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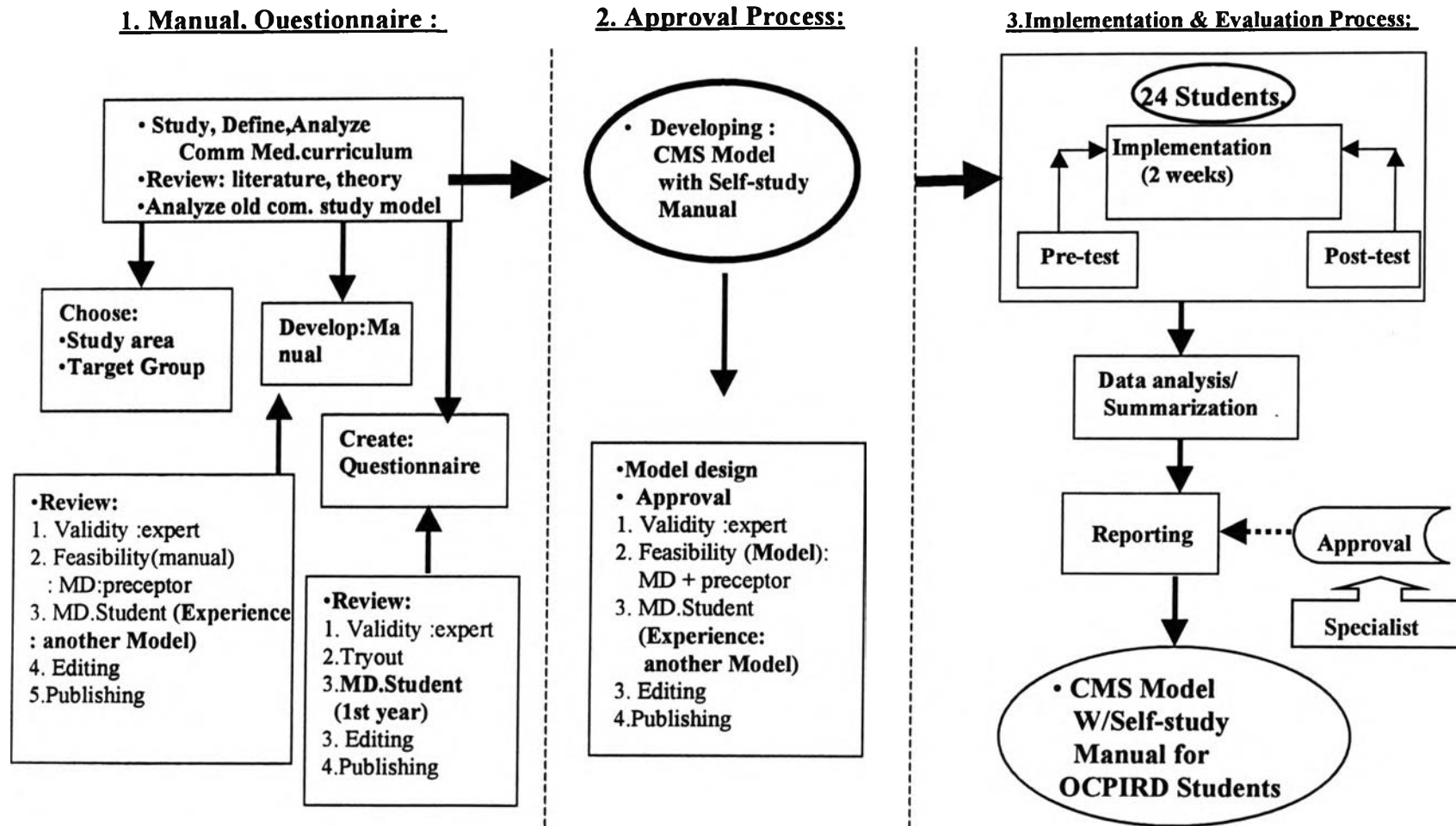
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Appendices

Appendix 1:

The Framework of the Study process

The Framework of the Study process



Appendix 2:
Questionnaire I

APPENDIX 2: QUESTIONNAIRE (I) FOR MEDICAL STUDENTS

The Community Self Study Model Development of first year medical students of The Collaborative Project to increase Production of Rural Doctor

(by The Office of the Collaborative Project to increase Production of Rural Doctor)

Instruction

This questionnaire is part of The Community Study Model Development for first year medical students, which aims to develop a suitable model of the community study for the medical students within the Collaborative Project to increase Production of Rural Doctor and to support the learning process in the subsequent pre - clinic and clinic level in the medical school.

The participant is presumably the representative of all of first year medical students in this study. Please provide actual answers. This study is absolutely irrelevant to the university. Your information in this questionnaire will be treated as strictly confidential and will be analysed and presented in general aspects, therefore, you need not mention your name and your i.d. number in the questionnaire.

