

CHAPTER 2

THE COMMUNITY STUDY MODEL DEVELOPMENT FOR FIRST YEAR MEDICAL STUDENTS OF THE COLLABORATIVE PROJECT TO INCREASE PRODUCTION OF RURAL DOCTOR (CPIRD)

2.1 Rational of the Study

The direction for development of the health service system in the next two decades is to be in accordance with social expectation, which includes equity, quality and efficiency of the services. At present time the deficiency of health service system is at the primary care level, which needs to be integrated into the health service system.

The role of general doctor in the future is to support and provide service in primary care. General doctors should work as a team with other health personnels. The general practice medical doctor will provide service under a specialist for primary health care and a family physician. In addition to having knowledge and skills in medical technology, the ideal service physician in primary health care is expected to have experience and ability to provide holistic health care service and to relate and communicate with patients and patients' families as an efficient consultant.

In 1998, OCPIRD study visits were conducted and data was collected on a study tour during November 6th to December 4th. Seven medical schools were found to include **Community Medicine** in their curriculum. The 1999 Research report also showed medical curriculum reform in the promotion of **Community Medicine/Family Medicine** in five Faculties of medicine in Thailand, (Khon Kaen University, Songkhla Naklarin University, Thammasart University, Chiang Mai University and Naresuan) and three faculties of medicine in foreign countries (United Kingdom, United States of America and Canada).

However, the report showed that the subject of **Community Medicine** was only taught in the second year. There was only one university where this subject was taught during the first year of study. It may be said that there is no real world community experience opportunity for the majority of first year medical students.

In 1983, Doctor Anong Nonthasute and her staff did research study to better prepare for better establishment of a **Medical Curriculum** for Ramathibodi Hospital, Faculty of Medicine. This research report was a result of the education study tour at Faculty of Health Sciences Ben – Gurion University of Negev, Beer Sheva, Israel. The University's Goal & Philosophy aim to produce medical doctors for community benefit, and to provide high quality health services through (1) holistic service, (2) primary care and family care, (3) health promotion, (4) health education and (5) rehabilitation. The most importance is to provide high quality health service to people.

In 1972, Israel had 3,000 medical doctors but only 16 medical doctors were working in rural areas. For that reason, Israel had to reform the medical curriculum. The heart of the medical curriculum is to reform the student recruitment process. The learning process focused on community health problems, early community orientation for first year medical students, and concepts and attitudes of family doctors. (Community Based Medicine). Finally, these solved the imbalance distribution of medical doctors between urban and rural areas. The report mentioned the causes of the distribution problems as: “ medical doctor’s lost self-confidence, lack of support, and absence for resident training. The research suggested many changes such as: To have community learning experience for the medical students in real rural area community situations, in new medical curriculum; provide extended out-patient department (OPD) experience in the last year or early community orientation, and provide community diagnosis in the family and community in the first year. These changes gave the students an increased confidence and enable them to work better in the rural areas.

During 1998–1999, OCPIRD also furnished the model for medical students to get community experience. This model was called “ The community hospital experience project” The purpose mainly focused on the medical students' need of a good attitude about rural communities. This project provides medical students experience in working and about living conditions in community hospitals. The advantage of this project is that most of the medical students were explicitly interested in to joining and medical preceptors were willing to take care of the students.

Nevertheless, this project had some weaknesses. One of them is difference in learning experience among different year students as the first – third year students were organized to join together in the same course. The preceptor who took care of those students play a major role in their community learning process. The course period varied from one to two weeks. The length depended on the students and the community hospital opinion. Some students wanted to stay longer and some wanted to stay in the community hospital for a shorter period. At the present this project is still being practiced.

