Bangladesh Journal of Medical Education
ISSN: 2306-0654

Vol.- 09, Issue- 01, 2018

Original Article

Views of the students of the selected non-government medical colleges of Bangladesh regarding community based medical education (CBME) practice in their institutes

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Abstract

This was a descriptive cross-sectional study conducted in 2015, objective was to find out the views of the students of 3rd phase of non-government medical colleges regarding the community based medical education practice in their colleges. Data was collected from 507 students of 12 medical colleges by using self-administered structured questionnaires. Among the students 223 were from the Dhaka city and 284 from outside the Dhaka city.

Almost 90 percent of the students mentioned that their institutes conducted RFST and Day Visit programe, and duration of Residential Field Site Training (RFST) programe ranges from 1-30 days with mean 9.45 and SD ± 6.34. Most of the students mentioned that they did not stay night in the community. About sixty percent of the students were satisfied with the RFST programe . During RFST programme most of the students 387 (77.7) visited upazila health complex, and 296 (59.4) participated in the conduction of survey. Most of the students visited institute of public health, EPI head quarter and MCH centre or clinic during Day visit programme. Most of them mentioned problems faced in RFST programme as: lack of transport support; lack own accommodation facilities; lack of security; and lack of cooperation from the authority of the different organizations. Suggestions given by the students for the further improvement of the practice of CBME programme in their institutes were mainly : realization of importance of CBME by college authority , teachers and students; College authority should be well motivated for conducting the CBME programme activities in their institute; College authority should build dormitories for the permanent solution of the residential problems and College authority should have the required amount of transport for this activities.

Key Words: Community Based medical education (CBME), Medical College, practice

Introduction

An important policy of the World Health Organization is to foster the type of educational programme for health personnel that will make them responsive to the needs of the population they serve, in order to achieve the goal of health for all. Such training is most effective if it is carried out in close relation to the actual community in which the health personnel are later to work, or to one of the same type. It should be based largely in the community, or in any of a variety of health service settings. This concept is called community based education (WHO Technical report series 746. 1987).

It 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. The learning environment may be an urban community, even though at present most of the people in developing countries live in rural areas. Indeed, community-based education can be conducted wherever people live, be it in rural, suburban, or urban area, and wherever it can be organized (WHO Technical report series 746. 1987).A community-based learning activity is one that takes place within a community or in any of a variety of health services settings at the primary or secondary care level. Learning activities conducted in large-scale, specialized medical care facilities, such as hospitals providing tertiary care, cannot be considered as community-based activities. (WHO Technical report series 746. 1987)

Community-based learning activities include;

a) Assignment to a family whose health care is observed over a period of time;

b) 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 or over women.

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Bangladesh Journal of Medical Education 2018;9(1):21-25.

c) Participation in a community survey or community diagnosis and action plan, or in a community-oriented programme, such as immunization, health education of the public, nutrition, or child care;

d) Supervised work at a primary care facility, such as a health centre, dispensary, rural or district hospital

Almost all countries have community-based educational porgrammes in which all types of social system and all levels of development are represented. However, they have been most successful in developing countries because of the benefit derived from the services of the students by both the country and the community involved, especially if it is in a remote or poor, suburban or urban, area where the services are needed most. (WHO Technical report series 746. 1987)

During their training in the community, students may be learning about the socio economic aspects of illness and the health services in their community. They may be acquiring clinical skills as a result of their contacts with patients. They may be learning about the approach adopted by the practicing health personnel in dealing with patient problems they encounter. They may be learning more about the frequency and types of problems encountered outside the hospital settings. The teaching learning in the community will help the students to be motivated and prepare themselves to work in the rural areas in future.

