

Assessment of Perception amongst Students 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 (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 students 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. One student representative from each health team is selected randomly for study. Hence the total participants will be 50 students. Result: CHCP had helped the students to understand the primary health care services (4.5 ± 0.6) whereas Understanding and sensitising to rural health needs was (4.5 ± 0.6), however Least agreement on understanding the natural history of diseases (2.5 ± 1.1) through the programme. 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.*

Keywords: Comprehensive health, Community health care, primary care, Doorstep service

1. Introduction

Rural population comprises 60% of total population of India. Nearly 30% of population even today does not have access to health care facilities in modern e-health era. [1] In 1946 Bhore committee addressed same problem and assigned one year compulsory internship in rural community and concept of community physician was also introduced way back [2].

But if we look deep into the solution of this under serving problem we can make out that inculcation of this concept of serving in rural community can be done in very early stages of medical career. The classroom lectures or the bed-side clinics in the wards do not take into account the total factors, which have bearing on health and disease. The approach should not only be in the area of medical care but also sensitive to the political, economical and environmental factors. Hence there is need for a community based teaching [3].

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 Datta Meghe Institute of Medical Sciences (Deemed University)

first time in India in 2011 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 students involved in the program.

2. 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. Nachangaon is adopted village for 2012-2013 batches for giving comprehensive health care through this innovative CHCP programme.

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 data was collected from students included in the programme by pre designed and pre tested questionnaire. Interviews of students were conducted at Medical College for perception of programme. A structured questionnaire consisting of ten items in Likert scale of 1-5 with 1 being lowest and 5 being highest score

3. Results

Table 1: Perception of students involved in study

<i>Perceptions of the students</i>	<i>Mean \pm S.D</i>
The CHCP had helped me to understand and sensitise to rural health needs	4.1 \pm 0.4
The CHCP had motivated me to work for improving the QOL of rural community	3.9 \pm 1.4
The CHCP had helped me understand the importance of team work and co-operation	3.8 \pm 1.1
The CHCP had improved my communication skill	3.6 \pm 0.7
The CHCP had improved my clinical skills	3.6 \pm 1.2
The CHCP helped us to relate theories learned in classroom to realities	3.7 \pm 0.9
The CHCP made us to understand the natural history of diseases	2.5 \pm 1.1
The CHCP had given me insight to various health education activities	4 \pm 0.7
The CHCP had helped me to understand the primary health care services	4.5 \pm 0.6
Overall CHCP had enhance my medical knowledge	3.7 \pm 0.9

Most of the students agreed to the fact that the CHCP had helped them to understand the primary health care services (4.5 \pm 0.6) and similar response was seen for the understanding and sensitising of students to rural health needs (4.1 \pm 0.4). Followed by this students perceived that they developed insight to various health education activities (4 \pm 0.7). Students also felt that CHCP had motivated them to work for improving the Quality Of Life of rural community (3.9 \pm 1.4). Least agreement was shown by students on understanding the natural history of diseases (2.5 \pm 1.1) through the programme.

4. 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 student's 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. Two studies

have acknowledged the importance of CBE in understanding community needs namely Mpofu, Daniels & Adonis (2004)[4] and the other by Mubuuke et al (2008) [5] on evaluation of CBE and services courses at Makerere University. These studies highlight the importance of CBE and professionals becoming "advocates for the disadvantaged". Not only had it improved their communication skills but also 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 as also noted by Spencer J & Blackmore D, Heard S et al (2000) [6], [7] Student also felt it to be useful in knowing various health education activities and primary health care services at village level.

But very few found it to be useful in knowing the natural history of disease. It may be due to our selection of first year students who are less oriented to natural history of disease. Probably they will get insight into it when they learn about the diseases in their coming years. The new approach use by integrating the different disciplines of medicine had helped student in understanding the importance of team work [8] also commented that students learn about social and economic aspects of illness, about health services in the community and methods of health promotion, about working in teams and about frequency and types of problems encountered outside a hospital setting. Teaching in community based setting allows students to experience a more personal relationship with patients to recognise the importance of treating people instead of 'a disease' and how the social environment has a significant impact on health and healthcare. [9] Thus it is a student centred approach which aims to complement hospital teaching and give students a broader perspective on conditions not normally encountered in hospital settings, chronic disease management, Epidemiology of disease, Health promotion, the social context of ill-health and Professionalism.

5. 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.

6. Recommendations

There is a scope for strengthening this innovative CHCP programme by making it more organised and activity based so the students are not boredom by repeated activity.

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