



ATTITUDE TOWARDS LEARNING COMMUNITY MEDICINE AS A SUBJECT AND CAREER OPTION AMONG STUDENTS IN A MEDICAL COLLEGE IN KASHMIR

Rabbanie Tariq Wani*	Department of Community Medicine, Government Medical College, Srinagar *Corresponding Author
Sheikh Sahila Nabi	Department of Community Medicine, Government Medical College, Srinagar
Shazia Javaid	Department of Community Medicine, Government Medical College, Srinagar
Tanzeela Bashir Qazi	Department of Community Medicine, Government Medical College, Srinagar
Hibba Dar	J & K Health Services, J&K
Sarmad Pandith	MEM Resident, George Washington University, Max Hospital, New Delhi

KEYWORDS :

Introduction

From the mid twentieth century, there has been progressively rapid and extensive change in the way evaluation is conducted in medical education. Although new range of methods of assessment have been developed and implemented over period of time and they have focused on clinical skills, communication skills, procedural skills, and professionalism [1].

The objectives of teaching Community Medicine to MBBS students in India can be broadly grouped in to the following areas [2] : to prepare them to function as community and first level physicians in accordance with the institutional goals, to raise awareness among students regarding social, financial, environmental, personal, occupational issues of the patients and to inculcate among students the habit of considering the above mentioned factors while rendering patient care, to imbibe in them the practised techniques of prevention at Individual, National and Global level for different health issues, to acquaint the students with National Health Programmes and Policies and International Health Policies and Agencies, to teach research methodologies and principles as to create scientific attitude. But the medical colleges in India have often been set as “ivory towers isolated from the health systems, training students for ill-defined standards of academics & dimly perceived requirements of the 21st century, largely forgetting or even ignoring the pressing health needs of today's and tomorrow's society.” (Dr. Halfdan Mahler, Former Director General, WHO) [3]. But the medical education scenario right now in India is that “physicians of tomorrow are taught by teachers of today using a curriculum of yesterday” [4].

The concept of community medicine is relatively new, as it is a successor of what was previously known as community health, public health, preventive and social medicine, which all share a common ground i.e. promotion of health and prevention of disease. India is in a phase of rapid epidemiologic, sociodemographic transition. [5]. Community medicine is a branch of medicine that promotes the health and well-being of the community through comprehensive health-care approach. The mission of community medicine teaching is the holistic training of a medical student, who has to demonstrate knowledge, competence in dealing with primary health care, evidence-based practice, interdisciplinary teamwork, and professional and ethical behavior in practice to improve and sustain the health of the population.[5]

India is currently being burdened by infectious diseases, nutritional deficiencies and unsafe pregnancies as well as the challenges of increasing trend of lifestyle diseases and emerging/ reemerging epidemics of infectious diseases and this needs a concerted public health intervention to prevent disease and promote health and wellness among masses. Community medicine also deals with teaching of health economics. The practice of community medicine incorporates information about economic realities which includes imparting skills

about cost benefit and cost effective analysis into medical education to enable physicians to make better-informed decisions.[6]

Community medicine has a very crucial role in improving health care especially in developing countries like India,. The community based health related programs have positively influenced of dealing with patients when posted in rural areas. Several studies have reported the importance of Community learning programs and investigating student feedback have been done.[7-11] Students prefer to select a clinical specialty as a career choice while in graduation.[12-15]. The preference of medical school students to pursue postgraduation (PG) is widely varied. Preferences may depend on personal interest, sex, childhood influence, family and social influence, monetary reason, intelligence, skill challenge, security of profession, future opportunities.[16]. Most of the medical schools in the countries have switched over to the system based or competence based learning, incorporating community based learning as well.[17]. The study intended to determine the attitude toward learning community medicine and to determine the preference of PG specialty among medical school students.

Methodology

Study setting: The study was conducted among medical student of Government Medical College, Srinagar.

Study design: This was a cross-sectional study.

Sampling and study population: The study population was the students pursuing MBBS course from June 2018 to September 2018. The selected medical school comprised 450 medical students (150 in 1st year and 2nd year, 150 in Prefinal year 150 students All medical school students who were above 18 years of age and willing to participate were included. Finally, a total of 390 study participants, of which 123 from 1st year, 139 from 2nd year and 128 from 3rd year were included in data analysis as their questionnaires were complete. The study instrument was pretested among fifty students in medical students from Government Medical College, Srinagar and necessary modifications were made.

