

## ASSESSMENT OF PERCEPTION AMONGST FACULTIES INVOLVED IN AN INNOVATIVE COMMUNITY HEALTH CARE PROGRAM (CHCP) IN ADOPTED VILLAGE OF WARDHA DISTRICT

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### ABSTRACT

**Background of study:** CHCP is an innovative, inter-disciplinary and unique approach launched by DMIMS (DU) first time in India in 2011. The main aim of the program was to introduce a comprehensive health care approach in the community along with the development of team spirit in newly entered medical and Para-medical students. This study is designed to evaluate the perception in terms of benefits on academic and practical grounds according to faculties involved in the program

**Methodology:** A community based Cross sectional study, which was conducted from Feb to July. A comprehensive team comprised of 150 medical, 100 dental and 100 nursing students structured at the beginning of academic session and 5 families are allotted to each team of 3 medical +2 dental + 2 nursing students. Faculty members from all the three disciplines were designated for the program to give expert guidance to students. They all are included for IDI. Hence the total participants were 4 (Medical) & 2+ 2 (Dental & Nursing) faculties.

**Result:** All respondents agree that the program gives practical exposure to the students, helps to know not only the health status but also social status of the community. However community is benefited through Routine Health check-up, early detection, Removes the fear, anxiety, myths of some diseases & doorstep health education

**Conclusion:** The program encourages empathy and understanding; motivates students to learn; encourage the student to gain in confidence; and gives them a greater knowledge of professional roles and responsibilities and the illnesses they need to recognise and treat.

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### INTRODUCTION

Medical education based predominantly in hospital environments, and with increasing specialisation and a rapid turnover of patients who represent a narrow spectrum of health problems is being re-examined in the light of contemporary realities.<sup>[1]</sup> Curriculum is dominated by basic and clinical medical sciences, in a hierarchy of semesters or year pattern. In general, the concepts of healing and health are paid insufficient attention in most medical schools.

Comprehensive Community health care program is innovative approach in medical education technology. It focuses on the community, where people live and where most health problems can be prevented or treated. It is based on concept of community based medical education where main aim is to promote the health science education and enhance the equity in health.

Community-based learning was perceived by students as being particularly appropriate for learning about psychosocial issues, patient autonomy and communication skills. The community-based rural health

course positively influenced many medical students to report an intention to practice in rural areas.<sup>[2]</sup>

Such community based training is also given in Mahatma Gandhi Institute of Medical Sciences, Sewagram and CMC, Vellore. The main highlights of this program are integration of medical disciplines like medicine, dental and nursing and provide comprehensive care to the families at their door step.

Keeping this in mind an innovative approach was introduced with the name of Community Health Care Program (CHCP). It's synonymous to community based education recommended by WHO. It is an "orientation towards primary health care and community". It is a "form of instruction where trainees learn professional competencies in a community setting focusing on population groups and also individuals and their everyday problems." Community Health Care Program is an innovative, inter-disciplinary and unique approach launched by DMIMS (DU) first time in India in 2011

## Mudey et.al/Assessment of perception amongst faculties involved in an innovative Community Health Care Program (CHCP) in adopted village of Wardha District

through department of Community Medicine of Jawaharlal Nehru Medical College, Sawangi (M) Wardha

The main aim of the program was to introduce a comprehensive health care approach in the community along with the development of team spirit in newly entered medical and Para-medical students (i.e. Medical, Dental and Nursing students). This study is designed to evaluate the perception in terms of benefits on academic and practical grounds according to faculties involved in the program.

### METHODOLOGY:

DMIMS is an experienced community based public charitable trust committed to providing comprehensive and holistic health care to over 3,50,000 poor and marginalized patients hailing from surrounding districts of central India. In association with Department of Community Medicine, Jawaharlal Nehru Medical College is extending care to core rural Maharashtra through its four field practice areas of *Seloo, Deoli, Dahegaon & Nachangaon*.

*Nachangaon* is adopted for 2012-2013 batches for giving comprehensive health care through health team by this innovative CHCP programme

### Study design:

A community based **Cross sectional study**

### Study duration:

6 months (1<sup>st</sup> Feb to 31<sup>st</sup> July)

### Study participants:

- Faculties of Medical, Dental & Nursing College, who are involved in this programme.

### Sampling method:

All the teachers involved in this CHCP program were selected for IDI

### Study tools:

- Guide for In-depth Interview with the teachers from medical, dental & nursing college who are involved in this CHCP

### Methodology:

In DMIMS (DU), a comprehensive team of 150 Medical, 100 Dental and 100 Nursing students was structured at the beginning of academic session and 5 families were allotted to each team of 3 Medical +2 Dental + 2 Nursing students. This team is referred as "**Health Team Unit**".