The information you provide in this questionnaire will be valuable and greatly useful to the study of The Collaborative Project to increase Production of Rural Doctor. Successful and satisfactory outcome of the study could be used in development and improvement of future medical curriculum

There are total of 7 pages, composed of 4 parts as follows :-

Part 1 General data (10 questions)

Part 2 Attitudes towards Thai rural community (17 questions)

Part 3 Satisfaction with the community self study using the manual as a guideline in fieldwork (13 questions)

Part 4 Attitudes towards working in rural community (19 questions)

Please complete all of the questionnaire. All your answers are highly appreciated
The Office of the Collaborative Project to increase Production of Rural Doctor

Part 1 General information (10 questions)**Instruction: Please mark ✓ in in front of your answers****1. Gender longest**

1. male 2. female

2. Place of birth

1. in Bangkok/ vicinal area.
 2. in urban / municipality in the country.
 3. in rural village in the country.

3. Place of longest domicile

1. in Bangkok or vicinal area.
 2. in urban / municipality in the country.
 3. in rural village in the country

4. Secondary School Graduation

1. School within Bangkok or vicinal area.
 2. Provincial school
 3. Local district school
 4. Others, please specify.....

5. High school Graduation

1. School within Bangkok or vicinal area.
 2. Provincial school
 3. Local district school
 4. Others, please specify.....

6. Main occupation of your father

1. Government official or state enterprise
 2. Trading or private enterprise
 3. Employee
 4. Agriculture
 5. Others, please specify.....

7. Main occupation of your mother

- 1. Government official or state enterprise
- 2. Trading or private enterprise
- 3. Employee
- 4. Agriculture
- 5. Others, please specify.....

8. Have you ever been a committee or member of clubs, society or associations?

- 1. Yes, please specify.....
- 2. No.

9. Have you ever joined activities of the faculty, the university or the Collaborative Project to increase Production of Rural Doctor?

- 1. Yes, please specify.....
- 2. No.

10. Have you ever spent time in the country or experienced rural lifestyle?

- 1. Yes
 - 1.1 My house is in the country.
 - 1.2 For short-term visit.
 - 1.3 Observing or joining fieldwork.
 - 1.4 Joining volunteer development camp.
 - 1.5 Others, please specify.....
- 2. No.

Part 2 Attitude towards Thai rural society (17 questions)

Instruction: Following two columns of contents contain reflection of Thai rural society circumstance. Please circle the number of your choice for each question that represents your feeling about Thai rural society. There is no correct answer to these questions. Your true opinion will be important and valuable.

Thai rural community in your opinion.

Content	level					Content
	Strongest	Strong	medium	Strong	Strongest	
1. It is pleasant to live in						It is not pleasant to live in
2. prefer modern doctor						prefer traditional doctor
3. equality in education						unequally in education
4. poor						Rich
5. high morality						low morality
6. live estrangely						helpfully
7. diligent						lazy / inert
8. kinship relation						casual relation
9. occupied						unoccupied
10. believe in scientific theory						believe in sacred things, amulet
11. pay attention to soul and feeling						materialistic
12. respect seniors						don't respect seniors
13. feel interested in development						don't feel interested in development
14. dangerous						safe
15. lack of security in life						have security in life
16. peaceful						chaotic
17. single family						enlarged family

Part 3 Satisfaction with the community self study by using the manual as a guideline in fieldwork (13 questions)

Instruction: Please mark in ✓ mark in one blank square only that represents your opinion.

Content	Level of satisfaction				
	highest	high	moderate	low	lowest
1. You are really pleased to stay in the country to study the villagers' life					
2. You are not pleased to have your friends stay with you in the same house.					
3. You are pleased to stay in the community with your friends without any coaches to help you all the time.					
4. In the community study you are satisfied to work in group					
5. You are pleased to learn from each other in your team.					
6. You like to look for knowledge and new experience from the rural community by yourself.					
7. You like to have the manual as guideline for the community self-study					
8. You are not pleased with the contents in the manual					
9. You don't like the design of the manual					
10. You are pleased that the manual is useful to you for the community study.					
11. You are not pleased to be assigned to study the manual.					
12. You are not pleased with the 2 weeks duration on fieldwork.					
13. You are pleased that the residences and other necessities are prepared for your stay in the community.					

Part 4 Attitude towards working in rural community (19 questions)

Instruction: Please read these contents and mark ✓ in the only one blank that represents your feelings.

Content	Level of approval				
	highest	high	moderate	low	lowest
1. Working in rural community makes you feel useful to the society.					
2. Working in the country makes you be admired and accepted by the society more than working in urban.					
3. The fieldwork in the country makes you have the experience in working with people who pursue other work					
4. Working in the country makes you lack of convenience.					
5. Working in the country makes you be far from academic information.					
6. Working in the country makes you feel happier to be donor than to be acceptor.					
7. Working in the country makes you feel lonely.					
8. Working in the country enhance you to completely use your knowledge from classrooms.					
9. Working in the country is very hard.					
10. Working in the country provide the wide challenge for you to work as doctor.					
11. Working in the country makes you feel tense.					
12. Working in the country is the obstacle according to your unreadiness.					
13. If possible, you will choose not to work in the country.					
14. To be the candle in the darkness is more useful than to be one in the light place					
15. Working in the country is a challenge.					
16. Relation of the colleagues who work in the country is better than of those working in a province.					
17. We came from the country so we should stay in the country.					

