Community experience for medical students

This article outlines the features of community postings for medical students in their second clinical year at the Jawaharlal Institute of Postgraduate Medical Education and Research, in Pondicherry, India. Their exposure to the realities of preventive and social medicine in the field clearly helps them to cope with what would otherwise be only theoretical knowledge.

Since 1980, medical students in their second clinical year at the Jawaharlal Institute of Postgraduate Medical Education and Research, in Pondicherry, India, have been undertaking community medicine postings. This is part of an effort to reorientate medical education and provide training that reflects the health needs of the community.

When a posting has been completed the student should be able to plan and organize a health survey, describe the demography and socioeconomic status of a population, make comparisons with national statistics, identify health needs and problems, interpret health statistics, and describe health resources. The student should also be able to identify agents, hosts and environmental factors associated with diseases of public health importance, and suggest promotive, preventive and curative measures for patients, their families and the community.

The nature of the postings has been modified over the years in response to feedback from students and staff, and in accordance with the requirements of medical personnel involved in primary health care and the achievement of the health-for-all goals.

Community medicine postings

The students, in groups of 15–20, are pre-tested and then taken to a village every day for a month where they contact the leaders and explain the purpose of their visit. A sketch map of the village is prepared, and about a week is spent by groups of three or four students on a house-to-house survey with the help of a special form. At the end of each day a health education session is organized by the students. A day is spent at the village
school, where the children are examined and the conditions of sanitation and water supply are assessed. These are also inspected in the village, and a well is chlorinated. The local primary health centre is visited and discussions are held with health officials. The office for the registration of births and deaths is visited. Two to three days are spent compiling case histories of public health importance, perhaps involving tuberculosis, leprosy or malnutrition. After analysing the data, the students present their findings and recommendations to the faculty. Finally, they are post-tested.

Pre- and post-testing

Of the 407 students posted to community medicine over the period 1985–90, 332 were tested before and 298 were tested after the assignment.

In pre-testing, 81% of the students had correct ideas about the general life patterns and socioeconomic status of villagers; this emerged in responses to questions on the percentage of the rural population in India, the administrative structure in villages, housing, types of crops, overcrowding, water supplies, sanitation, waste disposal, and other matters. However, at this stage only 31% of the students correctly answered questions on demography, vital statistics, the knowledge, attitudes and practices of villagers relating to health, and health services; at post-testing, 77% gave correct replies to such questions.

At pre-testing, 50–90% of the students felt that rural people were uncooperative, suspicious and very superstitious. At post-testing, on the other hand, they considered the villagers to be more cooperative, trusting and only somewhat superstitious.

### Students’ assessment of their gain in knowledge and ability through community medicine postings

<table>
<thead>
<tr>
<th>Areas of knowledge and ability</th>
<th>Assessment of improvement (% of students)</th>
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<tbody>
<tr>
<td></td>
<td>Poor</td>
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<tr>
<td>Clinical abilities under rural conditions</td>
<td>24</td>
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<tr>
<td>Application of principles of prevention in clinical practice</td>
<td>14</td>
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<tr>
<td>Epidemiology, natural history of diseases, socioeconomic factors</td>
<td>10</td>
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<td>Ability to work with professional colleagues and auxiliaries</td>
<td>11</td>
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<tr>
<td>Ability to learn from practical experience</td>
<td>9</td>
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<tr>
<td>Means</td>
<td>14</td>
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</table>

The presentations and discussions demonstrated that the students were aware of the significance of such matters as community involvement, economics and the multisectoral approach to solving health-related problems. The students also became aware of the importance of considering the family, rather than the individual, as the unit for health care.

The overall gain in knowledge and ability attributable to the postings was rated as very good by 15% of the students, as good by 41%, and as fair by 30% (see table).

The students became aware of the importance of considering the family, rather than the individual, as the unit for health care.

However, 50% considered the gain as only fair in respect of clinical ability under rural conditions, while 24% rated improvement as poor in this area.
The staff and students assessed each student during presentations on community diagnosis, on a scale ranging from poor to very good, with reference to clarity, use of transparencies and other illustrative materials, manner of presentation, interpretation of data, and discussion. There was a significant positive correlation between staff and student assessments; the average scores given by students were actually slightly lower than those awarded by staff.

Acknowledgement

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Preparing for hazard analysis

Visit several establishment of the type in which hazard analyses are planned. Observe the situation and talk to the people in charge, such as the manager of a food establishment, shopkeeper, street vendor, or homemaker to obtain information about the type of foods usually prepared, the ways in which they are prepared, and when they are prepared. Explain the purpose of the study and its expected duration. Try to determine the degree of cooperation that can be expected and whether any special equipment will be needed. Choose the place where the analyses will be performed, make arrangements for the visit, and coordinate date and time of arrival. Emphasize that you are performing a scientific investigation, not an inspection, and that the data will not be used to condemn or embarrass anyone.