More than patient care: The community medicine attachment and community follow-up models

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Abstract

The Community Medicine Attachment (CMA) and the Community Follow-Up Project (CFUP) have been incorporated into fourth year medical students' training as part of ensuring that medical doctors trained by Universiti Putra Malaysia will understand their role within the social and cultural context in which they work. Both models illustrate the relevance of humanities in understanding illness and medical care. Over the last five years of their implementation at Universiti Putra Malaysia, definite progress and benefits have been seen. Further potential, especially in the area of research, will depend on strengthening the mechanism of supervising and collaborating with the relevant professionals within the health sector and outside academia.

Introduction

Two models adopted under the undergraduate medical program implemented at the Faculty of Medicine and Health Sciences, Universiti Putra Malaysia, Serdang, Selangor are presented here. The aim is to illustrate that medical education incorporates both medical science and social science disciplines with the purpose of equipping students with the understanding of the multi-factorial nature of disease and illness. While the Community Medicine Attachment (CMA) is carried out in villages and suburban settings, the Community Follow-Up Project (CFUP) is carried out within the household environment of patients in urban areas. Of the two models, the CMA was the first program to be implemented. Differing in their emphasis and goals, the CMA directs its focus on community survey, community involvement, and community intervention, while the CFUP concentrates on the impact of chronic illnesses on the patients and their families and linking the patients with other social support agencies in the community. Students' competence are measured through their oral presentations and written reports, which are reviewed by the faculty staff and district's health professionals.

Changing learning objectives in medical education

Medical training is basically designed for the purpose of acquiring knowledge about health and disease and practicing it as a science. Hence, medical education is essentially about teaching methods of recognizing disease and illness and finding their cure. In short, students are taught how to explain a medical phenomenon. Finding out about an illness or disease in a clinic setting is, in most instances, an attempt by the doctor to know the patient's condition by offering him or her with statements about what might be 'wrong' with his or her condition. Very seldom would the doctor be interested to know more about the patient's own explanation. With the medical knowledge that has been acquired medical doctors would soon assume the task of diagnosing their patient's illness based on physical examination for clinical signs and symptoms.

Societies increasingly expect that more efficient and effective medical care exist. In response to concerns that new doctors are not well prepared for these, existing learning objectives in medical education have to be

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reviewed. Apart from their main task of curing disease and promoting health of individuals and populations, doctors "must understand the economic, psychological, occupational, social and cultural factors that contribute to the development and/or perpetuation of conditions that impair health "[1].

In reality, health and disease can be explained from different perspectives, depending at what level one is situated. Although the clinical level is the most appropriate and deemed to be 'true', it may give rise to conflicting views since different interpretations are involved. The different levels, upon which the interpretations take place, are in actuality, not conflicting, but have to be reconciled. This is where the approach of having medical students exposed to the patient's explanation of his or her illness and how this bears on his family relationship and social interaction gets into context [2]. On a wider scale, disease and illness are given different explanations by groups according to their belief and cultural system.

Undeniably, medical knowledge is concerned with studying human beings from a vast and varied range of perspectives. It is to be recognized that any aspect that deals with human existence has to consider "the interface between the individual and society", henceforth, the behavioral dimensions of patients and their social interactions [3]. Modern medicine has long evolved from its ancient origin that dwell much on metaphysical domains toward a more rigorous scientific based inquiry while allowing a more encompassing humanistic approach.

Adopting the humanistic approach in medical education at Universiti Putra Malaysia

Compared to other public medical schools in Malaysia, Universiti Putra Malaysia's (UPM) medical faculty was only recently established, i.e. in 1996. It took pride in itself when its first batch of 40 students made their way to convocation day in 2001. It is now entering into its tenth year, and obviously there lies ahead many challenges. In many ways it has benefited from the experiences of medical schools of older universities such as Universiti Malaya (UM) and Universiti Kebangsaan Malaysia (UKM).

