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Review Article

Organising a medical camp in a community: are there lessons to be learned?

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ABSTRACT

Part of curriculum requirements for year 3 medical students at AIMST University is to organise a medical camp at end of their community medicine posting. The purpose was two-fold: to orientate medical students towards health needs of the people at primary care level and to bring health awareness to communities that have less access to basic health care services. Annually, seven such camps are held. Our aim was to assess the lessons learned by medical students in this activity and we based our findings from a camp held on January 2018 in village PB. This is a descriptive review. Once the location is selected, the rest is by the medical students - format of camp, flow, type of services offered, medications, invitations, alternate programmes, consultations and referral with assistance from faculty. A stipend of RM 500.00 is provided to cover expenses. A post-mortem is held finally to review feedback, lessons learned and to compile a report. Total of 154 people registered at this camp. We involved the students with an aerobic session. We engaged the village leaders in the opening ceremony. We worked with the local health department to assist in the programmes. Lessons learned were planning, teamwork, empathy, self-efficacy, compromise, leadership quality and resourcefulness. Funding was insufficient, and we sourced through well-wishers and supportive local doctors. Medical camps benefit students, community and the institution the students are from. Community involvement and intersectoral collaboration is essential for best benefits.

Keywords: Rural community, Medical camp, Medical students, Community involvement

INTRODUCTION

Undergraduate medical students at AIMST University in Kedah carry out rotations in community medicine in years one, three and four respectively. The curriculum in year one is knowledge based and the students are taught the basics in epidemiology, biostatistics, sociology and medical ethics. Application of this knowledge takes place in year three with problem based learning and small group teaching sessions covering the main aspects of public health. During their 6-week rotational postings in community medicine in year 3, the students are required to carry out a community survey in a location that has been pre-selected, usually with a help of the university liaison officer who then works with the community leaders to allow the students into their community. This process of community engagement is carried out by many medical universities as part of the student's exposure to the community.[1-3] The whole process at the University is facilitated by a designated supervisor from the unit of community medicine.

The aim of this community survey is many-fold: to plan a research methodology, carry out a community diagnosis, orientate students towards health of people at primary care level, to assess the health status of the community

and bring health awareness to the community about lifestyle diseases. At the end of the survey, the students are required to hold a medical camp in the community chosen for the survey.

This schedule has been running for many years. Effort, time and funds are spent on this. Annually seven to eight such camps are held, all as part of the student curriculum. Our aim here was to assess the lessons learned, if any by the medical students in this activity and we based our findings on one such camp.

METHODS

This is a descriptive review. It was held between January and February, 2018. Once the community is selected by the community liaison officer, the head of the student group meets with the village leader and key contacts in the village to discuss on a suitable date and venue of holding the health camp.

The medical students then work on the rest of the arrangements; this includes the format of camp, flow, type of services offered, medications, invitations, alternate programmes, consultations and referral with assistance from faculty. A stipend of RM 500.00 is provided to cover expenses. All the residents who turn up at the medical camp are provided with the basic screening of body mass index (BMI) and blood pressure monitoring. At the end of the posting and the medical camp a post-mortem is held to review feedback, lessons learned and to compile a report. The group leader collects the feedback from the students and compiles it. All the feedback is collected in the university as a feedback session.

RESULTS

This medical camp was held on the 20th January 2018 at a village in Kedah, located about 15 kilometres from the university campus. The students involved in this medical camp were year 3 undergraduates from Group G comprising of 28 students. They were all from ethnic groups different from the villagers where the medical camp was held and the ages ranged from 21 to 24 years. The students had to find their own way to commute to the camp in the period prior to the camp and during the process of preparation for the camp. This included discussion with the village head and community leaders on the feasibility, choice location that would best benefit the members of the community and logistics in getting the necessary equipment for the running for the camp. A stipend of RM 500 was given by the university for each camp but this amount was insufficient for the anticipated attendance and the students needed to source for additional funding.

This camp had support from the nearby health centre as the team from there attended as well; with the pharmacist giving a lecture on drug safety and the doctor and staff carrying out tuberculosis screening. In addition, local leaders from the district attended to give their support.