18. Please describe your opinion on the fieldwork in rural community

19. Please describe your opinion/picture regarding various aspects of rural community as follows

1. People in rural community.

2. Social and Culture

3. Economy

4. Politics

5. Health

6. Others

***** Thank You *****

Appendix 3:
Questionnaire II

APPENDIX 3: QUESTIONNAIRE (II) FOR MEDICAL STUDENTS

Instruction

This questionnaire is part of The Community Study Model Development for first year medical students, which aims to develop a suitable model of the community study for the medical students within the Collaborative Project to increase Production of Rural Doctor and to support the learning process in the subsequent pre-clinic and clinic level in the medical school.

The participant is presumably the representative of all of first year medical students in this study. Please provide information representing your true opinion.

- 1. Please complete and submit this questionnaire by 8.00 a.m. on 2 May 2000.**

- 2. Please provide your opinion on the New Model of Community Study using a manual as a guideline for community self-study fieldwork in the following.**

1. What are your motives to participate in this project?

2. How do you prepare yourself for the training step?

3. What do you think about the Community Self-Study manual?

4. What do you think about the training step?

5. What is your opinion on the supervisory support and follow up process?

All your answers are greatly appreciated.

The Office of the Collaborative Project to increase Production of Rural Doctor

Appendix 4:

Budget

APPENDIX 4: BUDGET

Budget Details					
No	Activities detail			Total/ Baht	Act. No.
1	Committee meeting	15 persons X 5 times	15 Baht X 15 persons X 5 time	<u>1,125</u>	5.1
	1. Before study				
	2. Develop Model				
	3. Prepare before going to local				
	4. Prepare before supervision				
	5. Prepare the Evaluation				
2	Preparing local area	4 persons / 3 times		<u>17,830</u>	5.4
	- Transportation	Taxi (home-MoPH. Round trip)	500 Baht X 4 persons X 3 time	6,000	5.4
	- Per diem costs		90 Baht X 4 persons X 1 day X 3 times	1,080	5.4
	- Gasoline		1,500 Baht X 3 times	4,500	
	- Material supplies for student			5,000	
	- Coffee break (local meeting)		25 persons X 50 Baht	1,250	5.4
3.	Implementation Supervision			<u>12,976</u>	8
	3.1 OCPIRD 4 times			10,720	8
	- Transportation		500 Baht X 2 persons X 4 time	4,000	8
	- Per Diem costs		90 Baht X 2 persons X 1 day X 4 time	720	8
	- Gasoline		1,500 Baht X 4 time	6,000	8
	3.2 Local area			2,256	7
	- Per Diem costs		54 Baht X 1 persons X 14 day	756	7
	- Gasoline			1,500	7
4	Student orientation		(15 Baht X 30 persons X 1 day	<u>450</u>	6
5	Student closing ceremony		(15 Baht X 30 persons X 1 day	<u>450</u>	9
6	Student (Target group)			<u>56,500</u>	7
	- Transportation		3 Microbuses x 2,000 Baht x 2 time	12,000	7
	-Food and accommodation		120 Baht X 25 persons X 14 day	42,000	7
	-Life Insurance			2,500	5.7
7	Data Analysis			<u>5,000</u>	10
8	Meeting Project Evaluation (evaluation specialist)		5 persons x 400 Baht x 8 hour	<u>16,000</u>	11
9	Miscellaneous			<u>9,169</u>	13,14
	- Stationery			1,000	13
	- Document typing			5,000	13
	- communication			1,500	14
	- photo film & Postcard paper			1,669	14
	Total			<u>122,000</u>	

Appendix 5:

Manual I

The manual 1

The Community Self Study
for
The first year medical students
of
The Office of the Collaborative Project to increase Production of
Rural Doctor

FOREWORD

The manual “ The Community Self Study Model Development” was prepared for students to use as a guideline in the fieldwork. It is expected that students read and study it prior to the fieldwork as it would be advantageous for students in pursuing their learning and career in the rural community.

The guideline in this manual is not the complete pattern for community fieldwork. It is primarily a guideline for short-term community study of the first year medical students. The important purpose of this manual is “How to make the two weeks – fieldwork be advantageous for the students in studying rural society and having up-country lifestyle which could be adapted to their future career?” Therefore, the students have full freedom to study what is beyond the scope of this manual. Nevertheless, within two weeks in the community the students are expected to complete and learn what is recommended in this manual.

Any recommendations for improvement of this manual will be highly appreciated, as it will be valuable for Thai medical study. Please contact us at The Office of the Collaborative Project to increase Production of Rural Doctor.

Finally, we would like to express our gratitude to the scholars for their precious advice and suggestions on the preparation of this manual.

The Organizers

The Office of the Collaborative Project to increase Production of Rural Doctor
Office of the permanent ssecretary of the Ministry of Public Health

Instruction

The manual “The Community Self Study Model Development” of 1st year medical students is composed of 3 parts :-

Part 1 : Purposes of “The Community Self Study Model Development.”

You have to study in detail the purposes of “The Community Self Study Model Development”. You should be able to know the scope and what you will gain at the end of the project.

Part 2 : Equipment necessary for the community study

In this section the students will learn the way to study this Project, the way to study as much as they can and what they should study.

