Community Oriented Strategy in Medical Education

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- A CBE program is an instructional program carried out in a community context, outside the academic hospital.

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- CBE is not a unitary concept but a set of attempts to contribute to the quality of life in a particular community and, at the same time, create conditions for students to acquire hands-on understanding of the nature of the problems to be faced in future professional practice, and to develop relevant skills.

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- the skills of graduates are needed in the community more than in the tertiary hospital.

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- Unfortunately, medical education as it is practiced in most educational institutions for the health professions is quite skewed toward the cure of individuals in tertiary health care, whose problems represent only the tip of the iceberg of the prevailing community health problems.

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Community-oriented education

- *Community-oriented education* is a type of training of health personnel that focuses on both population groups and individuals and that takes into account the health needs of the community concerned.

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Community-based education

- *Community-based education*, is a means of achieving educational relevance to community needs and, consequently, serves as a way of implementing a community-oriented education program. It consists of learning activities that utilize 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 involved throughout the educational experience.

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Community orientation

- Community orientation refers to the *objectives* of the school and their relevance to community health needs. These objectives are reflected in the content of the curriculum. This means that the subject matter studied by the students has direct relevance with regard to the priority health problems of the society for which these students are trained.

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Community-based education

- Community-based education, on the other hand, refers to *learning activities* that take place in a particular setting, the community setting. The activities undertaken in that setting may, or may not, be relevant to community health needs.

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Why community-based education

- Community-based education (CBE) may contribute to the solution of the problem of inequity in service delivery by producing doctors who are willing and able to work in the underserved areas, particularly rural communities.

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Why community-based education

- CBE can enhance learning in much the same way that problem-based learning (PBL) does. (That is, both CBE and PBL provide (1) opportunities for students to learn in situations similar to those in their later professional lives, and (2) opportunities to elaborate on previously acquired knowledge.)

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Why community-based education

- Many community-based programs make health services available to the community as soon as students begin to learn in that community; in this way they are contributing to the delivery of care.

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Why community-based education

- CBE may equip students with competencies that they would never learn otherwise, e.g., leadership skills, the ability to work in a team, and the capability to interact with the community.

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Why community-based education

- CBE offers students an opportunity to learn and work with other health professionals in, for instance, primary care units.

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Why community-based education

- CBE may help in strengthening the school in many areas, politically, financially, and morally.

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Why community-based education

- By using for education the health problems that are of highest priority, CBE keeps the curriculum updated, since the priorities of health problems constantly change. Consequently, the curriculum is responsive to the changing needs of the community.

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Why community-based education

- CBE renders opportunities for partnership between the community, the university, and government.
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Previous Attempts at Classification

- distinguished between community-based curriculum and community-based activity. The former is described as learning activities that utilize the community extensively throughout the educational experience. The latter is a short and isolated educational activity that take place in the community setting.

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Previous Attempts at Classification

- Jinadu addresses the same issue in a slightly different way. He identified two models, the conventional, or traditional, model and the experiential community-based model. The latter is characterized by utilization of the entire social environment for learning, use of inductive, non-directive learning processes, and deep-level approaches to learning

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- the learning is based in communities, and communities can be quite distinct.
- Thus, country, community, regional, and institutional factors all shape the CBE program in an institution and give it its identity.

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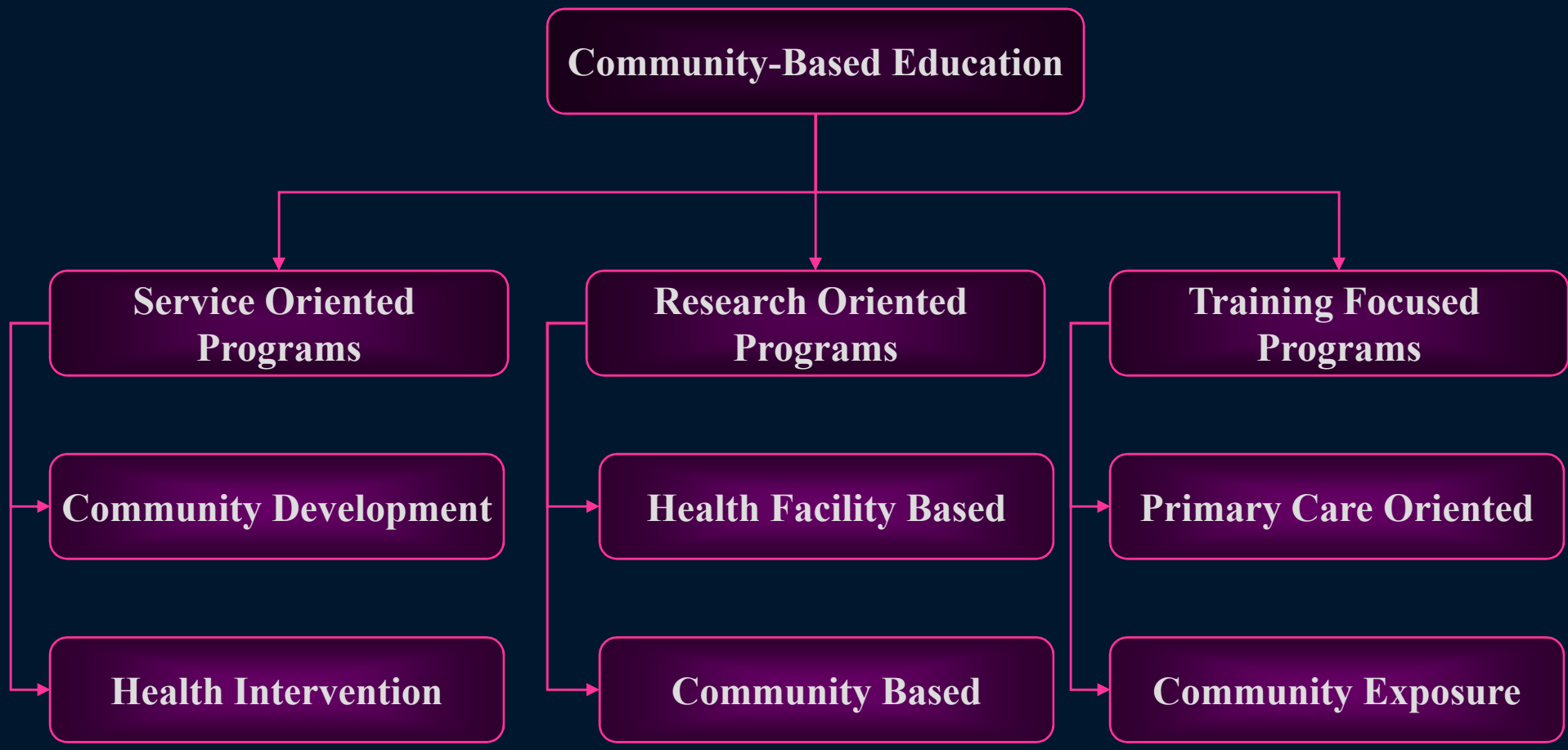
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Health Facility Based
Primary Care Oriented
Health Intervention
Community Based
Community Exposure