All the students were given introductory lectures regarding their role in program. Faculty members from all the three disciplines were designated for the program to give expert guidance to students.

Each health team visited their families fortnightly on Saturday morning. They interact with family members regarding their health and health problems; impart health education and the members of families who need medical help are refer to hospital.

After an exposure to the program for approximately 6 months we have conducted this study of assessment of perception regarding this innovative approach of CHCP programme.

For this assessment Qualitative data was collected from key informant interviews of faculty members of the programme. The key findings were then triangulated and synthesised.

In Key informant interviews faculties were interviewed and asked about the topics like effectiveness of programme for students and community, their critical comments and space for improvement of the programme.

Triangulation was used to integrate multiple data sources to improve the understanding of the programme; to strengthen our interpretations; and to guide our decision-making to address the problems with an intervention based on available evidences.

### Evaluation:

Formative Evaluation of program was done by qualitative methods

### Qualitative method:

- In-depth interview was conducted with the faculty for space for improvement in program.

### Data entry & Data analysis:

- Qualitative data:

The data emerging from the in-depth interviews was grouped under common themes and presented as commonly emerging themes.

### Permission:

A written permission from the Institutional Ethic Committee was obtained before starting the study.

## OBSERVATIONS AND RESULTS

Results of the interviews of faculty members  
Characteristics of participants: Four, two and two teaching staffs involved in CHCP were interviewed from medical, dental and nursing streams respectively.

**Table 1: Advantages to students as perceived by faculties**

Advantages	Medical	Dental	Nursing
Practical experience of community health	4(100%)	2(100%)	2(100%)
Survey methods	3(75%)	1(50%)	0
Water supply, road, drainage, sanitation	4(100%)	2(100%)	2(100%)
Available Health facilities and its working	4(100%)	2(100%)	2(100%)
Working of grass root level worker, Gram Panchayat, schools	4(100%)	2(100%)	2(100%)
Epidemiology of diseases and natural history	4(100%)	2(100%)	2(100%)
Awareness and Organisation of health programs	4(100%)	1(50%)	1(50%)
Investigation of epidemic	2(50%)	0	0
Imparting Health education	4(100%)	1(50%)	2(100%)
Inculcate the sense of responsibility of their allotted families	4(100%)	2(100%)	2(100%)
Understanding the values of humanities	4(100%)	2(100%)	2(100%)

All of the respondents agree that the program gives practical exposure to the students, helps to know not only the health status but also social status of the community. Also there was a 100% agreement about the usefulness of CHCP in understanding the working of health facilities, grass root health workers. Even the students understood the importance of political influence of Gram Panchayat in imparting the health services. Only 50% faculty from dental and nursing approved for importance of CHCP in making the student to understand the organization of health programs.

"The students were not involved in planning of program and were just given the work that they have to do". There was an ambiguity over this issue that only medical faculty made the planning of program so only medical students should conduct it.

All felt it as a good opportunity to give health education but one dental faculty had opinion that "the community not interested in dental hygiene till they have some problems". All of the respondents said that it helps

them to know the water supply, drainage, sewage system and roads of community. "As they have to fill all this information in journal they have to ask for it". Also the sense of responsibility, humanity can be learnt through this program but it depends on student's readiness.

Faculty expressed views as "By following up the same family the student learns to keep family records." "Home visits give him the knowledge about housing, sibling, over-crowding, economic status, hygiene, environment etc. A good house visit is very informative".

**Table 2: Perception of faculty members regarding usefulness of program to the community**

Advantages	Medical	Dental	Nursing
Routine Health check up	4(100%)	2(100%)	2(100%)
Early detection	4(100%)	2(100%)	2(100%)
Removes the fear, anxiety, myths of some diseases	4(100%)	2(100%)	2(100%)
Helps in rehabilitation of ill patient	1(25%)	0	0
Health education	4(100%)	2(100%)	2(100%)
Referral services	2(50%)	0	0
Availability of medicine	2 (50%)	0	0

All the respondents mention almost all above advantages of program to community members. Rehabilitation services through program are insufficient as felt by all faculty members. "Disabled patient are not counselled, followed and motivated to rehabilitation centres for vocational rehabilitation. They are only motivated for surgical procedures to be done in hospital" as said by one of the faculty member. Even they feel the referral services too insufficient. One of them said "even if the referral services are provided the cost of hospital is too high" others were of view that most of health problems are resolved at PHC and very rarely they feel need of visit to hospital. The PHC provides all the required medicine but no medicine is available through program. Medicines are not available for dental problems through this program as well as not through PHCs.