Part 3 : Appendix

In this section the students are able to study in brief the academic contents that would be essential for them to complete the assignments during the fieldwork. The details of the academic contents are as follows :-

- Illustration of Geographic Mapping
- Illustration of kinship Mapping
- Social Characteristic and Social Problems in the country
- Rural Society Organization
- The Health Care of the Villagers
- The State Public Health Unit in the Community
 - The Community Hospital
 - The Health Center
- Essential skills for community self study
 - Teamwork Skill
 - Leadership Skill
- Communication Skill
 - Relationship Skill
 - How to have Relationship Skill at Work
 - Techniques to approach villagers

The Community Self Study of the Medical Students

The Project will enable the students to learn naturally. They will be able to learn the structure of rural society, the life style, social problems, organizations within the community and public health system. It is a learning process from real experience from the community and anthropological process. The students will be part of the community and therefore be able to understand the social conditions of the rural community, economic, social, politic and conditions, traditional practice, culture and belief, career, circumstance and environment affecting the health of the villagers, their families and the community, how do the villagers take care of themselves and their families when they are sick, and the health service systems of the community.

Moreover, the students will have the opportunity to practice themselves by working in team, also gaining leadership, communication and human relation skills. In additions, they will be trained how to approach people and patients that will be helpful for their future career.

Purposes of The Community Self Study Model Development

General Purposes

According to this manual, after this Project the students will understand the actual condition of the country, their way of life, the role of the government on the health of the villagers. They will develop their skills of communication, human relation, leadership and people approachability that could be adapted to classroom studies both in pre-clinic and clinic.

Specific Purposes

The students are expected to learn from the fieldwork on the items as follows: -

- 1) They should have knowledge on social condition, social structure, family characteristics, groups of careers and various organizations that influence

the community, culture, traditional practice and the way of life of the villagers.

- 2) The students are able to communicate and have relationship with others.
- 3) The students can work with others efficiently and happily.
- 4) The students can be leaders in various activities.
- 5) The students know the structure and the role of the state organizations responsible for the health of the community e.g. community hospitals, health centers and The Community Elementary Public Health Service Centers which are the collaboration between the government and the community.

Study of Rural Community Lifestyle

The general concept on “The Community Way of Life”

Community means the small-size society whose members have close relationship and sharing basic elements available. For example, they share the same natural resources and have similar standard of behavior and virtue measurement systems. They store up and pass on the knowledge to solve problems and adapt themselves for survival of the community. More importantly every members of the community should have responsibility and mutual realization on the community’s problems.

Community Lifestyle means the way they live, use the natural resources that reflect virtue measurement system and the core spirit of the community.

Study on the Community Lifestyle means to understand the community, their behavior, spirit, knowledge and potential and to strengthen the potential of the community to solve the problems by themselves. To obtain data and information on history of the community, we should interview the key informants which are the leaders or the seniors of the community.

The study on the way of life of the community will explain the way of life of the community or various groups in the community that relate to outside factors and the

structure of the organization in the community that bring to phenomenon or observable problems. It helps us to understand them and not to advise in contrary to their way of life.

Unlike the trends of the main medical service, the anthropological concept believes that the sickness of people relates to the culture and beliefs and the practice of the community. It is not resulted from the lack of information or the super-natural belief of the patient. Therefore, culture is the center of the people in response to their sickness.

Methodology for Community Study

The equipment used are as follows: -

1. Geographic Mapping

Geographical mapping is the survey on physical and environmental conditions of the community to help the students see the physical relationship among the location of the various places in the community e.g. houses, stores, temples and schools including addresses and proprietor names that will assist them in establishing the work plan.

2. Social Mapping

2.1 Kinship Mapping will illustrate the relative connection of the people in the community, the members in the target families. This is another way to make friends with the villagers as they have the opportunities to talk about their acquaintances which are nearest to them. The students learn the kinship mapping of the community leaders, the big family and the poor family.

2.2 Sociological Mapping aims to study the activities and the potential of the organizations both established by the government or the villagers themselves. The data acquired will enable the students to be informed of the social and economic situations, the origin of the resource, the ways the villagers join together, the

participation in the community administration and the weak and strong points of each organization.

3. Calendar Mapping will enable the students to learn the annual way of life of the community, the careers that relevant to the seasons, the belief, the participation in various activities of the community.

4. History of the community will help us to know the history of the community in various aspects e.g. society, culture, economy, politics and public health.

5. Health Resorts Mapping enables us to know the belief in health, disease, health service that they confide and ask for help.

6. Biography of the Target Group is in order to study their idea, their knowledge, their understandings, the past records of sickness and grieve, and solution to problems to develop the right methods of help according to their needs.

The Community Self Study needs to use the above equipment in order to obtain necessary information. The details how to use these equipment are as follows :-

1. Geographic Mapping and general situation of the community

- 1) perform the mapping of the community in detail.
- 2) general geographical conditions.
- 3) numbers of population, household, residential area.
- 4) public utilities (e.g. water supply, electricity, roads, telephone)
- 5) institutions and organizations (e.g. temples, schools and clubs)

Sample of geographic mapping (illustration 1, 2)

2. Social Mapping

2.1 Kinship Mapping- prepare the kinship mapping and try to know the people in the map.

2.2 Sociological Mapping and Community Structure

Social Structure

- Social Groups (either set by the government or the community, occupational groups, influential person groups)
- Educational level and system in the community.
- Religious organizations, beliefs and seniority.
- Women's and men's roles towards social structure.
- What are the costs of social living? (e.g. local knowledge, informal leaders, relationship and virtue judgement that help the community solve the exist problems etc.)
- What are the direct and indirect social structure relations e.g. husbands-wives, parents-sons/daughters, leaders-villagers, knowledge - the community, villagers - media access? How ?