The community medicine attachment

In realizing that Malaysia is composed of various ethnic groups it was therefore intended that medical education had to give due importance to the different cultural norms and values as manifested in patients' attitude and behavior. The Community Medicine Attachment was incorporated into students' training during their fourth year. Known initially as District Health Posting in 1999, it was later renamed the Community Medicine Attachment in 2002. Departing somewhat from a model designed by the University of Nottingham, the Community Medicine Attachment model of UPM had as its focus developing the students for their role in community setting wherein the health care system operates at two levels, i.e. primary and secondary. Differing somewhat from that practiced by the Universiti Kebangsaan Malaysia Medical School which sent its students to the rural areas for eight weeks, that adopted by Universiti Putra Malaysia, would place its fourth-year medical students for six weeks in a district, usually more than 200 km away from the campus. Students then have to perform multiple tasks at three different places, namely the District Hospital, the District Health Office and the Health Clinic. Although their placement at these institutions will have been prearranged, students cannot hope that everything would run smoothly. During initial briefings prior to their assignment to the 'field' they would have been told to expect the unexpected, and if it occurred they would have to draw on their intellectual training to resolve the problems at hand.

As the change to the program name implies, the Community Medicine Attachment entails activities that are community-based. Through their undertakings of a community health survey, students are made to appreciate the importance of social, economic, cultural, and political factors on the health status of individuals and groups. Working under the supervision of the faculty staff and health professionals at the districts they are attached to, they are given broad areas of public health concerns such as the prevalence of cardiovascular diseases, dengue infections, obesity, and the well being of older persons in the community. They then have to discuss among themselves and with guidance from the academic supervisor choose a

more specific topic to suit the community posting period and other tasks at hand.

To facilitate the process, groups of between 10-12 students are assigned to two areas in the district. Their primary learning objectives are to understand the organizational structure of district hospital, health clinic, and the various public health programs that are being implemented, such as the environmental health program. The other component of their assignment is to understand the role and functions of various categories of health staff within each organization.

The community follow-up project

The Community Follow-Up Project, on the other hand, developed out of the need to prepare students to link their patients' clinical condition to their psychological, family, social and cultural situations. It was first developed in 2001 with the aim of strengthening the students' clinical skills [4]. Over a period of six months, a group of between 4 to 5 students would visit patients while in the ward, and subsequently in their homes after discharge. No specific limit is set on how much should the students cover on their patients' situation as they recuperate at home. A lot depends on their time and willingness to do what they feel should be gathered.

To enable the students to explore a wide range of influencing factors and how these affect each patient and his/her family, they are asked to select patients with chronic illness, such as congenital disease, asthma, schizophrenia, and major depression, or those terminally ill such as cancer or acquired immunodeficiency syndrome. While students record and observe their patients' medical history and clinical conditions during visits to the wards, they are to elicit from the patients their own understanding of the illness. These constitute qualitative data of relevance needed for assessing the patients' progress or digress. In addition, the frequent visits and communication with each patient set the formation of closer rapport between students and patients. Once established, it is easier for students to visit their patients in their homes after release from the hospital.

The underlying premise of community-based and family-centered models

Both of the above-mentioned models have been designed using the premise that health care goes beyond disease diagnosis and treatment. The sooner students come to realize this the better it is for them to perform their roles upon completion of their undergraduate study. It is therefore imperative that they are made to understand the role of individuals within the family as the basic social group and the wider society where other social and cultural influences will come into play.

Under CFUP students begin to get exposed to the family situation when they follow-up patients to their homes soon after discharge. The prime concern is to find out from the individuals and their family members how chronic illnesses are impacting on their lives and those who are related to them. Attention is given to several areas of the patient's present situation – attitude and coping strategies, family behavior in relation to the sick individual, and living environment. Theoretically, the home visit is to enable students to get a framework of how the patient fits in or adjust to the home situation. In practical terms, what the students are supposed analyze is the individual within the given factors that surround him. No hard rules are laid down on how this is to be done. It suffices so long as the students feel that what they gather is useful. The ultimate aim is to help patients onto better roads to recovery through 'diagnostic' and 'intervention' methods.