The Three Main Categories of CBE Programs

- Service-oriented programs. These programs focus on service delivery through their students and staff. The services may range from restricted curative services in primary care units to broader community development services through community mobilization. In most of the programs reviewed, services are based on prior assessments of needs and resources. Almost all programs in this category can be found in developing countries.

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The Three Main Categories of CBE Programs

- Research-oriented programs. 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.

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The Three Main Categories of CBE Programs

- Training programs. These programs focus on student training in the community setting, be it a primary care unit, a defined community, or a working environment. The main challenge for such programs is to produce physicians who are able to work in underserved areas. These programs can be found in both developing and developed countries.

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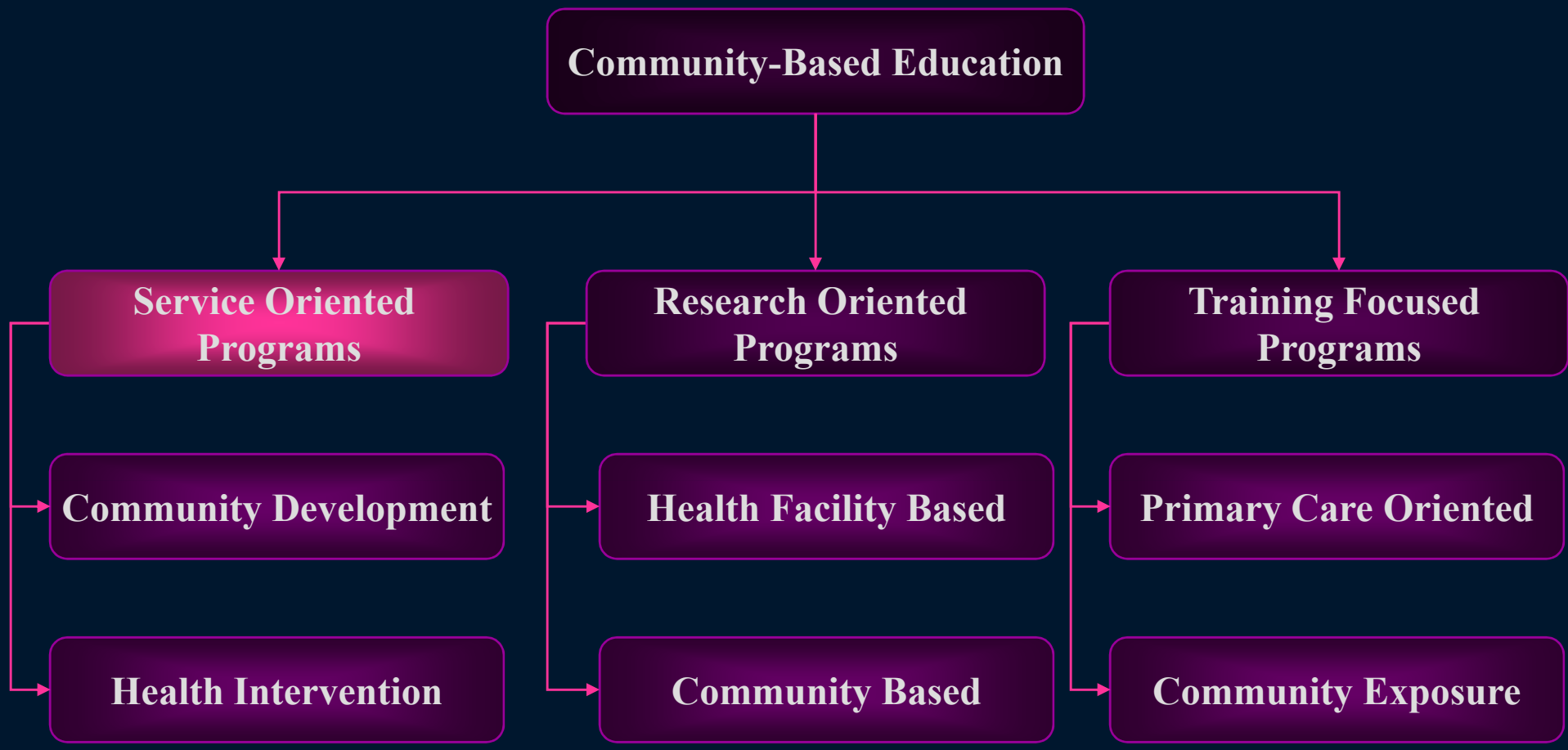
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Service-oriented programs.