Data collection and analysis

After explaining the intent of the study, self-administered questionnaire was administered to the medical students. Data analysis was done with Statistical Package for Social Sciences (SPSS IBM) version 25. Data was expressed as percentages

Study duration: The study duration was from June 2018 to September 2018.

Study tool: The study tool was designed by the authors after extensive review of literature and with inputs from experts in the field and result outcome of a focus group discussion with MBBS undergraduate

students of a medical college.

RESULTS

Among the total 390 study participants, 192 (49%) were male and 198 (51%) were female. The age group of study participants ranged from 18 to 24 years with a mean (SD) of 21.7 ± 1.72. 315 (81%) and 75 (19%) study participants were belonging to upper middle and middle class, respectively (as per Modified Kuppuswamy Scale 2017).

Table 1: Characteristics of participants (n=390)

Variables	n (%)
Gender	
Male	192 (49.2)
Female	198 (50.8)
Year of Study	
First year	123(31.5)
Second Year	139(35.6)
Prefinal year	128(32.8)
Residence	
Urban	70 (17.9)
Rural	320 (82.1)
Socioeconomic Status	
Upper	315(81.0)
Upper Middle	75(19.0)

Of total 390 study participants, 304(78%) reported of having an interest in learning principles of community medicine. 311 (79.8%) were of the opinion that community medicine subject is mandatory in undergraduate medicine curriculum. 304 (77.9%) were interested in principles of Community Medicine. Around 3/5th of study participants thought of Community medicine as an interesting subject in second of year of medical graduation.

33.1% (130) said they feel bored while writing community medicine in comparison to other subjects. Majority 320 (82%) were of the opinion that the best way to learn the principles of community medicine is field visits 130 (32.3%) followed by Family study 78 (20.0%) and then followed by Small Group Teaching 71(18.3%) 218 (52.3%) study participants said that field trips were interesting and learning experience.

Around 30.9% (121) thought Non communicable disease as the most interesting topic followed by Communicable diseases 29.8% (116) followed by Nutrition 27.7 (108). Epidemiology was considered has the most useful domain of Community Medicine (74.4%) 290 followed by Preventive Medicine 246 (63.1%) and then Lifestyle Medicine 170 (43.3). Almost 4/5th of the participants thought two years as the right duration for studying community medicine [Table 2]. Half of the study participants thought memorizing topics needed special interest or additional attention in Community Medicine. Only 1/5th of study participants thought of taking a Post graduate course in community medicine if didn't get a chance in other subject of interest. Half of the study participants thought Community Medicine as a boring but useful subject and alarmingly 37% thought of Community Medicine as boring and a useless subject.

4/5th of study participants thought Community Medicine didn't have scientific prestige equivalent to other specialties. Of fourteen major subjects of MBBS curriculum, only 14 (3.5%) thought of community medicine as a subject of interest. The most interesting subjects during MBBS curriculum were internal medicine 129(33.3%), General surgery 116 (29.8%). [Table 3]. Among those who wished to pursue PG in community medicine, the major reason 43 (57.3%) quoted was due to a personal interest in community medicine subject. The reason for not wishing to pursue career in community medicine was interest in other subjects 246 (78%), and poor income prospects post-PG 69 (22%).

Table 2: Perception of learning Community Medicine among study participants

Perception	n (%)
Interested in Principles of Community Medicine	304 (77.9)
Consider PSM as a mandatory subject to medicine curriculum	311 (79.8)
Consider it's a boredom writing PSM in comparison to other subjects	130 (33.1)
Community Medicine is interesting in which year of study	