Economic Structure

- The assignment, What are the careers in the community? How about the proportion of each career ?
- What are the social contribution factors? How do they set the decision making authority in production of the community?
- Gather the list of families that pursue the careers as follows :-

Company employee Government official Owner of private business.

Retailer Independent employee Factory worker

Farmer Unemployed people Housewife

Other careers (specify which are important in the community, each community may not pursue all careers above)

- What are economic differences in the community?
- Lifestyle, assignment, making one's income and classification of income level.

- Numbers of families that are rich, middle-income, sustainable income and poor.
- Numbers of families that have fixed income.
- Numbers of families that must rent a land to make living (specify the dimension and the numbers of the real estate)
- Numbers of families that have land for rent (specify the dimension and the numbers of the real estate)
- Numbers of families that get pay on daily basis.
- Numbers of families which are in debt (please indicate if debt paying performance is shown)
- Is there any working capital? How do they manage it?
- Who provides a loan? What are the conditions on repayment?

Political Structure

- Structure of the local administration (organizations, leaders and the list of committees).
- General characteristics of rural politics (various groups of advantages and the conflicts.)
- The relationship between national politicians and local politics.
- Participation in local politics, conference and in express one's opinion, and vote and decision on public activities in the community.
- Are there public conferences? How? Who have important roles in each conference?

3. Annual lifestyle schedule of the community

Prepare annual calendar mapping and chronological mapping of the village.

- 1) Traditional practice.
- 2) Activities schedules of the community.

Annual way of life of various groups (farmer, migrated labour and government official etc.)

4. Chronicle of the community

4.1 Social and cultural chronicle

- 1) Who founded the community? How did the community expand? Are there any migration? How?
- 2) What were the traditional practices in the past?
- 3) What are the important situations and the details e.g. establishment of temples, schools, electricity and roads to communicate with the outsider.
- 4) How was the development work in the past? (the original, the target groups, the activities, procedure of work, the quality and the volume of development's result.)
 - State development work
 - Private development work
 - Local development work
- 5) How do the people in the community create relationship and how they solve conflicts occurring within the community?
- 6) Did they have any community organization in the past? What is the fundamental of the community organization? What are the organization roles in social development, for example, ability to solve social conflicts.
- 7) How is learning experience of the community? How did they exchange and relate to other communities in the past?
- 8) Who has great influence upon the community? Who are important people and their roles in the community? How do they influence others?(display the development) and how the members of the community relate to one another? What is their central belief and attachment.

4.2 Economic History

- 1) What were their careers and productions in the past? Where did they obtain their basic necessities?

- 2) How was production circumstance of the community in the past? (Buying, selling and exchanging goods)
- 3) What are their model and relationship regarding productions at present ? How was it developed?
- 4) How do the natural resources (e.g. community forest, land etc.) and social capitals affect self-reliance of the community? How are they occupied or attached? How did they change?
- 5) What are the economic rules and standards of the community (may be either the former traditional practices or the one created at present time) involving allocation, utilizing and exchanging products.?

4.3 Politic History

- 1) Who are the community leaders (both official and non-official) from the past until present? What are their roles in the community?
- 2) What were the villagers' opinions about the state/ the government service and the politicians in the past?
- 3) In what aspects had the government organizations worked with the villagers?
- 4) Were there any conflicts between the villagers and the state activities? How? (e.g. presentation for a petition, protestation)
- 5) Which groups or external organizations are working with the community? What are their working contents?
- 6) The relationship between the community and the institutes, the external and state organizations and others that may involve.

4.4 History of Public Health

- 1) How was their health in the past? What were the sickness that often founded ? How did they solve the problems?
- 2) When and how did they access to modern medical service? What is their opinion on modern medical science in the past?
- 3) What is the course and development of today public health service.?

5. Health resorts / health data system

1. Nutrition

- What are the food sources of the community? How? Do they produce food by themselves or have external or natural sources? How is the abundance of the sources? What are the proportions of self – productions and external sources.?
- How the nutrition system relates to marketing?
- Is the food sufficient? Is there a problem of food shortage? What situations cause the instability of food?
- How are the varieties of food?
- In buying food, in what proportion of the income is the cost of food be? Which groups of the food are the main cost?
- How do they concern food safety issue?
- What is the eating culture of the community and general condition?

2. Medicine System

- Which medicines are commonly used in the community? Where do they get these medicines?
- What kinds of modern medicine they get from drug stores and groceries?
- What is the estimate cost for medicine per month?
- What are medicine sources and services in the community?
(e.g. groceries, co-operative of medicines (Khor.Yor.1)(Khor.Yor.2) health services and hospitals). Are there any drug stores that have the pharmacists on service? Are there any villagers addicted to the pain- killer or Ya Chood?
- Are there any alternatives for the villagers besides the modern medicine.? Which ones? Are they in more or less favour of the alternatives?

(Khor.Yor.1) = the drug store that has pharmacist on service.