1. *health-intervention programs* and
2. *community development programs.*

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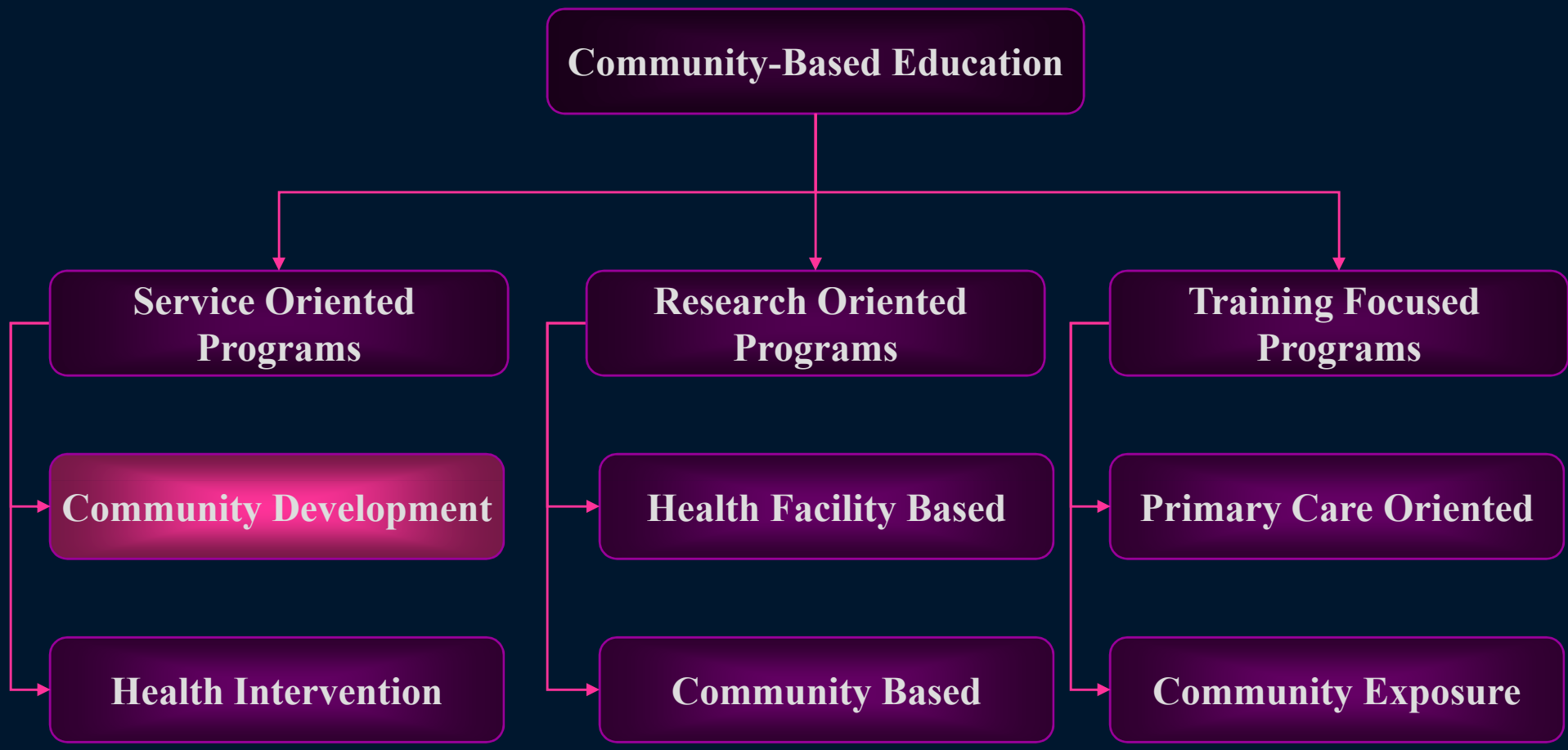
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Community development programs

- For a CBE program to be classified in this subcategory it should be organized at least at the level of the university or in partnership with external partners. As development takes time, an extensive follow-up is required. Therefore, the program's onset should be early in the education cycle of the students and either continuous or in cycles, with active involvement of the community, the students, and the university. In most instances, a well-defined community will be the site of the program and followed up for at least three years.