In a similar vein, the Community Survey, which is part of the Community Medicine Attachment, is started with the process of identifying specific public health problem of importance to the district where students are attached [5]. Over the last four years specific health problems have been chosen. These include dengue, mental health, adolescent health, and health of the elderly. Prior to the actual survey, lectures on how to do a community survey would be given at the study site. As the time for them to complete the task is very short, it is therefore expected that students would have done much of the literature search before leaving the faculty in Serdang. In six weeks they have to prepare, write and present their research proposal

to a panel of supervisors, conduct the survey, and plan and implement an intervention program based on the study's findings. Throughout the planning and implementation period they are to work closely with the district's health officer and staff and with the village committee. They also have to recognize the role of political figures in the district. In short, their research activity will lead them to realize of who in the community should be involved in health and how can they be mobilized.

The importance of communication skills

Any learning objective can only be achieved if both educators and learners can communicate effectively. For the to-be doctors, they need to know the importance of communicating well, particularly in view of the fact they will be working among patients from various cultural and language background. As asserted by the Association of American Medical Colleges, "Physicians must be able to communicate with patients and patients' families about all of their concerns regarding the patients' health and well-being". In patient care, effective communication is the foundation for an educational process and for compliance to medication to take place. Becoming a doctor is more than just learning about the anatomy of the body and their functions and what drugs can do in the restoration of biological processes. Doctors are trained to acquire knowledge, skills and attitudes in three broad areas – individuals, groups and societies; communications and consultations skills; and ethical values affecting both patients and clinical practice [6]. Quite understandably, when doctors talk to their patients during medical visits, more than words are involved. In communication, "…the whole repertoire of nonverbal expressions and cues are involved, which include "The smiles and head nods of recognition, the grimaces of pain, the high-pitched voice of anxiety all give context and enhanced meaning to the words spoken" [7].

Talking to the patients is not solely meant for understanding their thoughts and attitudes; it also serves as an avenue for students to learn about relationships that are appropriate between students and patients. Students are at the bottom most layer in the hierarchy of a complex relationship existing in the medical care setting. The power is always with someone above them. It is during visits to patients that "even students hold a certain amount of power" [8].

Aspects of communication are of paramount importance in the delivery of quality health care. In view of the rapidly changing social and cultural landscape brought about partly by the Internet, more should be known about medical consultations. Students have thus to appreciate that there are a multitude of factors that surround and influence communication. In the CFUP, students are trained by evaluating their communication skills in three primary areas. These are (i) communication that takes place between the patient and the hospital or health care workers (ii) understanding of patient's illness and management, and (iii) communication between the various levels – primary, secondary and tertiary care.

While evaluating their communicative skill students are to realize that the various influences such as the patient's socioeconomic background (e.g. gender difference), and patient's communicative style will not act independently of each other. By being involved in the different encounters and levels of communication students will eventually understand the multitude of factors that need to be considered in doctor-patient and patient-doctor communication. Basic understanding of an ecological perspective in communication could lead students to further understanding of the role and importance of communication in medical practice.

Getting to understand health and illness in the community

The community survey is an attempt to make students find out for themselves what the health problems in a community are. Given the task of determining a public health problem they would have to carry out preliminary studies before identifying the problem to be investigated. However, as their time in the community is limited to six weeks, the task is made simpler for them. Prior to their going to the district, they would meet the District's

Medical Officer of Health. They would then be informed of the community health problem and subsequently they would have to begin the community survey and plan for the health intervention.

Having the broad area of research such as Dengue and Its Control, or Adolescents Health, would only be the beginning of the CMA. Students have to follow specific steps as required of them toward implementation and completion of their survey.

In further defining their research problem, students have to provide evidence of why a specific research should be done. Using a literature review, they would provide recent studies indicating two scenarios, the global and the local context of the problem. Having done that, they would decide on the methodology that would consider the type of research, whether it is cross-sectional or cohort studies. An essential part of their proposal is the description of the population to be studied and the sample to be selected. Subsequently, they would provide the methods of data collection and data analysis.