Because of these findings, OCPIRD is concerned about the learning experience. This is the reason why further research is required to develop more effective and appropriate model for the medical students. It is essential to answer questions on:

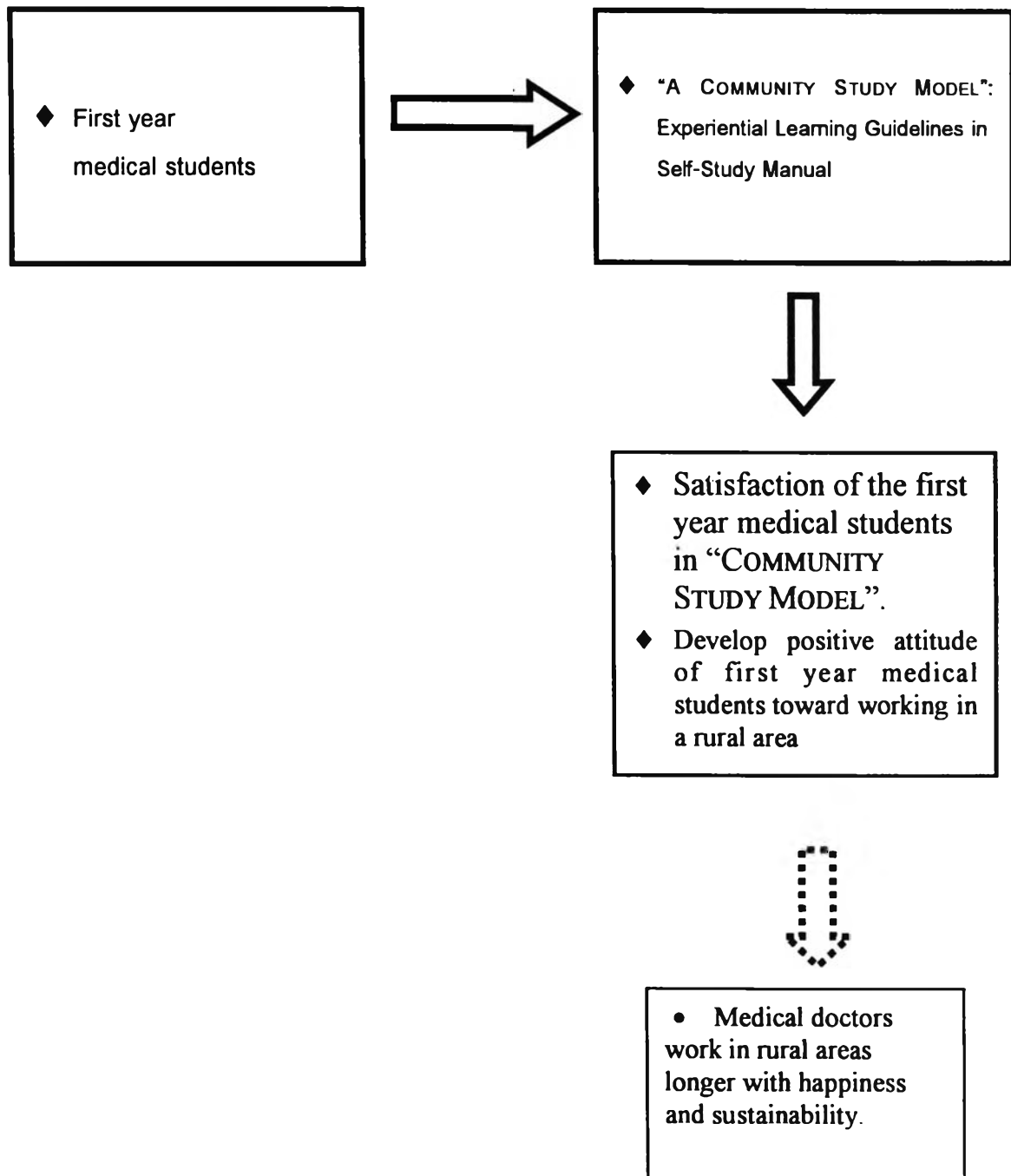
- ◆ How to provide the learning experience for students?
- ◆ How to increase students' positive attitude about rural areas?
- ◆ How can students have direct experience in the community?
- ◆ How to help students understand the way of life of community people?
- ◆ How to let them know about the role of family?