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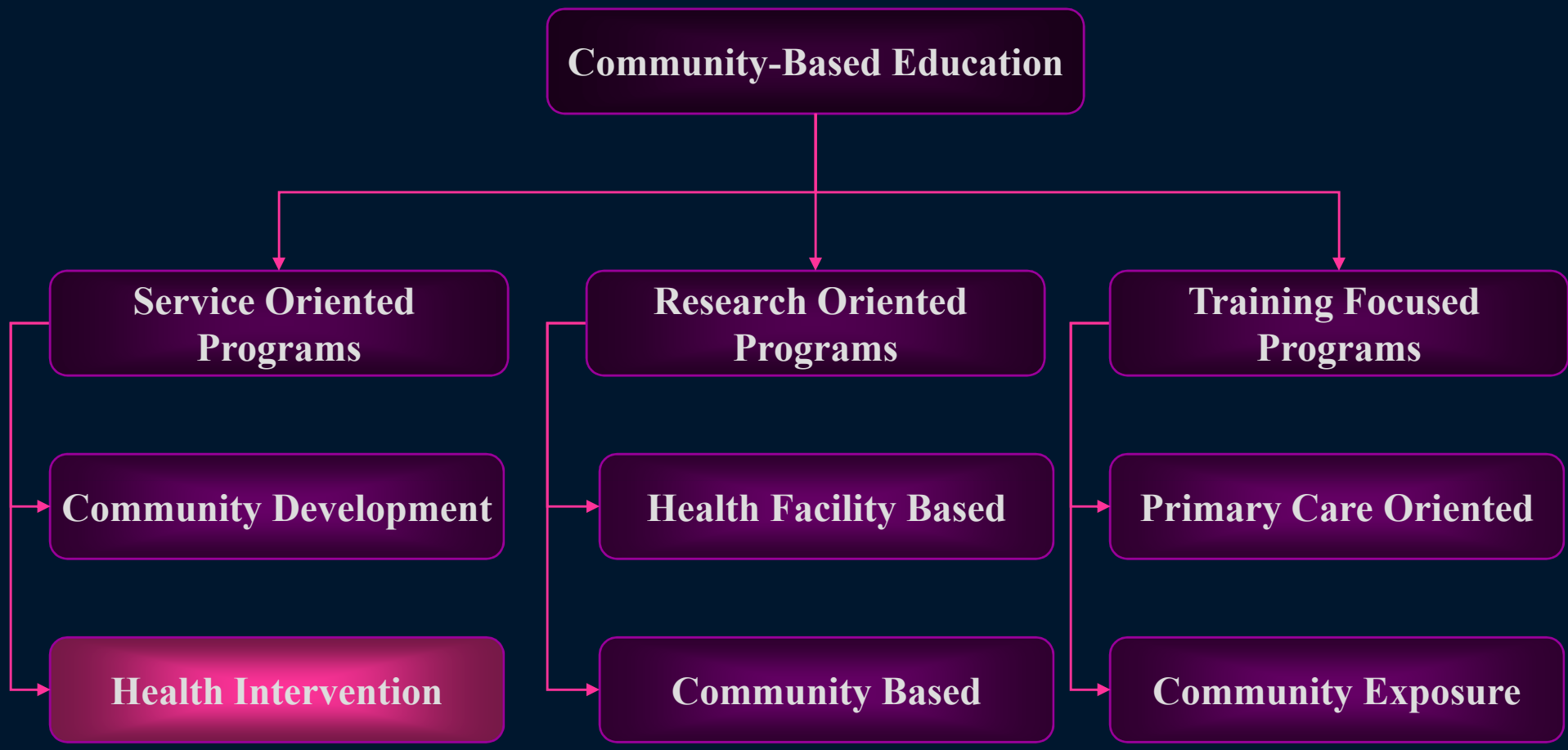
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Health-intervention programs.

- *Health-intervention programs.* In these programs, the main focus is on health services delivery, including curative services in rural health centers and preventive services such as health education activities and water supply and environmental sanitation programs at the level of the community.

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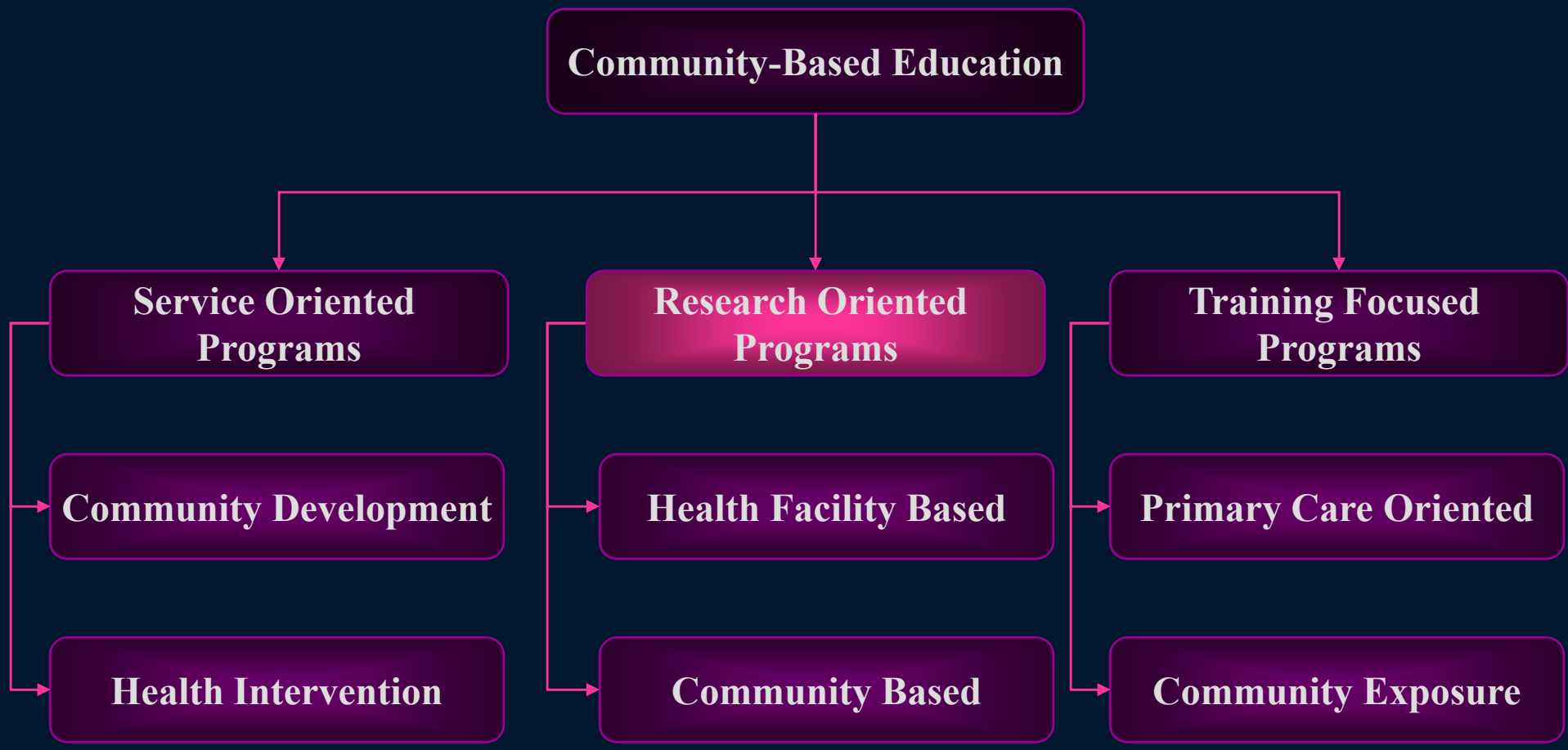
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Research-oriented programs.

