12(11.7)	**57(53.8)**	12(11.3)
It was interesting to take family study	13(12.3)	**73(68.8)**	11(10.4)	08(7.6)	_
It was exhaustive and difficult to do family study	5(4.7)	24(22.6)	22(20.7)	**49(46.2)**	05(4.72)
Family study helped me in assessing the health status of the family	19(18)	**76(71.7)**	09(8.5)	01(0.94)	_
I developed communication skills to solve their health problem	24(22.6)	**68(64.2)**	10(9.4)	01(0.94)	02(1.9)
Family study sensitized me to community health problems and solutions	25(23.6)	**69(65.1)**	08(7.6)	03(2.8)	_
Not of much useful in the future even after spending so much time in family study	3(2.8)	11(10.4)	20(18.9)	**51(48.1)**	20(18.9)
I developed sympathy and favorable attitude towards the poor and ignorant	23(21.7)	**62(58.5)**	16(15.1)	03(2.8)	01(0.9)
I think family/ community was benefited after family study	5(4.7)	**48(45.3)**	42(39.7)	08(7.6)	02(1.9)
I like the team work involved in solving community health problems	49(46.2)	**56(52.8)**	_	_	_
It was convenient to do family study in urban area compare to rural area	12(11.3)	28(26.4)	**50(47.2)**	13(12.3)	02(1.9)

Table 3: Distribution of students based on perception regarding Pulse polio program

Questions	Strongly agree	Agree	Undecided	Disagree	Strongly disagree
I liked working as a volunteer in pulse polio	45(42.5)	**51(48.1)**	5(4.7)	03(2.8)	01(0.94)
I did not get the co-operation from the community for pulse polio	03(2.8)	10(9.4)	14(13.2)	**68(64.1)**	10(9.4)
I got sensitized to community health after pulse polio	20(18.9)	**69(65.1)**	10(9.4)	06(5.7)	_
I enjoyed the group learning in pulse polio	23(21.7)	**69(65.1)**	07(6.6)	06(5.7)	_
I think UG students should not involve in pulse polio	03(02.8)	03(2.8)	08(7.6)	**50(47.2)**	41(38.7)
I think our work in pulse polio programme benefited the community	52(49.1)	**53(50)**	_	_	_
I want to get involve again in any other national health programme	**39(36.8)**	36(34)	23(21.3)	06(5.7)	01(0.94)

Table 4: Distribution of students based on perception regarding PHC/SC/Anganwadi visit

Questions	Strongly agree	Agree	Undecided	Disagree	Strongly disagree
I think PHC/SC/Anganwadi is not necessary	2(1.9)	1(0.94)	8(7.6)	67(63.2)	28(26.4)
I understood about health system and primary health care after PHC visit	19(18)	77(72.6)	7(6.6)	2(1.9)	1(0.94)
I got orientation towards National health Program run at PHC	20(18.9)	78(72.6)	7(6.6)	1(0.94)	_
PHC visit will be not useful in the future	1(0.94)	3(2.8)	14(13.2)	62(58.5)	24(24.5)
I learnt about supplementary nutrition and other functions of anganwadi	27(25.5)	59(55.7)	17(16)	03(2.8)	_
I understood about the level of health care in the community	23(21.7)	75(70.8)	7(6.6)	01(0.94)	_
I understood about the function of community health workers	20(18.9)	80(75.5)	3(2.8)	03(2.8)	_

Among 106 students, 105 students were involved in pulse polio immunization program during 4th and 6th term. Students were involved as a vaccinator on booth day followed by house to house visit along with ASHA workers. This exposes the students to the national health program. Students were taken to the field visits like Primary health centre, subcentre, community health centre, Designated microscopy centre, ICTC centre, ART centre, anganwadi etc to get exposure of health system.

DISCUSSION

Community oriented medical education (COME) is an ideal method of educating learners to be first-contact physicians in the community. Most of the medical schools in the developed countries have switched over to the system based or competence based learning, incorporating community based learning as well. But the situation of medical education in India is that "physicians of tomorrow are taught by teachers of today using a curriculum of yesterday".[8]

The study reveals that Pulse polio programme was the interested activity among the students. According to their feedback, family study helps the students to develop communication skills, sympathy and favourable attitude towards the poor and ig-

norant and sensitization to the community health problems.

Most of the students, enjoyed the group learning in pulse polio programme. Majority of the students agreed that undergraduates should involve in pulse polio programme and most of them wants to get involved in other national programmes.

Most of them got oriented to health care system, levels of health care, national programs run at PHC and functions of community health workers after visiting to Subcentre, PHC,CHC and anganwadi.

A Qualitative study done by O'Sullivan M , et al. on perception by students on both Hospital and community based teaching. Community-based learning was perceived as particularly appropriate for learning about psychosocial issues in medicine, for increasing students' awareness of patient autonomy and for improving communication skills.[9]

A study done by Vaidya , et al. on undergraduate students in Pune found that community based projects helps in development of good communication skills, problem solving skills, team work and good exposure to the community.[10]

A total of 80% of students in a study done by JE Thistlethwaite on medical students commented that even 4 days of community based teaching had helped them realize the importance of understanding the patients' side of the disease.[11]

Howe A et al, study reveals that there were significant differences in career preference and attitude to primary care after the year with a community placement, with more students expressing a preference for a community-based career.[12]

Sandra et al study reveals that students' appreciation and understanding of the role of primary care in a community was improved after community oriented learning.[13]

Davison et al study reveals that the innovative community-oriented teaching programme gave students some insight into how health, morbidity and mortality are measured, why these might vary between different communities, and how different community members' perspectives might differ regarding perceived health and social needs.[14]

CONCLUSION

Community oriented training offers a learning experience that cannot be provided within the confines of classroom. By visiting the community and important public health places like PHC, CHC etc., helps the students to improve communication skills, group learning and interventions to solve the problem at community level.[15]

So finally to conclude, students had a positive perception regarding community oriented learning. So more emphasis should be given to community oriented learning in a medical curriculum by increasing field visits, family study and involving them in national health programs.

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