The working-situation and team-work concept, the communication and relationship with community people are equal parts of community experience. Besides, early community orientation is very important because the first study year is crucial for students to develop solid attitude toward working in rural community. They have to know very well about where they come from and what they have to do to serve

community. They have to work in the rural area as long as possible, with happiness and sustainability.

This project was developed from the old model of community hospital experience. The difference of this new model is that it contains a self-teaching manual. The students were provided with the self-study manual as their guideline for their own community learning experience prior to staying in the village for two weeks. The medical preceptors also familiarized themselves with a self-study manual in order to be well prepared for community responsibility in the village. Figure 2. shows the conceptual framework of this project.

Figure 3. The conceptual framework of the project



2.2 Objectives of the Project

2.2.1 General Objective

The general objective of the project is to develop an effective “COMMUNITY STUDY MODEL” for first year medical students. Included is a study manual from the “collaborative project”; its purpose is to increase production of rural doctors. This model will enhance the community learning process for the medical students. The students presently have knowledge of the community. Thus, the “model” provides the target group with a diverse understanding of the rural community, subsequently leading to a positive attitude about working and living within the rural sector.

2.2.2 Specific Objectives

- To increase satisfaction level of first year medical students participated with the “COMMUNITY STUDY MODEL” by using self-study manual guideline.
- To develop a positive attitude in first year medical students towards working in a rural area.

2.3 Approaches and Method, and /or Techniques

The framework of the study process (see Appendix 1.)

2.3.1 The study strategy

The strategy is to develop a “STUDY MODEL” with a self-study manual. This “STUDY MODEL” will include new ideas for the students who presently have experience in community from the old model.

2.3.2 Methodology

2.3.2.1 Preparation and Approval of Manual

- i. Study, define and analyze community medicine curriculum.
- ii. Review literature, theory and conduct SWOT analysis of the old community study model related to “the Collaborative Project to Increase Production of Rural Doctor”(OCPIRD).
- iii. Develop the Community Study Model with a self-study manual for first year medical students.
 - a. Model design.
 - b. Review and approval of model by specialists.
- iv. Project approval.
- v. Preparing responsible people and relevant materials.
 - a. Conduct five committee meetings to prepare the project.
 - ◆ Plan project strategies
 - ◆ Choose the appropriate community for the study area and first year medical students for the target group.
 - b. Develop self-study manual for community study.
 - ◆ Develop self-study manual.
 - ◆ Review and approval of self-study manual by experts, medical preceptor and medical students who have

previously participated in the old community experience model.

- ◆ Edit the self-study Manual
 - ◆ Print out the self-study Manual
- c. Create questionnaire for Collecting Data.
- ◆ Create the questionnaire
 - ◆ Review of the questionnaire by experts.
 - ◆ Try out questionnaire with first year medical students.
 - ◆ Edit the questionnaire.
 - ◆ Print out the questionnaire.
- d. Prepare the study site three times by OCPIRD.
- e. Conduct extensive meetings with local people for preparation, with emphasis on the medical student. Participants include the medical preceptors, community health officers, and community health workers.
- f. Prepare accommodations and provide relevant materials for implementation in the community
- g. Provide life insurance for the medical students.

2.3.2.2 Implementation Phases

- i. Conduct a meeting with medical students (Target Group) for pre-training and provision of information before implementation.
- ii. Conduct Pre-evaluation with the target group.

- iii. Two-week implementation of the community study model for first year medical students with the self-study manual.
- iv. Conduct four monitoring reviews with the students and people in charge during the implementation period.
- v. Conduct Post-evaluation with the target group

2.3.2.3 Study Site

The project was conducted in Khong Koi village and Khong Lampang village of Paikham Sub district, Sawang Arrom District, Uthaithani Province. There is difference in population and housing density between these two villages. However, both villages are defined equally as rural community in this project and the effect of the environmental discrepancy between these two villages was not looked at in this study.