- *community-based programs* and
- *health-facility—based programs*

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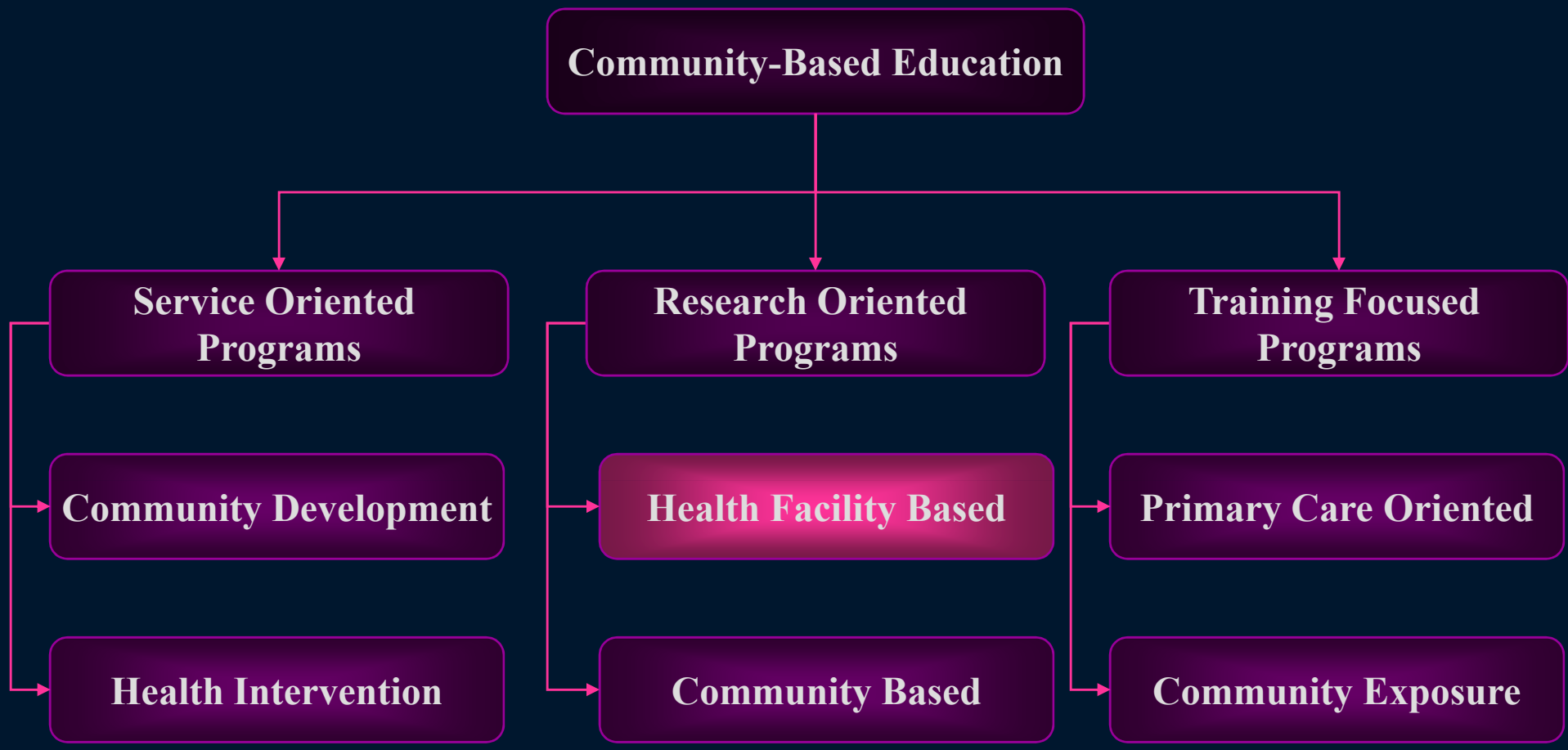
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health-facility-based programs

- The only difference between *health-facility-based programs* and *community-based programs* is the site for research.