Community based Medical education is a component of many medical curriculum and may contribute to the solution of the inequity in the health services by producing doctors equipped and willing to work in rural and underserved communities(Mudarikwa RS et al.2010). In undergraduate medical education curriculum 2002 of Bangladesh the duration of CBME programme is 40 days. Out of this 40days, 14 days is allocated for residential field site training programme(RFST) and 26 days for day visit programme. The RFST programme comprise of 1 week course in the community placement, and 1 week for primary care. This RFST programme is conducted in Uazilla health complex. The programme out line is well mentioned in the curriculum. Students visit different places of public health importance in the day visit programme (Curriculum for undergraduate medical education in Bangladesh 2002).

Methodology

The study was a cross-sectional descriptive study and was conducted in twelve non- government medical colleges. Study population was students of 3rd phase of different non-government Medical colleges established at least 5 years back. Out of twelve medical colleges purposively 6 medical colleges was selected from the non- government medical colleges of Dhaka city, 6 from the outside of the Dhaka city. Five hundred and seven students were selected by convenience sampling methods. A self- administered structured questionnaire for the students was used.Questionnaire was anonymous .Prior permission from the respective college was taken for conducting the study and data collection in their institutes. SPSS soft-ware was used for analysis of the data. Data was analysed according to objectives and was presented by frequency tables.

Results

Table 1: Distribution of the students by Location of medical college and gender

Location of medical college	Gender		Total
	Male	Female	
In the Dhaka city	84(37.7)	139(62.3)	223(100)
Outside Dhaka city	157(55.3)	127(44.7)	284(100)
Total	241(47.5)	266(52.5)	507(100)

In this study total numbers of respondents were 507 students. Out of the 223 students from Dhaka city 84(37.7) were male and 139(62.3) were female. Out of the 284students from outside Dhaka city 157(55.3) were male and 127(44.7) were female.

Table 2: Distribution of the responses of students by types of Community based medical Education (CBME) programme conducted in their medical colleges.

Types of community based medical education (CBME) programme	Frequency	Percentage
RFST (Residential Field site training)	448	88.9
Day visit	448	88.9
Study tour	78	15.5
Others	10	2.0
Total	984	195.2

**Multiple responses*

Table 2 shows the distribution of the responses of students of medical colleges regarding types of community based medical education (CBME) programme conducted in their institute. Al most all students, 448(88.9) mentioned that RFST and Day visit programmes were done by their colleges. Only 78(15.5) students mentioned that they have study tour programme

According to students' responses the mean duration in days of RFST programme practiced in their institute is 9.45 days, and minimum 1 day and maximum 30 days .Most of the students 433(86.6) mentioned that the students and teachers did not stay at night in the community. Only 67(13.4) mentioned that the students and teachers stay at night in the community.

Table 3: Distribution of the responses of the students by activities of the RFST programme and institutes they visited as site for Day visit programme.

Activities of the RFST programme	Frequency Percentage	The institutes Students visited as site for Day visit programme	Frequency Percentage
Visit to upazila health complex	387 (77.7)	Institute of Public health	388 (77.0)
Visit to union sub centre	160 (32.1)	Institute of public health nutrition	240 (47.6)
Visit to family welfare centres	172 (34.5)	TB leprosy clinic	369 (73.2)
Visit to community clinic	204 (41.0)	EPI head quarter	483 (95.8)
Visit to other rural hospitals/health centres	107 (21.5)	MCH centre/clinic	291 (57.7)
Visit to non- government organizations	130 (26.1)	Sewerage treatment plant	194 (38.5)
Visit to rural village school	123 (24.7)	Sewerage treatment plant	194 (38.5)
Visit to General practitioner's chamber	23 (4.6)	Water treatment plant	172 (34.1
Conduction of Survey (data collection)	296 (59.4)	Old home	89 (17.7)
Observation of socio-cultural aspect of the rural community	86 (17.3)	Orphanage	19 (3.8)
		Rehabilitation centres	223 (44.2
		Slums	67 (13.3
		Special school visit	64 (12.7
		Industries	221(43.9)
		Food factory	57 (11.3

**Multiple responses*

Table 3 shows distribution of *the responses* of the students by their opinion regarding activities of the RFST programme. The frequency of responses were visit to upazila health complex 387 (77.7); Visit to union sub centre 160 (32.1); Visit to family welfare centres 172 (34.5); Visit to community clinic 204 (41.0); Conduction of Survey (data collection) 296 (59.4); and observation of socio-cultural aspect of the rural community 86 (17.3).

