

Community Oriented Medical Education

Community Oriented Medical Education (COME) is an integrated, innovative and interactive teaching learning education to empower students, faculty staff, health care providers and the people towards responsive and relevant health care and social services.¹

Also, this is a type of training of health personnel that focuses on both population groups and individual taking into account the health needs of the community concerned.²

It is the relevant medical education which takes into consideration in all aspects of its operations the priority health problems of the country in which it is conveyed.¹ This can produce community oriented doctors who are able and willing to serve their communities and deal effectively with health problems at primary, secondary and tertiary levels through delivery of health oriented rather disease oriented education.¹

The concept of Community Oriented Medical Education came into lime light since 1978, when the Alma Ata International Conference on Primary Health Care stated that the best approach to achieve the goal of Health For All is by providing primary health care, especially to the vast majority of underserved rural people and urban poor.³

It is a new approach in medical education and the teaching learning activities in community setting.^{1,2,3}

A very closely related and inseparable term Community Based Medical Education often confused or synonymously used with Community Oriented Medical Education.^{1,2} Community Based Education is a means of implementing a community oriented educational programme and consists of learning activities that take place within the community.¹ Not only the students but also the teachers, members of the community and representatives of other sectors are actively engaged throughout the educational experience. Community based activities use individuals, families and communities as units for learning.¹

In the Curriculum for Undergraduate Medical Education in Bangladesh - Updated 2012, a time period of 30 days has been allocated for the students in their second phase of MBBS course for community oriented medical education. The total period is divided into Residential Field Site Training Program, Day Visit Program and Study Tour Program. During Residential Field Site Training (RFST) students are placed in the Upazila Health Complex (UHC). In that period they have to stay there and learn the health problems and health care delivery systems of the community. Moreover, they visit the community clinic with community level workers, observe the health education program in the community, participate in the community

health survey, and learn to maintain health information system, intra and intersectoral collaboration and health promotion activities. during the Day Visit Program, students visit the various institute of Public Health importance eg. EPI Head Quarters, IPH, NGOs, Water Treatment Plants, Sewage Treatment Plants, various industry or factory, ICDDR,B etc,. During Study Tour Program students visit different natural places of the country and health related organizations to acquire knowledge and to develop skills in assessing the health needs and demand of the populations. The whole educational program is organized by the Department of Community Medicine. In addition, after passing the MBBS course intern doctors are placed for fifteen days community attachment in Upazila Health Complex (UHC) under the guidance of UH&FPO and supervision of head of the department of Community Medicine of the respective Medical College as a log book based rotator internship program.⁴ But most of the Medical Colleges are facing challenges in implementing and managing this program.

In conclusion, to make the community oriented medical education effective and its total implementation secured accommodations with all residential facilities are needed during the placement of the intern doctors as well as 3rd year medical students' placement in the Upazila Health Complex including the faculty members accompanied them. So that they would fill comfort and protected while they are placed as a part of the curriculum. Otherwise these important programs will not effective and the students and the intern doctors will not enjoyed and learn.

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