(Khor.Yor.2) = the drug store that has no pharmacist on service.

3. Environmental System (clean water/ public health system/ natural resources)

- What is the condition of water utility and services? (state tap water, village tap water, a ground water well, a well, drinking bottle water etc.) Is it sufficient for consumption demand?
- Are the markets and the public areas clean and neat?
- Do they have areas for exercise and recreation?
- What are the natural resources? (e.g. forest, land and natural water source) How do the natural resources affect health in the past and at present? Is there any pollution and environmental problem? How do people utilize natural resources?

4. Medical and public health service system

- Where is the modern medical service available? What are the villagers' opinions on the quality of medical and public health service system?
- How is the government welfare on medical treatment and health insurance? (welfare card, health card, community-welfare fund)
- What are other alternative medical service systems? How many systems exist? What are their roles, procedures and their effect on the community? (local doctor, Cheevajit, Yorae, Phalung Chakrawan and magical treatment)

5. Lifestyle and health risks

- What are health risks that concealed in the community, in various vocational groups?
- Does the community have the power to execute the risks?
- How do they execute the health risks?
- How did the various risks change in the past five years?
- How serious are the risks concerning drugs and narcotics, unsafety, the lack of welfare and public utility problem etc.?

6. **Biography study of the target groups/ the important person.**

Study topics

- present the biography of the person being interviewed and their life experience in the family.
 - Occupations, especially in the past five years (before the economic crisis period until present)
 - The impacts of economic crisis. How do they adapt themselves? How do they think about, what are their decision and the results regarding the economic crisis?
 - Is there any loan source at the time of financial need? Which sources? What kinds of loan made in the past five years? From which sources? What are the interest rates?
 - Present the record of health problems in the past five years
 1. Are there any changes in health attitudes? Why did they change? (To observe their learning process)
 2. Are they aware of their health and their families' health? (more or less tense, have more time to pay attention to their health etc.)
 3. Do they have any experience on health activities? How? How the health behavior changes? For example;

Eating	Psychiatrical health and mental refuge
Exercise	Sleeping
Wanderings	Tenseness
Accidental Risks	Immediate sickness cure
Health Resorts	Narcotics
- Family planning–marriage/ Numbers of children/ Abortion/ Divorce
Are there any changes in health cost? How? Do they affect families' economy?

Appendix 6:

Manual II

The Manual II

**The Community Self-Study Manual of the First Year Medical
Students of
the Collaborative Project to Increase Production of Rural Doctor**

FOREWORD

The manual “ The Community Self Study Model Development” was prepared for students to use as a guideline in the fieldwork. It is expected that students read and study it prior to the fieldwork as it would be advantageous for students in pursuing their learning and career in the rural community.

The guideline in this manual is not the complete pattern for community fieldwork. It is primarily a guideline for short-term community study of the first year medical students. The important purpose of this manual is “How to make the two weeks – fieldwork be advantageous for the students in studying rural society and having up-country lifestyle which could be adapted to their future career?” Therefore, the students have full freedom to study what is beyond the scope of this manual. Nevertheless, within two weeks in the community the students are expected to complete and learn what is recommended in this manual.

Any recommendations for improvement of this manual will be highly appreciated, as it will be valuable for Thai medical study. Please contact us at The Office of the Collaborative Project to increase Production of Rural Doctor.

Finally, we would like to express our gratitude to the scholars for their precious advice and suggestions on the preparation of this manual.

The Office of the Collaborative Project
to increase Production of Rural Doctor

The Office of the Permanent Secretary
of the Ministry of Public Health.

Recommendation for Manual II User

The Community Self-Study Manual II of First Year Medical Students of the Collaborative Project to Increase Production of Rural Doctor comprises of three parts as following: -

Section 1.: Assignment

Section 2.: Activity planning table for community self study

In this section, students can organize and plan the schedule to complete the individual and group assignments within the time allowed. By using this timetable as a guideline, students can follow up the progress of the assignment for themselves and for the group and can adjust their work strategies to achieve their goal.

Section 3.: Note

Students can bring this manual with them at all time during community fieldwork. This note pad is useful for students as they can note to remind their memory and can note activity task assigned in Section 2.

Section 1.: Assignment

1. Geographical mapping
2. Social mapping
 - 2.1 Kinship mapping: To prepare the kinship map of the host family and one other family by select between family of community leader/ important person and poor family.
 - 2.2 Community structure and organizations (both official organization and non-official organization).
3. Community calendar
 - 3.1 Economic calendar
 - 3.2 Cultural calendar
4. History of community
 - 4.1 Social and economic history
 - 4.2 Public health of the community
5. Health Resources
6. Bibliography

Bibliography of three persons are required:-

 - 6.1 Poor person
 - 6.2 Patient/ Person with illness
 - 6.3 Community leader or important person

Appendix 7:

Thesis presentation handouts

**The Community Study Model
Development for
First Year MD. Students of
The Collaborative Project
to Increase Production
of Rural Doctor
(CMS. Model Project)**

Salintip Suwan

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Outline

- 1. Introduction**
- 2. Objectives**
- 3. Implementation**
- 4. Evaluation**
- 5. Results and Discussion**
- 6. Recommendations**

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Introduction

 **WHY?**

Collaborative Project to Increase Production of Rural Doctor (CPIRD)