Table 3 also presents the distribution of the responses of the students regarding site for Day visit programme for their institute. The frequency of responses were 388 (77.0), 240 (47.6), 369 (73.2), 483 (95.8), 291 (57.7), 194 (38.5), 172 (34.1), 223 (44.2), for institute of Public health; institute of public health nutrition; TB leprosy clinic; EPI head quarter; MCH centre/clinic ; sewerage treatment plant; water treatment plant; rehabilitation centres; respectively .

Table 4: Distribution of the responses of the students by their level of satisfaction with the RFST activities of their colleges

Level of Satisfaction	Frequency	Percentage
Very dissatisfied	68	13.7
Dissatisfied	37	7.5
Neither satisfied nor dissatisfied	90	18.2
Satisfied	211	42.6
Very satisfied	89	18.0
Total	495	100.0

Table 4 shows the distribution of the responses of the students by their level of satisfaction with the RFST activities of their colleges. Of the students 89 (18.0) were very satisfied, 211(42.6) were satisfied and 68 (13.7) were very dissatisfied, 37(7.5) dissatisfied with the RFST activities of their institutes.

Table 5: Distribution of the students by their opinion regarding the problems /barriers they faced during RFST programme

Problems /barriers Students faced during RFST programme	Frequency	Percentage
Lack of transport support	215	52.6
Lack of fuel support	59	14.4
Lack of fund	239	58.4
Lack of accommodation facilities	194	47.4
Lack of security	134	32.8
Lack of cooperation from the authority of the different organizations	103	25.2
Lack of teachers from own organization	36	8.8
Lack of awareness of the teachers, students and authorities about the importance of the CBME programme	54	13.2
Students' non cooperation	31	7.6
Support staffs non cooperation	61	14.9

**Multiple responses*

Table 5 presents the distribution of the responses of the students regarding the problems /barriers they faced during RFST programme. Students' opinion with frequency were Lack of transport support 215 (52.6) ; Lack of fund 239 (58.4); Lack of accommodation facilities 194 (47.4); Lack of security 134 (32.8).

Table 6: Distribution of the students by their suggestions about further improvement of the RFST, Day visit programme (Community based medical Education) activities in their medical colleges and other colleges

Suggestions about further improvement of the RFST, Day visit programme (CBME) activities	Frequency	Percentage
Realization of importance of Community based medical Education (CBME) by college authority, teachers and students	305	62.6
College authority should be well motivated for conducting the CBME programme activities in their institute	272	55.9
There must be a good plan, including objectives so that the activities can be evaluated	301	61.8
During orientation programme students and guardian must be well informed about the CBME programme along with the other activities of the colleges.	173	35.5
Required amount of fees can be taken from the students for participation in the CBME programme.	73	15.0
Contact with different organization for the programme should be confirmed in proper time	236	48.5
College authority should build dormitories for the permanent solution of the residential problems	191	39.2
They can also hire accommodation of other organization in a temporary basis	167	34.3
Respective department must take preparation for performing different activities in time for the implementation of the CBME programme in proper time	175	35.9
College authority should have the required amount of transport for this activities	239	49.1

**Multiple responses*

Table 6 presents the distribution of the students by their suggestions for further improvement of the RFST, Day visit and other CBME programme activities in their medical colleges and other colleges. Frequency of Students' opinion were : realization of importance of CBME by college authority, teachers and students 305 (62.6); College authority should be well motivated for conducting the CBME programme activities in their institute 272 (55.9); there must be a good plan, including objectives so that the activities can be evaluated 301 (61.8); during orientation programme students and guardian must be well informed about the CBME programe along with the other activities of the colleges 173 (35.5); Contact with different organization for the programme should be confirmed in proper time 236 (48.5); College authority should build dormitories for the permanent solution of the residential problems 191 (39.2); and College authority should have the required amount of transport for this activities 239 (49.1).