First year	46(15.1)
Second year	189(62.3)
Prefinal year	69(22.6)
Most interesting topics in Community Medicine	
Non-Communicable Diseases	121(30.9)
Communicable Diseases	116(29.8)
Nutrition	108(27.7)
Environmental Health	15(3.8)
Recent advances in Healthcare	30(7.8)
Most interesting Teaching method in Community Medicine	
Conventional Lectures/Presentations	59(15.1)
Family Study	78(20.0)
Small Group Teaching	81(18.3)
Field Visit	130(32.3)
Tutorials/Discussions	52(13.3)
How Community Medicine useful in future*	
Preventive Medicine	246(63.1)
Lifestyle Medicine	170(43.3)
Epidemiology	290(74.4)
Biostatistics	87(22.3)
Nutritional assessment	134(34.3)
Research	106(27.1)
Duration of Studying Community Medicine	
One year	69(17.6)
Two year	282(72.3)
Three years	39(9.0)
Areas need special interest in Community Medicine*	
Epidemiological Exercises	160(41.0)
Statistics	156(39.9)
Definitions	164(42.0)
Memorizing topics	203(52.1)

37.4% (146) thought community-oriented teaching as interesting methods to improvise interest in community medicine. 48% (188) study participants thought OSPE as most interesting evaluation method. Study participants thought in practice visits as the best way of study material to be used to learn Community Medicine.

Table 3: Preference of medical school students regarding Community medicine

Variables	n (%)
Aspire to become Community Medicine Specialist	
Yes	75(19.2)
No	315(80.8)
Causes of less Preference	
Interested in other subjects	246 (78)
Poor income prospects post PG	69 (22)
Scientific prestige in Community Medicine is equivalent to other specialties	
Yes	114(29.3)
No	276(70.7)
Subject of interest	
Internal Medicine	129(33.3)
General Surgery	116(29.8)
Obstetrics & Gynecology	74(18.9)
Physiology	43(11.0)
Community Medicine	14(3.5)
Others	14(3.5)
Is Community Medicine being promoted well by Department	
Yes	287(73.7)
No	103 (26.3)

Discussion

The study intended to find the attitudes and perceptions of medical students about community medicine in among the undergraduate students. The response rate among the medical students was 90%. Majority (52.3%) reported that the best way to learn the principles of community medicine is field demonstrations. Community-based learning including demographic and morbidity surveys, field surveys, community diagnosis, etc., rather than classroom-based learning is extremely helpful in the application of learned principles of community medicine.[5] Furthermore, community-based teaching, a type of experience-based learning, plays a key role in the application of

learned principles of any discipline. This community-oriented medical education helps in educating learners to be primary care physicians of the community.[1] Further, student-oriented learning methods such as case studies, problem-oriented learning, and experiential learning plays help the physicians to possess the knowledge and abilities required in their medical career. Both community-based learning and self-directed learning provide a complete orientation toward learning the principles of community medicine. Different learning methodologies as proposed by MCI such as, Objective Structural Practical Examination, evidence-based medicine teaching, soft skills development exercise, learning-by-doing method and simulation exercise, problem-based learning have to be implemented uniformly in all medical schools.[2]

Almost 79.8% had an opinion that community medicine subject is mandatory in undergraduate medicine curriculum. MCI in the curriculum of an undergraduate medical school had a mandatory objective of teaching community medicine. The training is being imparted to make the students aware of environmental, social, financial, personal, occupational issues of the patients to render care, orient the students with health systems, programs, and policies as well as training them as community and first level physicians.[2] Integrated teaching classes should be undertaken by integrating across various specialties both horizontally and vertically for commonly occurring diseases and health conditions to attain knowledge and skills related to practice in primary health-care and family medicine.

Although 64% were interested in learning the principles of community medicine. However, unfortunately, only 19.8% students wished to pursue PG in community medicine discipline, and major reason (61%) among them was if they don't get a chance in any other subject. Reasons for preferring other disciplines were due to personal interest, better income scales, lack of attraction in terms of scientific technical interest, workplace conditions, and research potential as has been reported in previous studies.[18] In addition, teaching styles and methods of medical teacher also have influence in inculcating learning and further interests. Standardizing of teaching methods based on the MCI regulations [2] could address the issue to a greater extent. In view of achieving this, periodic training for the medical teachers in regional medical education workshops must be a definite solution. As the study was conducted in only one medical school the results could not be generalized. Further similar studies are required in medical schools of public health sector in future.

