REGIONAL SEMINAR ON DEVFLOPMENT OF FIELD TRAINING AREAS, THEIR NEEDS AND ADVANTAGES FOR THE TEACHING OF MORE AND FAMILY PLANNING TO HEALTH PERSONNER

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There are 56 medical schools in the area of EMRO Less than ten per cent of these schools have field training areas (FTAs). The majority of the medical schools have field training visits but there is a great need to develop fully functioning FTAs. However, there is a problem because seminar participants agreed that medical education in the developing countries of the Region are especially resistant to change. Even the newly developed medical schools merely imitate old and traditional patterns, without introducing the recent worldwide advances in medical education.

1. The Role of Department of Community Medicine

FTAs are usually attached to a department of community medicine. This raises the question whether the inferior status of community medicine in the Region is responsible for the poor progress in establishing FTAs. In searching for the reasons for the low status of community medicine, some possible explanations that were proposed were

- I.I The greatest difficulty is that the whole system of health care is often contrary to a community emphasis being controlled by elitist clinicians with a purely institutional orientation.
- 1.2 The health conditions in developing countries lead to such a heavy morbidity load that there is tremendous demand for greater attention to curative medicine and symptomatic relief. The public therefore tends to put emphasis on curative rather than preventive medicine
- 1.3 Entry to medical schools may not be related to a sincere desire to practise medicine, but rather to economic and material considerations on the part of the future physician since it provides the best opportunity for upward mobility of any occupational opportunity.
- 1.4 The student is not attracted to the field of community medicine because he compares the status of the professor of community medicine with professors from clinical fields who have more glamour and income.
- 1.5 Students share the general stereotype that a successful career as a practicing physician involves only treating individual patients.

their intellectual abilities

1.7 Faculty members in departments of community medicine suffer from lack of cooperation in the coordination of teaching schedules with other departments and because of the competetion for the time of students it is especially difficult to introduce innovative methods in the teaching of community health, which tends to require blocks of time away from the campus.

2. Enhancing the Status of Community Medicine

Based on successful experience in Turkey and other countries, some suggestions were made of ways to make community medicine more attractive. These are:

- 2.1 To cooperate and not to compete with other clinical departments.
- 2.2 To emphasize education in modern epidemiology and to use opportunities for epidemiological research to show clinicians the potentials and challenge of community involvement.
- 2.3 To include general practice opportunities in the programme of the community health department, as a means of demonstrating clinical involvement in integrated comprehensive care.
- 2.4 To emphasize preventive measures for individuals and families in addition to community measures.
- 2.5 To greatly reduce the teaching of hygicne, emphasizing sanitary engineering, since medical students tend not to view these measures as being part of the doctor's job.
- 2.6 The point was mentioned that medical students are exposed to community medicine and field training late in their medical curriculum, whereas experience in many places shows that it is much better to introduce the subject at the beginning and have progressive and sequential development of community experience in each year, including the internship.

3. Objectives for Development of FTAs

- 3.1 Learning through participation is a general pedagogical principle that gives much better results than any of the didactic methods, even with the use of audio/visual aids. There should therefore be active participatory learning.
- 3.2 A primary need is to orient medical students to community health problems and ways of making a community diagnosis, and to motivate them to develop a community perspective rather than a purely individual approach. They particularly need to understand rural people and rural services from the community's point of view.
- 3.3 FTAs should provide good quality care and should greatly enhance health conditions so that they can see benefits from their cooperation in teaching and research activities.

- 3.4 All members of the health profession should have opportunities to work together to learn how a team functions and the role and relationships of all team members.
- 3.5 FTAs can demonstrate the integration of community health with other disciplines which contribute to development such as social sciences, agriculture, education, etc.
- 3.6 FTAs provide unique research opportunities for all members of the medical faculty and should provide a data lise so that a variety of studies can be carried out simply and with minimum bother to the community.
- 3.7 Since most doctors will not work in tertiary care teaching hospitals, the FTA should provide experience which approximates their future working conditions and all efforts should be replicable
- 3.8 Because of the great importance of MCH and family planning in this Region, there should be particular emphasis on learning practical measures in these activities which must necessarily be based on deep understanding of home conditions.
- 3.9 From the point of view of government health services, there is tremendous potential in using FTAs to work out new approaches to health care and practical means of testing innovative programmes before general implementation.