- ❖ **Relieve the problem, Increase & Distribute**
- ❖ **Pre-clinics (year 1-3) at 7 affiliated Universities**
- ❖ **Clinics (year 4-6) at 12 MECs of MoPH**
- ❖ **Production of 3,000 RMD. (1995-2006).**
- ❖ **Prepare & maintain the students well to work in the Comm., Serve Primary care**

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Introduction

❖ **Image : CPIRD MD. Graduate Same Standard : MD. Council's**

Plus with:

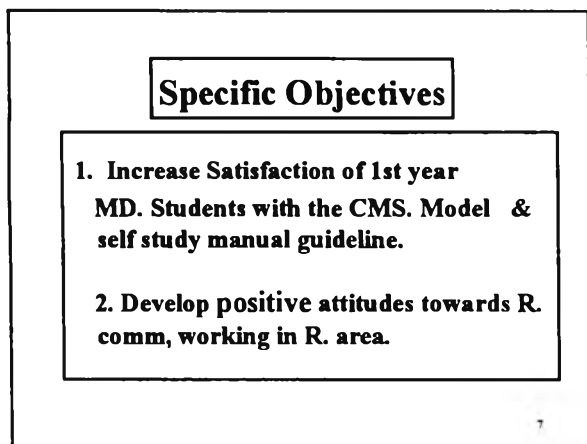
- **K, Understanding, Experience & Good attitude toward R.H. Service**
- **Ability to provide active comm. H. Service**

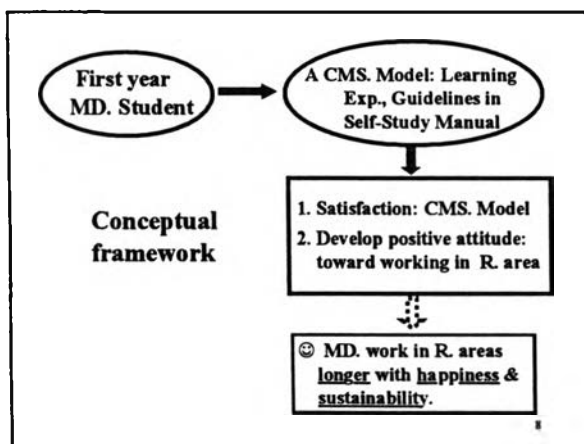
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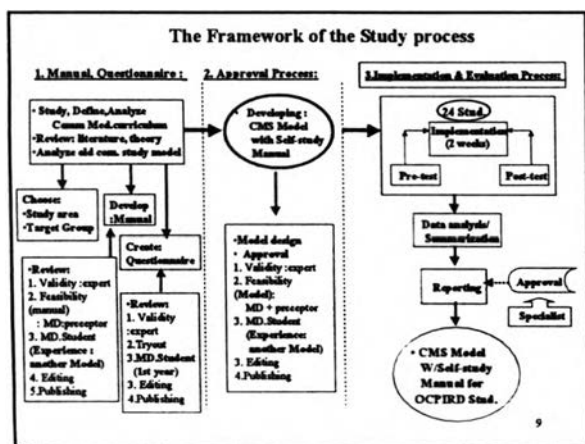
General Objective

Develop an effective CMS. Model for 1st year MD. Students, by using a Manual of Comm. learning process

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Evaluation

Evaluation Questions

- Satisfaction: CMS. Model.
- Attitudes towards Thai rural comm.
- Attitudes towards working in rural comm.
- Opinions on the project

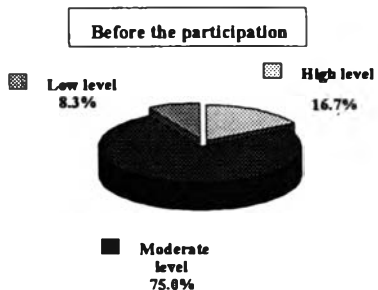
(i.e. motives in joining the project, self preparation, the manuals, training step, supervision, support).

Table 6. Gen. Data of the 24 MD. Students

Data	Number	%
Gender		
Male	8	33.3
Female	16	66.7
Place of Birth		
Urban	13	54.2
Rural	11	45.8
Place of Longest Stay		
Urban	13	54.2
Rural	11	45.8
Place of Primary school grad.		
BKK.	1	4.2
Urban city	13	54.1
District area	9	37.5
District	1	4.2
High school Graduation		
Bangkok	1	4.2
Urban city	15	62.5
District area	8	33.3

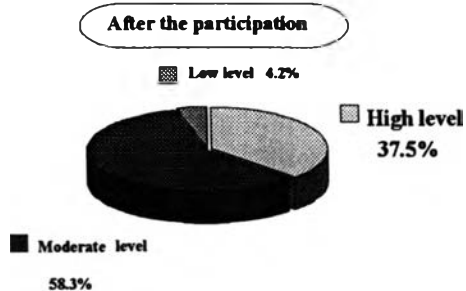
Results and Discussion

Figure 14 : Satisfaction level on The CMS. Model Using manual as a guideline in fieldwork.