Discussion

Almost all students mentioned that RFST and Day visit programme was done by their institutes. According to student' opinion duration of RFST programme practiced by their institute varies from 1 to 30 days. Most of students opined that they did not stay at night in the community. Most probable reason behind this might be that most of the non-government medical colleges do not have own accommodation facilities for the RFST programme.

The percent of responses for activities of the RFST were: Visit to upazila health complex 77.7%; Visit to union sub centre 32.1%; Visit to family welfare centres 34.5%; Visit to community clinic 41.0%; Conduction of Survey (data collection) 59.4%; and observation of socio-cultural aspect of the rural community 17.3%; Visit to General practitioner's chamber4.6%. Most of the students mentioned the sites of day visit programme as : Institute of Public health; TB leprosy clinic; EPI head quarter; and MCH centre/clinic and Industry/ Milk industry /food factory .Worley PS and Couper ID (2013) mentioned that common settings for CBME include : general practice/ family medicine clinic; village and community health centre; rural hospital; family planning clinic; specialist and consulting clinic ; patients home; schools; factories; farms; community fairs; and shopping centres etc. Maley M(2009) mentioned that remote and rural communities provide a rich learning environment in which students can rapidly acquire competences and confidence in primary care in a generalist setting . (Magzoub MEMA, & Schmidt HG, 2000) classified CBME programme and one category was research oriented programme . In this category, students and staff are mainly involved in studying the problems of community health. The research aims at informed decision making, addressing, for instance, a health care delivery problem. Many of these programs are established in developed countries.

About 60% of the students were satisfied with the RFST programme activities of their colleges. WHO technical report series 746, mentioned from other studies that the students themselves evaluate community based education highly, they enjoy the experience and learn aspect of medical care that cannot be learned elsewhere. The present study found out the opinion regarding the problems /barriers students faced during RFST programme. The most of the students opined that lack of transport support; lack of fund; and lack of accommodation facilities as barriers. About 30% of the students mentioned 'non commitment of the college authority' as problems /barriers. WHO technical report series 746, mentioned that if the communities used are in remote areas transport, communication, and housing problems can arise even in a developed country.

Most of the students' suggestions for further improvement of CBME programme were realization of importance of CBME by college authority, teachers and students: and College authority should be well motivated and committed for conducting the CBME programme activities in their institute. In WHO technical report series 746, it was also mentioned that teachers are often not willing to give up part of the curriculum time devoted to their particular discipline to enable students to obtain an appropriate balance of community based experience. Page S & Briden S, (2008) mentioned that medical schools that provide rural educational placements, and the communities that hosts those placements, must give serious consideration to the structure and supports to ensure both quality and enjoyment of rural placements.

Conclusions

According to students' view of the 12 non- government medical colleges most of the colleges were not conducting CBME programme activities according to undergraduate medical curriculum 2002. Students mentioned problems faced by them in conducting the RFST programme as: lack of accommodation facilities, transport support and security; Lack of cooperation from the authority of the different organizations. Students' main suggestions for the further improvement of the practice of CBME programme in their institutes and in other institutes were : realization of importance of CBME by college authority , teachers and students ; College authority should be well motivated and committed for conducting the CBME programme activities in their institute; there must be a good plan, including objectives so that the activities can be evaluated; College authority should build dormitories for the permanent solution of the residential problems; and should have the required amount of transport for this activities.

Acknowledgement

This project was partially funded by Planning and Research, DGHS, MOH& FW. It was greatly acknowledged the funding of Planning and Research, DGHS, MOH& FW.

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