Conclusion

The majority of students considered community medicine as a mandatory discipline in undergraduate curriculum. However, only a few students are interested in pursuing specialization in community medicine. The World Health Organization envisages that Community Medicine Education goal is to create a band of doctors who should have expertise skills of health care provider, communicator, decision-maker, manager, and/or community leader. In view of making this reality, redesigning of teaching methods and its implementation have to be done. Around three-fourth of Indian population live in rural area for improvement of health status; there is a need for a paradigm shift in community medicine curriculum in undergraduate medical education so as to mold medical graduates with sufficient knowledge and skills in various aspects of Public Health, Primary Health Care, and Preventive Medicine with significant emphasis on Research activities. To achieve these objectives, different teaching learning methodologies, like OSCE, OSPE, Problem solving assignments, Project oriented learning, Evidence Based Medicine teaching and Soft Skills Development are to be adopted, as stipulated in the New MCI Regulations.

REFERENCES

1. Norcini JJ, McKinley DW. Assessment methods in medical education. *Teach Teach Educ.* 2007;23:239-50.
2. Medical Council of India Regulations on Graduate Medical Education; 2012. Available from: http://www.mciindia.org/tools/announcement/Revised_GME_2012.pdf.
3. Kumar R. Academic institutionalization of community health services: Way ahead in medical education reforms. *J Fam Med Primary Care.* 2012;1:10-19.
4. Ananthakrishnan N, Sethuraman KR, Santhosh K. (Editors). Curriculum. *Medical Education Principles and Practice*, 2nd ed. Alumni Association of NTTTC JIPMER Pondicherry. 2000;179-83.
5. Park, K. *Park's Textbook of Preventive and Social Medicine* (24 Ed.). Jabalpur: BanarsidasBhanot; 2018
6. Guidelines for Preventive and Social Medicine/ Community Medicine. *Community Health Curriculum in the Undergraduate Medical Education*, World Health Organization SEA-HSD-325. New Delhi; 2010. p.4. Available from: http://www.apps.searo.who.int/PDS_DOCS/B4451.pdf.

7. Singh MK, Singh AK. Community Medicine as a career option! How is it perceived by medical students? *NJCM.* 2013 Jun 30;4(2):241-6
8. SessionsSY, DetskyAS. Incorporating economic reality into medical education. *JAMA* 2010;304:1229-30
9. Datta KK. Presidential address. The Indian Public Health Association. *Indian J Public Health* 1995;39:31-8.
10. Biswas R, Mitra NK. Concepts of community medicine: Educational and extension services in community health care. *Indian J Public Health* 1997;41:103-5.
11. RolfeIE, PearsonSA, ClearyEG, GannonC. Attitudes towards community medicine: A comparison of students from traditional and community-oriented medical schools. *Med Educ* 1999;33:606-11.
12. Critchley J, DeWitt DE, Khan MA, Liaw S. A required rural health module increases students' interest in rural health careers. *Rural Remote Health* 2007;7:688.
13. KhaderY, Al-ZoubiD, AmarinZ, AlkafageiA, KhasawnehM, Burgan S, et al. Factors affecting medical students in formulating their specialty preferences in Jordan. *BMC Med Educ* 2008;8:32.
14. Yousef K, Dema AZ, Zouhair A, Ahmad A, Mohammad K. Factors affecting medical students in formulating their specialty preferences in Jordan. *BMC Med Educ.* 2008; 8: p.32.
15. Akhund S, Shaikh ZA, Kolachi HB. Career Related Choices of Medical Students from an International Medical College of Karachi, Pakistan. *JLUMHS.* 2012 Dec;11(3):180-41e2e
16. KhaderY, Al-ZoubiD, AmarinZ, AlkafageiA, KhasawnehM, Burgan S, et al. Factors affecting medical students in formulating their specialty preferences in Jordan. *BMC Med Educ* 2008;8:32
17. Ananthakrishnan N, Sethuraman KR, Santhosh K. Curriculum. *Medical Education Principles and Practice*. 2nd ed. Pondicherry: Alumni Association of NTTTC, JIPMER; 2000. p. 179-83
18. López-Roig S, Pastor MÁ, Rodríguez C. The reputation and professional identity of family medicine practice according to medical students: A Spanish case study. *Aten Primaria* 2010;42:591-601