2.3.2.4 Participants

The participants were 24 first year medical students from Narasuan University. These students have originally been participating in the Collaborative Project to Increase Production of Rural Doctors. The students were divided into two groups each consisted of twelve students. First group was placed in families in Khong Koi village in Paikham Sub district. The other group was placed in Khong Lampang village of the same sub-district. In each group, students were grouped in pair to live in the same selected household.

2.4 Activities Plan with Timetable

The project was planned for six month period in year 2000 . Table 4 illustrates activity and budget plans for the project.

Table 4. Activity plan with timetable.

Activities	Time table in the year 2000																								Budget	
	1				2				3				4				5				6					
	1	2	3	4	1	2	3	4	1	2	3	4	1	2	3	4	1	2	3	4	1	2	3	4		
1. Define and analyze of Com. Med. Curriculum	■	■																								
2. Review literature	■	■																								
3. Develop CSM & Manual			■	■																						
- Model Design			■	■																						
- Model Review				■																						
4. Project Approval																										
5. Preparing Local persons and materials																										
5.1 Committee meeting (5)	■		■				■					■											■			1,125
Choose: - study area - target group																										
5.2 Development of Manual																										
- Develop Manual							■																			
- Review Manual								■	■																	
- Edit										■																
- Print out											■															
5.3 Develop questionnaire																										
- Create							■																			
- Approve								■	■																	
- Try out (1st year students)										■	■															
- Edit & Print out											■															
5.4 Prepare study site				■								■														11,580
5.5 Initiate meeting - local staffs																										1,250
5.6 Prepare accommodations & material for implementation				■								■														5,000
5.7 Medical student life insurance							■																			2,500
6. Conduct orientation and pre-test evaluation													■													450
7. Implementation period														■	■											56,500
8. Review the implementation by OCPIRD (4 times)															■	■										12,976
9. Conduct closing ceremony and post-test evaluation																■										450
10. Data Analysis																	■	■								5,000
11. Evaluation of project																			■	■						16,000
12. Write Report																				■	■	■	■			
13. Present and Publish report																										6,000
14. Miscellaneous																										3,169
Total Budget																										122,000

2.5 Potential Problems, Conflicts, and Possible Means for Resolution

Ethical issues were main concerns of THE COLLABORATIVE PROJECT TO INCREASE PRODUCTION OF RURAL DOCTORS (PIRD) thus recruitment of participants were conducted based on the interest of medical student. After finish this program the Medical student who attended and those who did not attend the program would be treated equally in every way. Potential problems and recommended solutions are summarized in Table 5.

Table 5. Potential problems and conflicts with means for resolution

Potential problems and conflicts	Possible means for resolution
1. The medical students may not be interested in the self-study manual.	<ul style="list-style-type: none"> ◆ Place only appropriate details of Rural area in a self-study manual. ◆ Emphasis given to the attractive and graphical pattern of the manual. ◆ Develop concise overview of the self-study manual.
2. The students don't know very much about the community and the objective of this study	<ul style="list-style-type: none"> ◆ Send a self-study manual to medical students before the implementation period ◆ Conduct orientation meetings on the first day of the implementation process
3. Concern about safety of the medical students during the study process in the community	<ol style="list-style-type: none"> 1. Place 2 students in one family. 2. Prepare students about the details of the community, which is the study area. 3. Choose appropriate village, for example a place near a health center 4. Arrange accommodations for students near a community leader or health volunteer. 5. Hold meetings for medical preceptors, community leaders, and all of the responsible people for this study in the community to ensure understanding of their roles. 6. Monitor the students every day by local officers. 7. Monitor the students twice a week by OCPIRD. 8. Issue life insurance for the Medical student.

Potential problems and conflicts	Possible means for resolution
4. 30 students are expected for the study population during the University holiday. Students may not want to participate.	4. Coordinate early with the faculty of the medicine to locate volunteer students before the University holiday.
5. Self-administered Questionnaire: the study group may consult each other and copy the answers.	5. Preferably the study group should answer the questionnaire by themselves. The questionnaire will not count for their grade; yet, it is important to the outcome of the study