Review Article

Community based medical education in medical curriculum

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ABSTRACT

Community-based education (CBE) is now recognized as an important addition to the methods available in medical education, because the skills of graduates are needed in the community more than in the tertiary hospital. The purpose of the current review was to explore the importance of the community based medical education in present competency based medical education. A total of 24 articles similar to the current study objectives were identified initially, of which 4 were excluded due to the unavailability of the complete version of the articles. Overall, 14 articles were selected based on the suitability with the current review objectives and analyzed. Keywords used in the search include community based medical education and community oriented medical education. The collected information is presented under the following subheadings, namely reasons for medical institutions involved in community based medical education, taxonomy of CBE, challenges in the implementation of community based medical education, steps for implementation the community based medical education, benefit to students. Taxonomy of community based medical education divided into three categories, primarily service-oriented research oriented and training focused. When implementing the community based medical education so many challenges faced some of the challenges are transport problem, no cooperation among the community leaders and no interested among the students. In CBME students an opportunity to learn and work with other health professionals in, for instance, primary care units. Faculties have responsibility to move the medical education settings from hospital to community based medical education.

Keywords: Community, Medical education, Skills

INTRODUCTION

Community-based education (CBE) is now recognized as an important addition to the methods available in medical education, because the skills of graduates are needed in the community more than in the tertiary hospital. CBE is a means of achieving educational relevance to community needs and consequently serves as a means of implementing a community-oriented education programme. It consists of learning activities that utilize 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 involved throughout the educational experience."[2-3] According to Hamad, for CBE to succeed and to be effective, it must have "clear objectives well planned and organized; include the whole curriculum with its activity starting early and continuing through the curriculum years; have the commitment of the total faculty with active participation of all departments and not stand as a function of one department; use active not passive learning methods preferably through a problem-solving process and to be availed the resources especially logistics."[4] CBE allows students the opportunity to attain broader views of their role in their profession. Students, faculty, and community members are actively involved in the process of learning and of responding to local

community needs.[5] The benefits to the students involved with CBE are well-documented in the literature, and the students reveal improved practical knowledge and skills and a more positive attitude towards their patients and colleagues. Students, faculty, and community members are actively involved in the process of learning and of responding to local community needs.[6] In new curriculum of competency based medical education more focused on community based medical education particularly family adoption programme. Department of community medicine plays an important role in the implementation of community based medical education. In the community based medical education students learned so many skills particularly communication skills. The purpose of the current review was to explore the importance of the community based medical education in present competency based medical education.

LITERATURE SEARCH

An wide search of all literature related to the topic was carried out in the google scholar. Relevant research articles focusing on community based medical education published irrespective of period were included in the review. A total of 24 articles similar to the current study objectives were identified initially, of which 4 were excluded due to the unavailability of the complete version of the articles. Overall, 14 articles were selected based on the suitability with the current review objectives and analyzed. Keywords used in the search include community based medical education and community oriented medical education. The collected information is presented under the following subheadings, namely reasons for medical institutions involved in community based medical education, taxonomy of CBE, challenges in the implementation of community based medical education, steps for implementation the community based medical education, benefit to students.

DISCUSSION

Reasons for medical institutions involved in community based

CBE may contribute to the solution of the problem of inequity in service delivery by producing doctors who are willing and able to work in the underserved areas, particularly rural communities. In community based medical education students acquired knowledge and skills from the problem-based learning, that's like lifelong learning.[7-11] By using for education the health problems that are of highest priority, CBE keeps the curriculum updated, since the priorities of health problems constantly change. Consequently, the curriculum is responsive to the changing needs of the community.[12] CBE gives chances for partnership between the community, the university, and government for development of community in all levels. Compulsion of national medical commission in implementation of competency based on medical education.

Taxonomy of CBE

Taxonomy of community based medical education divided into three categories, primarily service-oriented research oriented and training focused. First service oriented these services from preventive services to curative services and also to improve the health status of the community, in India medical colleges implementing these services through the rural health and training center managed by community medicine department and also regular conducting of health camps in community level. Second research oriented in this category, students and faculties are mainly involved in studying the problems of community health. Now days medical interns are involved in the community-based research and also by the postgraduate students of various departments particularly department of community medicine. Government and several organizations funding for community-based research. Finally training programs focus on student training in the community setting, be it a primary care unit, a defined community, or a working environment. The main challenge for such programs is to produce physicians who are able to work in underserved areas. These programs can be found in both developing and developed countries.[1]

Challenges in the implementation of community based medical education

When implementing the community based medical education so many challenges faced some of the challenges are transport problem for going to community, when moving large number of students to community unavailable of more vehicle, particularly now so many medical college now admission of 250 seats, so difficulty in the travelling. India is multi language country, students from different states so difficulty to communicate with local population and student from different culture, different settings like urban and rural so difficulty to adopt. Involvement of the students, some students involved in the theory and clinical care in hospital settings. Some faculty involved in the bedside teaching only. To making the timetable for the community based medical education. Non-cooperating from the community leaders and family member.

Table 1: Challenges of community based medical education.

S. no.	Variables
1	Increased workload for faculties
2	Travel to Community sites
3	Language barriers
4	Less involvement and motivation among the students
5	Lack of faculties
6	No cooperation from the community leaders Integration of community based and hospital setting

Steps for implementation the community based medical education

For effective implementation of CBME a good institutional area which provides ongoing health services and explores community needs would enhance community-oriented education. For each student program, the community should part of the planning process. This could be with some of the leaders or respected persons or patients who are well known the institution. Students could either live in the community for a period of the time or spend designated time in the community. Students could take some of the day-to-day responsibilities of running camp. Detailed plans for the actual programs with specific learning objectives and what the students will do including of the area, allotment of family, survey forms, collection of data, analysis, presentation, assessments, feedback and evaluation must be planned. Supervision of students in the field and mentoring are the next important steps to be planned. Transport requirements could present a challenge and need to be workout. Documentation of the experiences through records and logbooks must be carefully planned and students should have clear idea of what is expected.[13]

Benefit to students

Community based medical education make health services available to the community as soon as students begin to learn in that community, in this way they are contributing to the delivery of care. Community based medical education may equip students with competencies that they would never learn otherwise example leadership skills, the ability to work in a team, and the capability to interact with the community. In CBME students an opportunity to learn and work with other health professionals in, for instance, primary care units. Community-based learning was perceived by students as being particularly appropriate for learning about psychosocial issues, patient autonomy and communication skills.[14]

CONCLUSION

Community based medical education is very important part of the curriculum, not only the students and also community, faculties also benefited. Lot of challenges are in the implementation of CBME, so medical educational institutes try to clear the barriers for CBME. Faculties have responsibility to move the medical education settings from hospital to community based medical education. Students also need to show the interest to direct learn from the community, now NMC implemented the family adoption program in competency based medical education from 2022, everyone will follow that strictly.

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