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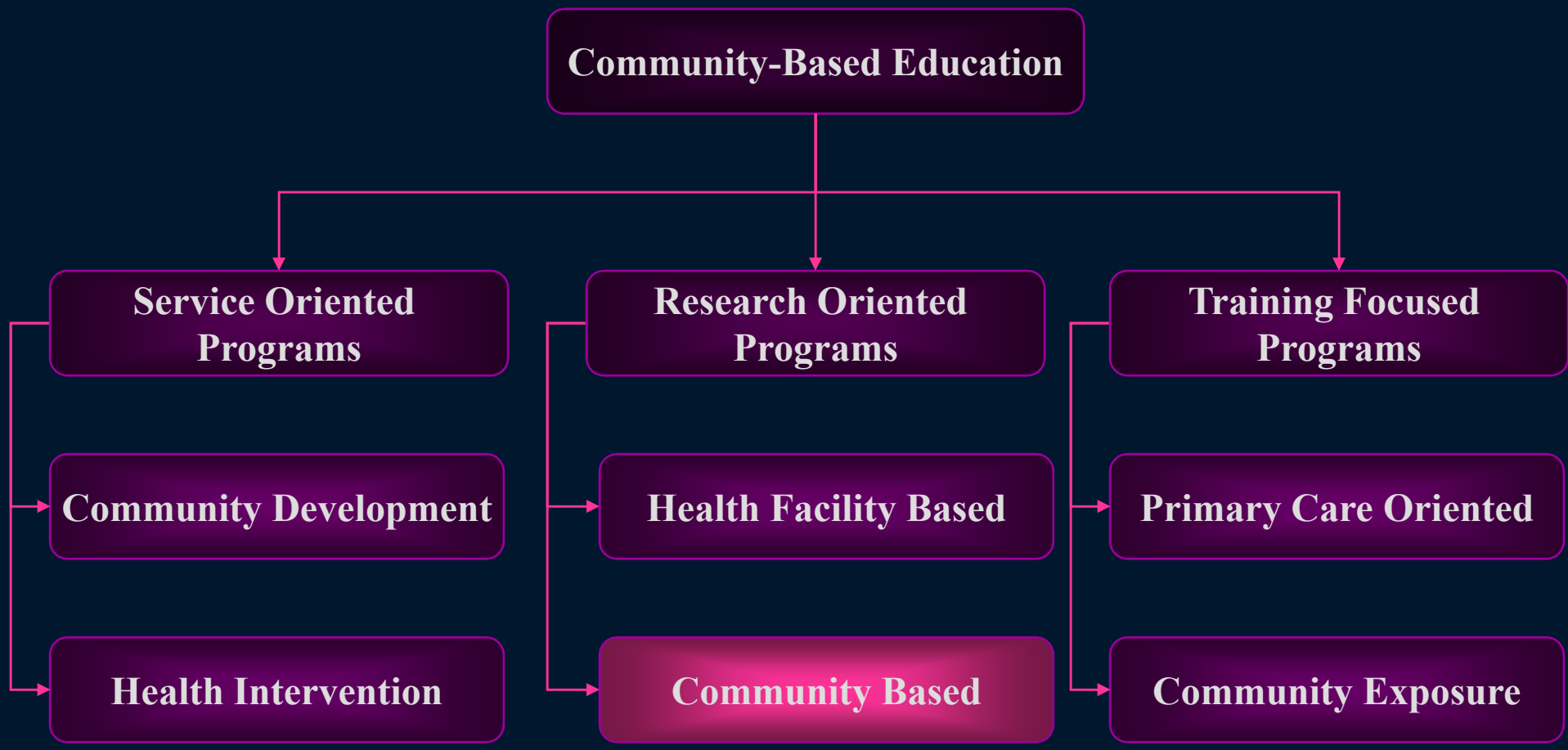
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community-based programs

- *the students conduct research at the site. They collect data to locate and delineate a major health problem plaguing the particular community. Mostly, such programs are offered relatively late in the curriculum. It may be a one-shot program, or the students may return on several occasions to measure changes. In most of the programs we reviewed, the amount of time spent on such programs does not exceed 14% in relation to the curriculum. Community involvement is not necessarily active. The role of the student is mainly confined to that of observer or data collector, while the university's role is largely technical.*

