# Community based education of health personnel

*This article is a summary of documents collated by a World Health Organisation (WHO) study group, (Technical Report Series 746, 1987) on community-based medical education (CBME). The report deals with the principles of CBME, the need for curriculum change and the various obstacles to its implementation.*

## Introduction

An important aspect of the policy of the World Health Organisation (WHO) is to encourage the development of training programmes which are more responsive to the needs of the community served than are the vast majority of current programmes for the training of physicians.



CBME is based on the needs of the community and is committed to health care for all

Community-oriented education is education that is based on a determination of the needs of the community in which it is located, focuses on both population groups and individual persons and has a commitment to health for all. Community-based education is a strategy used to help develop community-oriented education. It is education provided in an environment which closely resembles that in which the students will work after graduation and uses a process in which education and productive work are integrated. It aims to equip graduates to be responsive to the health needs of the people and who are able to contribute towards the improvement of health care systems. In a community-based programme for medical students a significant proportion of the educational experiences are located outside a tertiary care hospital. These community-based learning activities take place throughout the whole of the curriculum and may occupy anything from 10 - 38% of total undergraduate training time.

## Guiding principles for a community-based education programme

- All student activities have clear educational goals and objectives.
- Activities are introduced early, continue throughout the educational programme and are an essential part of it.
- Student work is of benefit to both the community and the student.
- Students are exposed to the social and cultural environment of their patients and so come to understand the relationship of these factors to health.

## Major problems and constraints in community-based education

- It requires the close collaboration of health and educational administrations, a collaboration which may be difficult to obtain.
- 'Curriculo-sclerosis' in conventional educational systems make change difficult so it may be necessary to create alternative tracks in established medical schools or begin new medical schools.
- New initiatives have to compete for funding often in the face of financial constraints.
   In comparison with traditional programmes extra expense may be involved such as extra staff, travel and insurance.
- There is a shortage of appropriately qualified staff for teaching.
- Control, supervision and assessment of the students is more difficult than in a traditional programme.
- The goal of providing more physicians for under-serviced areas may not be achieved.

# Examples of community-based learning activities

- Assignment to a family and observation of that family over a period of years.
- Work in an urban, suburban or rural community designed so as to give the student an understanding of the social system and the relationship of the health sector to other sectors engaged in community development.
- Participation in a community survey, community diagnosis and action plan or in community health programmes such as immunisation, health education, nutrition or child care.
- Supervised work at a facility providing primary care such as a health centre, or a rural or district hospital.

# Important issues in community-based education

The WHO document gives pertinent examples of the following issues, from a variety of international settings.



In CBME, students are exposed to the environment of their patients. This emphasises the relationship between living conditions and health

# 1 Co-ordination with health services

This is a crucial issue and may be attained by a variety of strategies. Possibly the most successful is to appoint one person as head of both health personnel development and health service activities.

# 2 An intersectoral approach

Primary health care involves health and all other related activities within community development, agriculture, education, housing etc. Ideally community-based education provides experience in collaborative ventures between all of these sectors. Up to the present there are very few practical examples of this.



**The community is not a laboratory for students. It must be involved in the planning and evaluating of the CBME programme**

# 3 Community involvement

Students cannot treat the community as they would a laboratory. Community involvement may take the form of either consultation or the sharing of power. In the former, the community is informed but also has the opportunity to react and express opinions. Hopefully there is true freedom of expression by community members, the community is adequately informed, it has sufficient time for consultations and its opinions will be taken into account by decision makers. When power is shared with the community there is likely to be conflict between professional interests and local initiatives. Such conflict has to be resolved as the

successful implementation of a community-based education programme requires the involvement of the community in planning, decision making, problem-solving and evaluation.

# 4 The health team concept

A health team is a group of people who share a common health goal and common objectives which are determined by community needs. Each member of the team contributes, in a coordinated manner, in accordance with his/her competence and skills and respects the functions of the other members. Community-based education can foster the health team concept by giving students experience in working with other students from differing disciplines. The benefits of team training in the community include enabling each member of the health team to understand the roles of the other members, allowing optimum utilisation of available resources and permitting a collective assessment, allocation and utilisation of educational resources according to needs and not according to chance or individual bias.

# 5 CBE and the competency-based concept

In competency based education, the functions, activities and tasks expected of each type of health worker are described and the most suitable settings for the attainment of these diverse competencies are then determined. So far, relatively few schools have successfully defined professional profiles and then based their curriculum accordingly.

# 6 CBE and problem-based learning

Problem-based learning is a process in which students are presented with a problem which motivates them to discover the information they need to solve that problem. CBE provides suitable conditions for identifying and helping solve the actual health problems of a community. Because of its reality and relevance, CBE provides very strong motivation for learning. The health problems dealt with include not only individual clinical problems but also the making of a community diagnosis which will help to identify the community's priority health problems. Obviously the problems identified will be linked with the competencies required to solve them.

# 7 CBE and performance assessment

It is well known that what students learn is strongly influenced by the type of assessment used. There are still too few satisfactory measuring instruments for determining optimum performance in a community setting. Where the result is

directly under the control of the student this can be used as a criterion of acceptable performance but usually numerous factors will influence the result, so that process rather than outcome will need to be assessed.

# Recommendations on how to start a CBE programme

- Provide a justification for the introduction of a CBE programme;
- obtain information as to how to implement CBE and adapt it to the local situation;
- obtain clearance from supervising level(s) and promote political will;
- select colleagues to serve as a nucleus to start a programme;
- review the planning steps and identify possible obstacles to their implementation;
- set up a continuous teacher training programme;
- improve the institution's administration;
- identify the professional profile of the health worker(s) the institution is planning to prepare;
- construct instruments for assessing the performance of the students;
- set up a mechanism for selecting students for CBE;
- contact and consult with the community;
- select settings for community-based learning activities;
- improve the settings where required;
- train students to optimise the use of CBE;
- construct the sequence of community-based learning activities;
- construct a mechanism for evaluation of the programme.

*By Prof S Ross*
*Department of Obstetrics*
*University of Natal, Medical School*
*NAMDA member*