"We don't get any medicine to give to patient with acute illness when we visit their home and just refer them to PHC. That creates dissatisfaction among the community member as they expect it from us".

**Table 3: Effectiveness of team approach as perceived by faculties**

Advantages	Medical	Dental	Nursing
Comprehensive Health check up	4(100%)	2(100%)	2(100%)
Work in a team	4(100%)	2(100%)	2(100%)
Learn about the medical, dental and nursing aspect of any disease	1(25%)	0	0
Interactive learning activity	4(100%)	2(100%)	2(100%)

It provides the comprehensive health check-up of community. Students learn to work in team and understand each other's behaviour. One of nursing staff said "Most of our students don't know Marathi and Hindi, so if alone it would have become difficult to interact with community but in group they enjoy in learning the language and side by side even learn about the practical aspect of their curriculum".

#### **There was an ambiguity over the issue that:**

- Students were not involved in planning of program and were just doing as a part of curriculum
- Program is planned by only medical faculty so only medical students should conduct it.

- Dental faculty had opinion that the community is not interested in dental hygiene till they have some problems

#### **Some drawbacks pointed out by faculties:**

- Rehabilitation services through program are insufficient
- Disabled patient are not counselled, followed and motivated to rehabilitation centres for vocational rehabilitation, only motivated for surgical procedures to be done in hospital
- Even if the referral services are provided the cost of hospital is too high
- No medicine is available through this program that creates dissatisfaction among the community member

#### **Suggestions by faculty members:**

- All essential medicine is available in PHC, so we can give the second line medicines which are not available free of cost
- Should provide the generic medicines which are of low cost to community
- Day celebration, or tree planting or NSS activities should be routinely carried out to make it more interesting
- Visit should be only once a month because sometimes families may get irritated because of repeated visits within short period of time

#### **DISCUSSION**

CHCP is the new teaching methodology to impart the community based medical education in order to prepare students for future professional work in rural and underserved community level. In this paper we had evaluated the program in perspective of faculties' perception towards program and space for any improvement in current program.

In present study, students were sensitized to rural health needs and highly motivated to work for them. They improved their communication skills as well as clinical skills. It helped them to relate the theories learned in reality. It motivates by emphasizing the relevance of learning, it helps to develop clinical reasoning; it encourages the valuing of cultural diversity and it fosters empathy and the development of professional skills including communication. Student also felt it to be useful in knowing various health education activities and primary health care services at village level.

In one study conducted by Littlewood S et al, somewhat same findings were that long-term attachments in a community can provide students with the necessary skills and abilities to perform successfully in communities as well as in their final years of study in tertiary hospitals. [3]

The faculty member too perceived the benefits of program to student for giving them real life experiences in managing the diseases in community. It gives them valuable early insight into the day-to-day role of a doctor and the patient perspective on specific conditions. It makes them sensitive to the community need and develops their professional skills. It had enriched learning in medicine and teaches civic responsibility to students. It also benefitted the community for their main motive being the services given. But still the faculty feels that the program is not efficiently implemented as its potential. The camps and health education activities, social service activities are rarely planned. The students are more interested in filing the journals.

One such study conducted in India on 147 medical students trained in maternal and child health by allotting them families wherein either pregnant lady or a new born child was present with other 140 control with didactic lecture found that the knowledge and attitudes of students in the first groups was significantly higher. [4] The beneficiaries in student's families had better, attendance and immunization coverage, more weight gain and less episodes of illness.

Initial visits the enthusiasm for learning was seen in students that faded on due to repeated activity. The villagers too felt the medicine is not given to them at point of first contact. Though the team approach is effective in many ways but for the villagers to allow four students to home is very difficult. Most of the faculty also complained about the morning time as the children and working members are not available at home or if present they are in hurry to go for work so do not cooperate. The second year follow up is scheduled on evening hours once a week for above problem. In the CHCP, the health is viewed through the eyes of community. Thus the CHCP approach in training of the under graduates gives better understanding of the subject and benefit to community.

## **CONCLUSION**

The program encourages empathy and understanding; motivates students to learn; encourage the student to gain in confidence; and gives them a greater knowledge of professional roles and responsibilities and the illnesses they need to recognise and treat.

## **RECOMMENDATIONS**

There is a scope for strengthening this innovative CHCP programme by making meaningful changes in the planning and reorganising the complete programme to be implemented from next academic year based on study findings.

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