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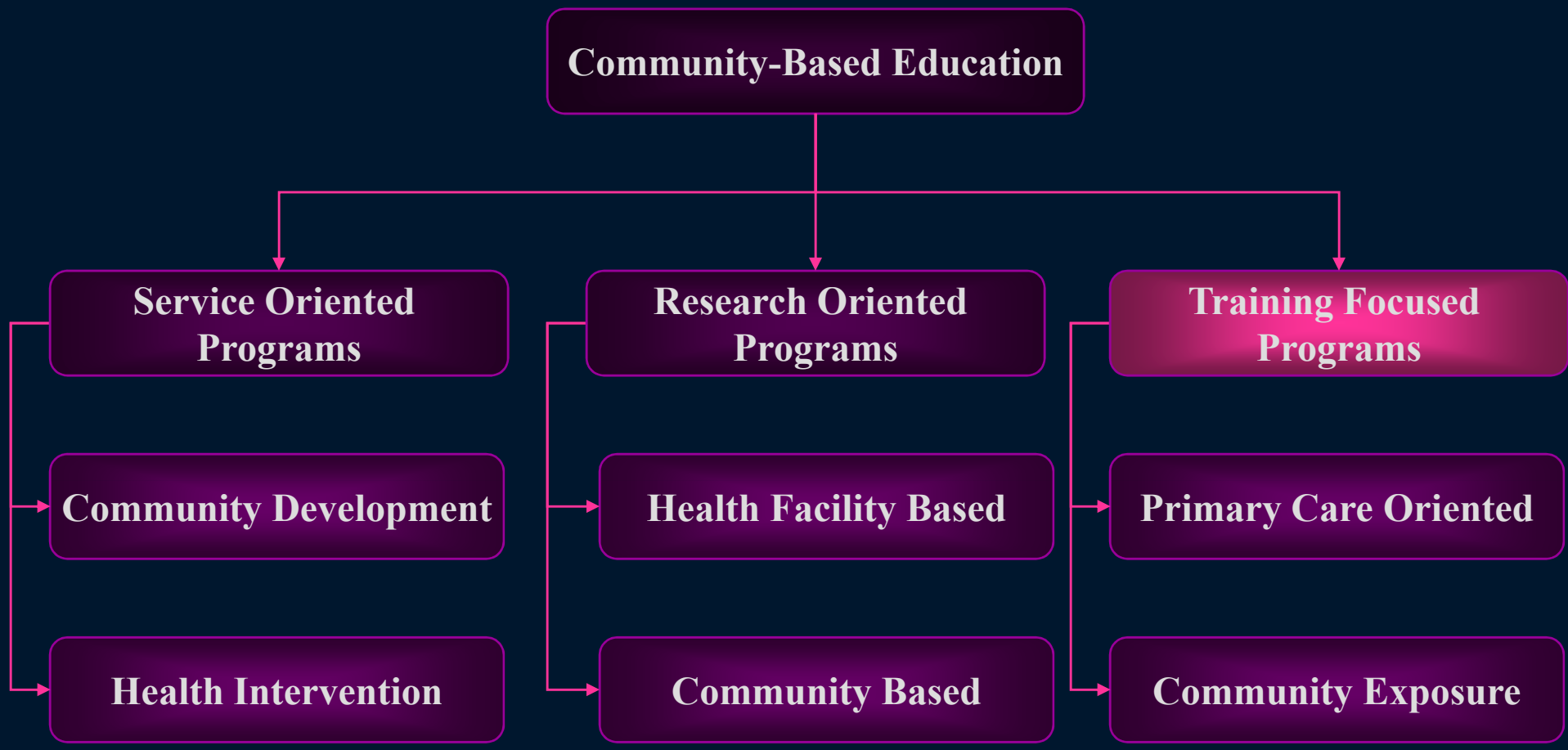
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Training-focused programs.

- *primary-care oriented programs* and
- *community-exposure programs*.

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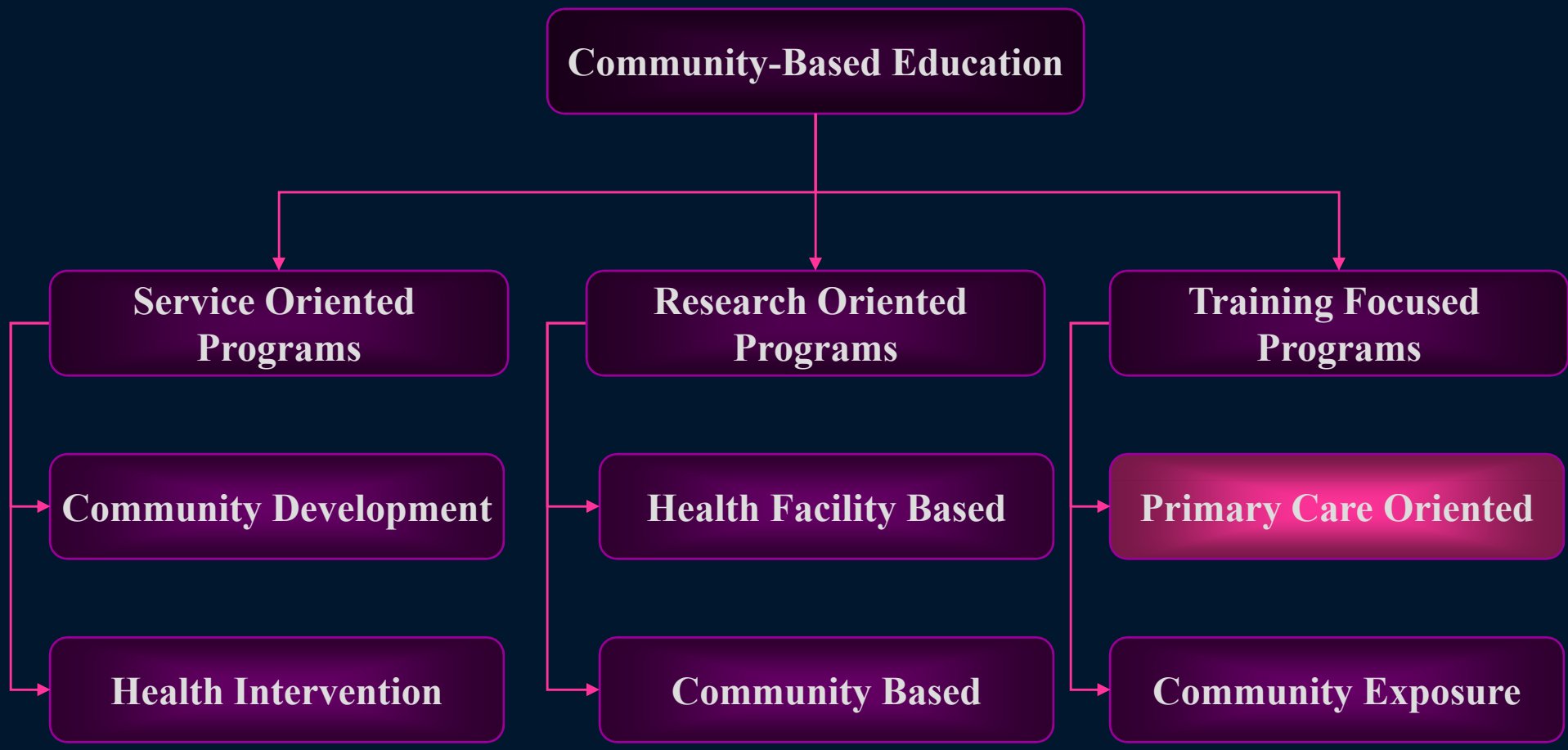
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Primary-care-oriented programs.