Key steps in the research process are (i) writing up a research proposal (ii) Implementing the study (planning and executing the data collection) (iii) analyzing the data to indicate associations or relationships among factors, and making conclusions. Before leaving the study site the groups have to plan and carry out an intervention program. The program is based on their study findings. Using a Community Diagnosis as basis for the intervention, they then proceed to prepare for a Health Intervention Day.

Assessing patients chronic condition on their social, cultural and psychological lives

An essential component of the CFUP is the home visit. The key focus of each visit is on the patient's progress since discharge. Of particular importance is whether the patient is adjusting well to the home situation in relation to the illness. Is he or she coping well in terms of having a positive attitude toward him/herself. Is he/she experiencing pain and feeling uneasy about it. In short students have to ask and observe any emotional or psychological disturbance. An illness may not be physically seen; rather it is expressed in words and in behavior. Beyond the individual, the visit is to determine what impact does the patient's illness has on the family relationship. A chronic illness is long-term in nature. An individual living with family members would no doubt create new or modified relationships between the sick person and those related to him or her.

A chronic illness is a fine example for students to determine its impact on various aspects and levels of the patients' lives. Firstly, the chronic nature of the illness will impose great limitations in terms of physical activities. The degree of limitations however, would depend on how the sick person views his/her condition. And this depends on gender, age, cultural expectations and nature of impairment.

For learning purposes, students are asked to select patients from a low to moderate socioeconomic levels. The rationale is for students to be able to determine as many spheres of the patients' lives that can be affected by their illness.

Apart from having the students observe and note the change that takes place in the patient and others around him/her, the CFUP is to enable students to determine how departments or agencies other than health can help to reduce the burden of the individual. The Social Welfare Department, for instance, can be referred to in matters of financial support.

Progress and future prospects

The Community Survey and Health Intervention Program

Three faculty members, who act as field supervisors, supervise each group of students. The groups' first task is to prepare and write up a research proposal. But prior to that adequate lecture on research design and questionnaire development will be given to all groups while they are in the district.

Major constraints of the CMA are time and funding. Obviously, one week is far from adequate to conduct a

proper community survey. Hardly any time is available for preliminary data gathering on the social, economic, and cultural background of the community. Students have to resort to information given by the District Health Office pertaining to geographical location, ethnic composition, occupational pattern, and type of residence. Some useful information on accessibility to health facilities means of transportation, and basic amenities can also be gathered informally. The constraint due to limited funds can hinder students from exploiting various strategies in the intervention activities.

The emphasis of research has largely been on quantitative data gathering. This is mainly because students are expected to gain and test their knowledge in epidemiological research. Therefore aspects of methods of sampling, and quantitative data analysis are given prominence in their second and fourth year education. Variables that are qualitative in nature such as those that relate to opinion, feelings, and emotions, are recognized but hardly considered seriously in the methodology. Again, the limitation is imposed by time.

Despite the constraints, students find their experience in community research rewarding. They gain substantially in terms of identifying a problem and getting to deal with a real situation. For the academic staffs that supervise them on their visits to the various health institutions and community leaders, each experience adds to their existing knowledge and skills. Most importantly, the Community Medicine Attachment opens wider windows to the social world of communities of which the health professionals are part. Every field research no matter how localized it is has potential of being turned into large-scale research projects to be undertaken by the district health offices or the students when later they have the chance of returning to the area.

The Home Visit

Based on students' evaluation of the CFUP, it is found that the Home Visit component is the most beneficial to them. In connection to this, they find communication skills to be a very crucial element in understanding the patients, their family and careers. They also realize the role of other government and non-government agencies in the patient's recovery process. By involving other sectors that can lend support to the patients' dilemmas, students begin to appreciate the importance of networking among various individuals and groups in society. In short, the home visit is a path toward a comprehensive medical care.

The home visits also provide opportunities for both students and staffs to determine what aspects of the patient's life are critical. Students will soon realize that it takes more than the individual's psychological factor to be able to continue with treatment and with life. The strength to cope and live with a chronic illness is partly dependent on family support. As has been shown in many related studies on the role and experience of caregivers, this topic has immediate and future relevance for both students and those involved in the teaching and linking with the project. Not only patients can be studied but also caregivers can be made the focus, especially of qualitative research.

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