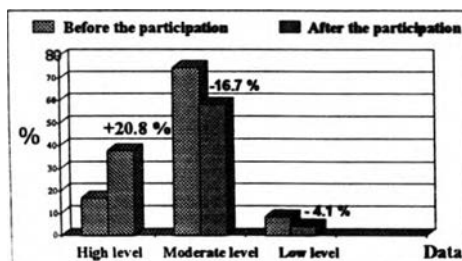
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Figure 15 Satisfaction level on The CMS. Model Using manual as a guideline in fieldwork.



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Figure 16: Comparative satisfaction levels on The CMS. Model using manual as a guideline in fieldwork



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Table 12. Comparative analysis on satisfaction of CMS. Model before and after joining the project

Variable	n	X	S.D.	t-value	df	p-value
Satisfaction with the model						
Before the participation	24	50.13	5.34	2.563	23	0.017
After the participation	24	52.46	4.14			

Figure 17: MD.student's attitude towards Thai rural community

Before the participation

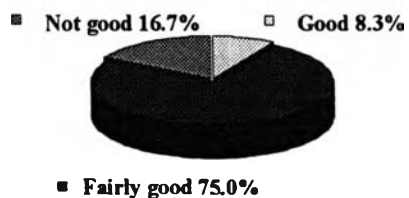


Figure 17: MD. student's attitude towards Thai rural community

After the participation

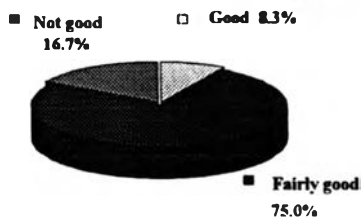
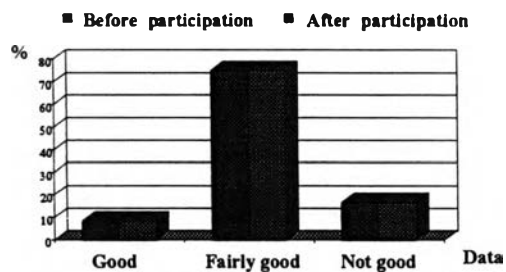


Figure 19 MD. student's attitude towards Thai rural community



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Table 14: Comparative analysis on attitude towards Thai rural society

Variable	n	X	S.D.	t-value	df	p-value
Attitude towards Thai rural Society						
Before the participation	24	62.83	6.39	0.031	23	0.975
After the participation	24	62.79	5.39			

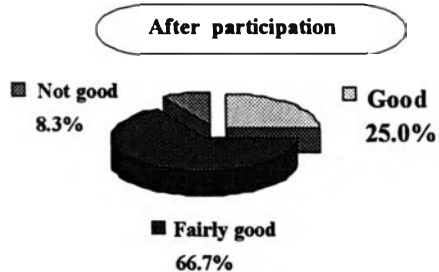
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Figure 20 : MD. students' attitude towards rural fieldwork



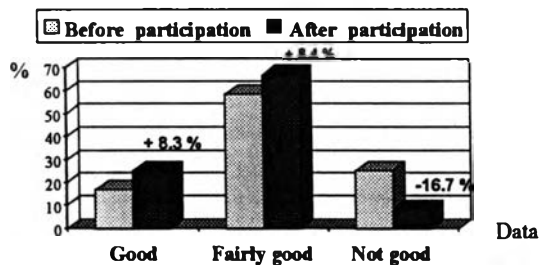
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Figure 21: MD. students' attitude towards rural fieldwork



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Figure 22 Comparative attitude towards rural fieldwork



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Table 16: Comparative analysis, on attitude towards working in Rural community

Variable	n	X	S.D.	t-value	df	p-value
Attitude towards Working in the country						
Before the participation	24	63.29	7.37	1.845	23	0.078
After the participation	24	66.25	5.97			

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Recommendations

1. Useful: Learning Comm. Exp.
2. Several positive outcomes
 - 2.1 The students
 - 2.2 The villagers
 - 2.3 The preceptors
 - 2.4 The medical staffs
3. Should provide this project each year
4. Should be integrated in MD. curriculum in the future

Recommendations

- ★ Purposes of each activity assigned should be added.
- ★ Instruction on individual activities should be detailed.
- ★ Data on target villages should be presented.
- ★ A year book/directory of students participated in this project should be compiled
- ★ Decrease the assignment or extend more 1 -2 weeks

Recommendations

- ★ Increase number of students
- ★ May recruit students from other affiliated universities.
- ★ Examine the effect of rural background on attitude changes.
- ★ Define rural community.

The Next Plan

- 1. Increasing No. of Students With different U.
- 2. Select: the 24 Students as a Preceptor
- 3. Measure the attitude of the student by place of longest stay
- 4. Send the Manual: before implementation
- 5. Expand this proj. year 2 - 6

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Thank you

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Student's Curriculum Vitae

Name: Salintip Suwan
Nationality: Thai
Date of birth: 15 September 1956

Education:

Sri nakharinwirot University, Thailand 1980 - 1982
 Bachelor of Education (in Nursing Education)

Work Experience:

The Office of the Collaborative Project 1998 - 2001
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 The Office of the Permanent Secretary
 of the Ministry of Public Health.
 Human resources 8.

Education Development division, 1995 – 1997
 Technology division,
 Praboromrajchanok Institute,
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Training Division 1984 - 1994
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 of the Ministry of Public Health.
 Professional Nurse 2-3