- These are mainly for the clinical training of students, and take place in primary health care facilities. The contribution of this type of CBE to the curriculum may amount to as much as 50% of all activities (that was at least the case in one of the programs). The primary-care oriented programs may offer some services through their students and staff and may contribute to the improvement of health facilities utilized by the program.

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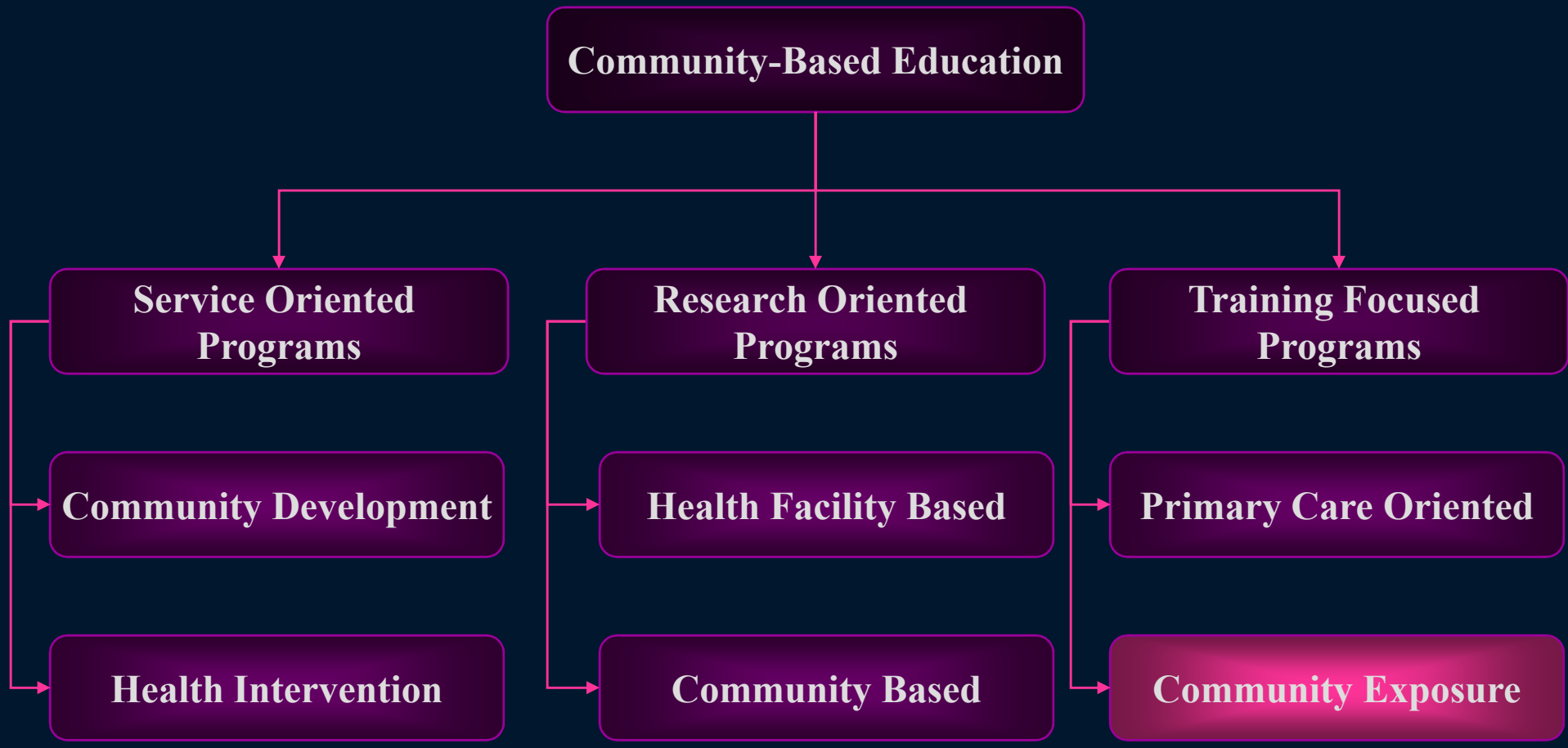
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Community exposure

- In this approach, time to relate to a community is usually minimal compared with the time involved in other approaches. The students mostly are observers or might be involved in data collection of other tasks of limited duration, e.g., measuring blood pressure of community members for a day or two. The organization is mostly department-based. The site for student training often is close to the university, be it a community or a primary health care unit. In this type of training, the amount of time spent in the community is so limited that one could speak of it as "community sightseeing."

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- office based education
- rural program
- ambulatory care
- ward setting
- primary care
- family adoption
- Multi-professional education

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