A total of 154 members of the community (both adult and children) attended the health camp. The day started off with an aerobics session led by the students themselves. The main participants were the children from the school where the camp was held. A total of 15 stations were set up for the camp ranging from registration counters, to stations for basic profiling including BMI, hypertension and blood glucose. They then followed through with counters for the paediatrician, physician, gynaecology, surgery, counselling, vision testing, breast self-examination, final consultation, pharmacy and final data collection. The students organised the stations and invited lecturers from the University to help man the stations. The students assisted with registration, taking blood pressure, height, weight, calculation of BMI, diabetes screening, screening of vision, and assisting at every counter as well as for translation. They liaised with the other faculties and departments within the University and invited the physiotherapy unit to join in the camp. Table 1 summarises the lessons learnt.

Table 1: Lessons learnt from running the health camp.

	Lessons learned	Description
1	**Application of various level of health prevention methods**	The students applied the primordial, primary, secondary and tertiary prevention methods in combatting a health condition or disease. It is an important aspect taught in their curriculum.
2	**Learned the health screening methods and procedures**	The 28 students manned the respective 15 stations. They got exposed to the basic health screening procedures like calculating the BMI anthropometrically, using the sphygmomanometer, glucometer, ophthalmoscope, counseling and distribution of basic medication.
3	**Enhance the medical skills and knowledge from clinical sessions**	The medical students polished on their history taking and physical examination skills during various consultation stations and basic breast self-examination as an early detection of breast cancer.
4	**Learnt about common diseases in the rural setting**	The team learned about the common medical conditions faced by the rural community, and in the process how they combat their medical conditions at various levels.
5	**Proper planning is important**	The students brainstormed many ideas and options to come out with a best plan. They prepared a backup plan to cater for minor problems.

Continued.

	Lessons learned	Description
6	**Compromise is necessary**	The group of 28 students came from various backgrounds and varying interests in which they were needed to be brought together as a group to understand the common need. In many instances, single interests needed to be compromised to accommodate the bigger picture with the end in mind, which is a health camp for the community. The student leader had a meeting with the village leaders to compromise on some ideas and plans for both sides.
7	**Leadership qualities are brought out**	The students led in the organization of the camp. Various sub committees were formed. The students were outside their comfort zone of the campus, but they effectively demonstrated their leadership qualities.
8	**Understand and build good relationship with the teammates**	Students effectively learned to build a good rapport with their fellow groupmates and solved any form of misunderstandings promptly
9	**Learned social accountability**	The students were mindful of the social concerns and priorities of the stakeholders here, who are the villagers.
10	**Learned to adapt and be flexible**	There was a lot of co-ordination that needed to be done. There were inconveniences and unexpected roadblocks, but we learnt to deal with it and look for solutions. We learned to adapt and be flexible.
11	**Foster empathy**	The students empathized with the villagers and were sensitive to their health needs. In the course of the medical camp we realized that dental hygiene was lacking and dental coverage poor in this area.
12	**Developed self-efficacy**	The students were efficient and confident in achieving their goals and the camp was successfully run. This was one of the largest medical camps over the recent months and it was executed smoothly.
13	**Community engagement**	The village leader and the other villagers worked throughout in the project with the students. The village leader officially opened the camp.
14	**Made new friends in the community**	The team bonded with the villagers. Six months after the camp, the team was still in contact with the village leader and was also invited for their festive celebrations.
15	**Resourcefulness**	Funding of RM500 was insufficient for medication, so the students approached local general practitioners who donated vitamins and other basic medications to help meet the need. This was by the resourcefulness of the students who approached various individuals for assistance.
16	**Intersectoral collaboration**	By working with the community leaders, the team from the health centre and local leaders in the district, the students learnt about the benefits of intersectoral collaboration. They also worked with the headmaster of the local school to allow them to use the school hall for the camp. In addition, they also worked with other faculties and departments in the University despite the Faculty of Medicine by inviting the physiotherapy unit to assist.
17	**Get to know the university staff better in the process**	By assisting the University staff in respective sessions, students gained the opportunity to know the staff better and build a good relationship with them. This serves not only medical staffs but also staffs from other faculties.
18	**Culture and mores of the villagers**	Most of the students are from an ethnically and socially diverse background different from most of the villagers. This was an opportunity to understand the rural population, their culture and mores.
19	**Life of the villagers and how they adapt to their social situation**	The students who are living in the urban appreciated the facilities they have as when compared to the village. The village had transportation difficulties and most of the facilities are being shared with the neighboring village. Besides, students also learned how villagers adapt to such limitations around them.
20	**Co-operation is essential**	This camp was made possible with good cooperation from the students, staff, other faculty staffs, the villagers and officers from Government departments. Intersectoral co-operation is essential and the key to success in any program.

