

Robert P. Yang

## Will community health revolutionize medical studies?

In an effort to meet the needs of today's doctors, the Sousse Faculty of Medicine in Tunisia is reorienting its curriculum toward practical training in solving community health problems.

Who would venture to start teaching agriculture or horticulture without discussing what soils different kinds of seed are sown in? Yet the equivalent of this has often been done in the teaching of classical medicine.

This comparison between plant-growing and medicine is neither new nor daring: it was one of the cornerstones of the teaching of Hippocrates. Now, modern medicine is rediscovering the notion of "soil", and etiology increasingly has to take into account the problems tackled by what has come to be known as community medicine, or community health.

Community health is not a new discipline with a precisely limited content but rather a complex of subjects and techniques that can further our understanding of pathological phenomena and their elimination. This complex includes, *inter alia*, epidemiology, demography, anthropology, sociology, psychology, economics, ecology, and public health.

### Updating the Medical Curriculum

Realizing that official medical curricula were "completely behind the times," the authorities of the Sousse Faculty of Medicine, Tunisia, have taken the initiative in introducing, from the first year of medicine instead of the fifth (starting with which, under the traditional system, hygiene and preventive medi-

cine have been taught), a course of instruction in community medicine and health, to be spread over all the years of study and integrated with the basic and clinical sciences. This programme was initiated during the 1977-78 university year. However, at the beginning of the next school year, the Department of Community Medicine decided to give fifth-year students an abridged, but highly diversified, course of instruction with a view to motivating and training this batch of future doctors for community health as well.

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What is original in this abridged programme is, first, that it gives priority to practical work and to training in small groups—which is in tune with the thinking of medical educators<sup>1</sup>—and, second, that it enables fifth-year students to obtain a global picture of community health and its teaching. Thus, the relevance of their curriculum to the health situation, which was revealed to them in their

The author is Professor of Community Medicine, Faculty of Medicine, Sousse, Tunisia.

<sup>1</sup> MILLER, G. E. & FÜLÖP, T., ed. *Educational strategies for the health professions*. Geneva, World Health Organization, 1974 (Public Health Papers, No. 61), p. 18.

practical work and during visits to industrial plants and public health establishments, soon enabled them to refute the argument against this course of instruction advanced by their first-year colleagues, who regarded it as a ruse designed to make them into health officers. Training in a medical specialty was, they thought, reserved for students in the capital.

Criticisms voiced by both students and teachers, together with the findings of an opinion poll on the teaching of community

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medicine as a whole (answered by all the students present at the time, representing 75% of the enrolment) revealed a need to reduce still further the divergence between theory and practice.

### **Reducing the Gap between Theory and Practice**

Various formulas have been proposed to focus the training of medical students on the solving of the health problems of a community.

First, it should be possible to reduce the gulf between classwork and field practice by combining the two so that each aspect complements the other. Integrating the teaching of theory of community health with field practice could be replaced by modular instruction, with a single evaluation at the end of each module.<sup>2</sup> Within these modules teamwork in small groups would be encouraged. The practice of having groups of a dozen students visit a factory, for example, seemed unprofitable to 62.7% of those polled, while 76.3% would have liked there to be only two students to each activity. The learning process could be stimulated by the previous distribution of specific well-defined objectives. Moreover, students would be more likely to derive maximum benefit from their field practice if it were backed by detailed documentation instead of *formal* lectures (whose value seemed questionable to many students). In addition, public

health physicians would have the task of supervising this teaching, which is at present done by instructors who are mostly interns with little experience. The public health physicians would also facilitate the acquisition of the practical experience needed to learn the "tricks of the trade". The interaction between the students and the different categories of health staff is now being investigated in greater depth by the Department of Community Medicine. A year-end review has shown that 55.9% of the students thought that their participation had enabled the work of the general medical team to be improved.

Finally, it has been shown that, after their training period in community medicine, 76.3% of the students felt a need to supplement their knowledge. A final examination on the training period, in addition to the training-period report by groups, might be established to improve the evaluation of the students' progress.

This course should enable the young physician to settle into his profession better and more quickly once he leaves the university. But its long-term effectiveness depends on its extension into all the course years and on a better delineation of the potential career profiles of the future physicians. For example, since many students intend to go into private practice, it would be realistic to introduce into the curriculum a short period of training in a private practitioner's office.

The teaching of community medicine—now being encouraged at other faculties of medicine in the Maghreb (Tunis, Casablanca, and Algiers)—seems already to have produced a beneficial impact. A realistic and objective appraisal, however, will be possible only in a few years' time, when the young graduates will have become full-fledged professionals. It will then be possible to answer two basic questions: will they be capable of solving the health problems of the communities in which they are working and will they be able to maintain that capability despite the habits acquired later in formal hospital organizations and despite the seduction of private medical practice? □

<sup>2</sup>This would necessitate the establishment of a bank of multiple-choice questions on social and preventive medicine at the national or, for that matter, inter-Maghreb level.