Editorial

Medical Students Training In Community Settings: An Essential Requirement To Meet Growing Health Needs Of Pakistani Population

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The successful provision of adequate primary health care delivery for the underprivileged population in the Asian subcontinent has remained a pressing issue over quite some time. Major reforms in health professions education have taken place across the globe including Asia. Unfortunately, the health education system implemented in Southern Asia (including Pakistan, India, Bangladesh etc.) has not been able to decrease morbidity and decrease the figures of adult and infant mortality rates in this region[1].

Pakistan is a developing country with profound governmental, financial and socioeconomic constraints in the growth of healthcare sector. About sixty five percent of Pakistani population resides in rural settings who hardly have access to high-quality health care[2]. Unwillingness of physicians to work in rural settings, limited health resources and misdistribution of general practitioners are some fundamental factors that are leading to severe urban-rural health inequalities. It is a well-known fact that Pakistan has been striving very hard to produce proficient doctors that are able to foster growing health needs of its population. Yet the disease burden is still very high in most areas of Pakistan.

According to latest statistics, there are about 110,000 general practitioners registered with Pakistan Medical and Dental Council (PMDC) in 2014. Despite such a vast quantity of physicians in the country, large part of the population dwelling in rural areas is still calling for justice and high standards of healthcare[3].

In order to meet the needs of our local population, major transformations are required in the educational learning system depending upon what is important in the local health context of Pakistan. There is dire need of understanding the worth of "Family Medicine" as an essential aspect of primary health care in Pakistan`s context[4] as majority of the medical schools across the country do not train medical students to interact effectively with the community and cater to their social, psychological and day-to-day health problems. The foundation of this specialty was laid down in late eighties where concepts of health promotion and disease prevention were introduced for the first time. Recently, Pakistan Medical and Dental Council has made it compulsory for all medical institutions to develop a family medicine department[5]. At present, the Aga Khan University Hospital and College of Physicians of Surgeons Pakistan carries out a postgraduate training program in family medicine to train physicians.

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There is no such program across the country that targets training of undergraduate medical students in this regard. Only if the undergraduate students receive continuous training in local community right from early years in schools, it may be hoped that they evolve as adept health care professionals who are well-rounded and culturally sensitive[6].

Depending on which perspective is being looked at, there are many possible definitions of community. For instance World Health Organization defines community as "A group of people, often living in a defined geographical area, who may share a common culture, values and norms, and are arranged in a social structure according to relationships which the community has developed over a period of time."

In the context of health care, Richard Hays[7] talks about community as a specific category of individuals with immense cultural diversity providing an information-rich learning context for undergraduate students.

Therefore, community includes all those localities which lack first-hand primary health care like rural community districts and underserved areas within a city where a majority of underprivileged population remains unattended in terms of standardized health care facilities.

The Pakistan Medical and Dental Council needs to revamp the undergraduate MBBS curriculum and place these two positions at the top of the list in order to meet the global standards:

- Clinical training must commence right from first year of medical school instead of third year onwards as early practical experience greatly conditions students behavior ultimately making them responsible and socially accountable.
- Medical training should also be carried out in primary care settings outside the tertiary care hospitals in order to better understand the growing health needs of the society as hospitalized environments demonstrate a very narrow spectrum of health-related problems.

Why community health and health promotion are low on the list of priorities of doctors? There are many answers to this vital question that lie in keenly looking into and drawing attention towards the health education system of Pakistan.

Holistic care, that includes disease prevention, health promotion and rehabilitation are burning issues in the field of health care delivery in Pakistan which always remain unattended. At present, there are hardly very few medical colleges in Pakistan[8] which have established family medicine and general medicine departments that would steer interest among undergraduates.

There has to be a fruitful and drastic transition from single-handed, episodic 'medical care' towards a more comprehensive approach to 'health care' that is realistic, continuous, cost-effective and involves multi-health professionals to work in teams[9]. This calls for seriously highlighting family medicine as the cornerstone of health care. Some percentage of clinical rotations must be scheduled regularly in these departments.

The health education system of majority of schools in Pakistan is based on traditional principles where emphasis lies on teacher-centered, didactic lecture-based mode of instruction. As a result, the graduating students find a complete mismatch in what they have learned in their medical school and what is expected of them in the local community. As the health indicators and patterns of disease have been changing, policy makers, health care professionals and other stakeholders must realize the importance of reforming the curriculum that demands students to acquire broad-based community oriented knowledge.

Close interaction with general practitioners and extended contact with patients are main factors that make clinical training of undergraduate students in the community a compulsion having very powerful educational impact on students learning. It is these learning experiences that enable them to develop relationships with patients and condition their behavior to meet the needs of the society[10]. This can be achieved by assigning a small group of students to general physicians, scheduling weekly or half-monthly rotations in community practice and placing them in the rural-health society where they can understand relevant issues like poverty, poor hygiene and clearly look into the common day-to day health issues of patients[11].

There is overwhelming evidence that lays emphasis on designing and implementing a '*community-based medical education (CBME)'* in all government and private medical colleges in Pakistan. Students need to be pulled out of classrooms and be placed in resource-poor settings where they can interact with the local multicultural society and can identify disease presentations more readily[12].

References:

1) Qiqwai W. Healthcare delivery system improvements: A way forward to improve health in developing countries and Pakistan. JCPSP 2013; 25(3):313-14.
2) Qidwai W. Family medicine in Pakistan: challenges, opportunities and way forward. J Dow Uni Health Sci 2014;9(1):1-2.
3) Sabzwari SR. The case for family medicine in Pakistan. JPMA 2015; 65(5):660-64.
4) Dar SB, Khan HS, Hasnain M, Khan JS. Family medicine: A missing link in health system of Pakistan. Biomedica 2014;30(4);301-6.
5) Biggs JSG. The social responsibilities of medical colleges of Pakistan. J CPSP 2013;23(1)2-4.
6) Nasim M. Medical education needs to change in Pakistan. J Pak Med Assoc 2011;61(8):808-11.
7) Lam TP, Lam YYB. Medical Education Reform: The Asian Experience. Acad Med 2009;84(9):1313-17.
8) Iqbal SP. Family Medicine in Undergraduate Medical Curriculum: A Cost-Effective Approach to Health Care in Pakistan. J Ayub Med Coll Abbottabad 2010;22(4)207-9.
9) Mennin S, Mennin RP. Community-based medical education. Clin Teach 2006;3:90-96.
10) Epstein RM, Cole DR, Gawinski BA, Lee SP, Ruddy NB. How students learn from community-based preceptors. Arch Fam Med 1998;7:149-54.
11) Haq C, Ventres W, Hunt V et al. Where there is no family doctor: The development of family practice around the world. Acad Med 1995;70(5):370-80.
12) Rabbani F, Shaikh BT, Mahmood Q, Khan KS, Israr SM, Memon Y. Medical Education and training: responding to community needs. Med Sci Monit 2005;11(10):21-25.