DISCUSSION

The health camps were referred to as medical camps earlier, but the terminology has been changed to health camp as it was basically health efforts put in with more of health promotion and basic treatment of illness.

Lifestyle diseases, also classified as chronic diseases needs prompt attention as it may be fatal and such health camps serve to identify such diseases at an early stage to reduce the mortality and morbidity among citizens. As the saying goes ‘prevention is better than cure’.

Each group of year 3 medical students organise such camps and most of the organisation is left to the students to plan and manage. Generally, the ethnic compositions of the students who take part in the camp are different from those in the village. This is the first exposure for the students to a socio-culturally diverse group in their home setting. This finding has also been documented in medical camps organised by undergraduate medical students held in other states in the country.[4] The students learn to communicate, and they learn to collaborate. The students are mostly Malaysians, so the language is not a problem. But in running the camp, they are assisted by expatriates from AIMST University who help to run the stations and the students play a very important role of translating. In the process they get to know the lecturers in an informal setting.

The university campus is located 11 km out of the nearest town, in a rural setting and at first impression it appears formidable. When students liaise with the community and meet the people there and offer their services together with the lecturers in the university, it breaks down walls and gives a good impression to the community. The students get to engage with the community and the rural exposure has been shown to have potential value to all medical students.[5] It is well known that community partnership between communities and higher education institution promote health and serve as a bridge to the community.[4]

Malaysian still faces a shortage of medical doctors in rural areas. We could carry the lessons learned here and encourage students to do a rural elective in their fifth year where this is offered in the curriculum. This has shown to provide students with a helpful insight into conditions in rural practice and may help to narrow the urban rural divide.[6] Studies have shown that early introduction to the rural community and exposure encourages and motivates young graduates to practice there.[5,7,8] But, as observed elsewhere, we anticipate that medical graduates will tend to migrate towards specialised hospital-based training. Despite best of intentions, family, including family parental professional status and career will be the major determinant of where a young graduate chooses to work.[9,10] This occurs even in highly developed countries and the challenge is to keep these young graduates motivated to serve the underserved population.[11] Amongst those willing to work in rural areas, many chose to stay for less than a year before moving on elsewhere.[12]

The students become sensitive to local needs and can discern health needs, and in this instance, the students identified the need to include the dental component in these camps. Dental health can be easily overlooked as socially disadvantaged people generally do not visit a dentist unless there is a need. This need has been shown to be identified in other similar situations.[13]

The students learned a lot from holding a simple medical camp. The process of planning, organising and implementing exposes the students to a unique opportunity to deal with the community. Most of the lessons learned are based on soft skills. Soft skills including communication skills is a core competency for a medical graduate, one of the most desired qualities that is not easily taught, but need to be learned over time.[14-16]

CONCLUSION

Health camps benefit students, community and the institution i.e., the university. There are lessons to be learnt by students, the villagers and the lecturers who assist in the camp. They are a good platform to identify as well to prevent lifestyle diseases at an early stage and they should be continued with more funding. The benefits to the students are many and though not discussed often, it teaches them soft skills that will help them throughout their clinical phase. We recommend that more of these camps be organised such that there are follow ups to see if there is any improvement in health status of the community visited. We also recommend maintaining the minimal staff involvement in the organisation of these camps as it empowers the student to develop their leadership and other soft skills that is much needed competency for a medical graduate. For best benefit the scope of the camp can be expanded to include blood donations, dental check-up and organ donation involving more agencies for more positive and holistic effect on the health management in the community.

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