

REGIONAL SEMINAR ON DEVELOPMENT OF
FIELD TRAINING AREAS, THEIR NEEDS AND
ADVANTAGES FOR THE TEACHING OF MCH AND
FAMILY PLANNING TO HEALTH PERSONNEL

DR/3

28 May 1975

Isfahan, 25 - 30 May 1975

DAILY REPORT FOR THIRD DAY*
(27 May 1975)

1. General Considerations

1.1 The criteria for the selection of FTAs were considered to be directly related to their objectives. Since there is much evidence that learning through personal experience and experience is the most effective educational approach, it was felt that judicious involvement of the learner (health trainee) in the community health services activities is essential and should start early.

1.2 The involvement of clinical departments of a medical school in the activities of an FTA is essential and although difficult to accomplish, good cooperation can be achieved, as many experiences in the actual establishment of FTAs have demonstrated.

1.3 The questions of distance, accessibility, size of population and related physical criteria figured prominently in the discussions. Various comments on these criteria were made and a reasonable range of these characteristics was felt to be feasible, e.g.:

- the distance should not appear too far to faculty and students;
- the population should not be so small as to become over-saturated with student contacts, nor so large as not to be amenable to a good data-base.

1.4 Much of the discussion revolved around the "quality" of the FTA to be selected - should it be any area into which the students could be thrown to get the experience of real-life constraints, or should it be a special area with adequate facilities and personnel, better than the average for the country.

- while an average area is relatively easy to set up and gives the students a taste of real life situation the hazard of producing too strong a negative reaction among the students should not be overlooked;

* Second day was field visit reported separately.

- poor living conditions (for students and faculty) in an FTA are not conducive to a good learning experience;
- it might be effective in the long run to select an area which can progressively improve and thus demonstrate the impact (mostly to the faculty and health administration) of health personnel institutions' involvement and cooperation with the local health services, both on the delivery of health care and on the learning experience.

1.5 Graded experiences for students within an FTA might resolve some of the above-mentioned dilemmas. They should range from experience in FTAs with sparse facilities to more idealized facilities, to provide exposure to a fully rounded off learning experience.

1.6 It was brought out that disaster relief experience which can be arranged occasionally in almost all countries at one time or another (e.g. floods, earthquakes, cyclones etc.) can provide a good opportunity for students learning experience, specially if accompanied and supported by the faculty members. Such extreme exposure generally gives a feeling of considerable satisfaction and accomplishment, although it is generally a short-lived experience. Of course, such experiences are no substitutes to continuing experience in FTAs.

2. Criteria for Selection and Development of FTAs

2.1 The primary requirement is the continuing maintenance of a high level of acceptability and satisfaction in the community, the health services system, the teaching faculty and the students.

2.2 The quality of existing services should be at a level which will provide a good learning experience within the context of local and regional potential. This means that students should work within situations which show what can reasonably be accomplished within the range of local resources and manpower and also that they should be exposed to real-life situations as they currently exist. In any case, the training facility should provide an environment which represents and is relevant to the students' eventual work expectations. Living conditions in FTAs should not discourage students from any further interest in rural services.

2.3 Distance/accessibility, size and characteristics of population, social and economic aspects, the distribution of health problems and the rural/urban balance should be representative of the region and should promote good supervision, while students learn to carry out a full range of required activities.

2.4 Support of and linkage with secondary and tertiary levels of health services should be available with a good referral system.

2.5 Supervision by staff of various clinical departments in addition to the overall direction provided by the department of community medicine is essential to provide a comprehensive community approach. If students are expected to reside in the field then their supervisors should also do so.

2.6 The staff-student ratio should be sufficient to encourage self-directed learning on one hand, and provide the support by faculty members when students need it and turn to them for help.

2.7 Team work experience should be built into routine activities so that all members of the health team become aware of the roles and responsibilities of others. This should combine sufficient exposure to activities required in their own role to develop competence and simultaneous exposure to the activities performed by other team members to ensure understanding and cooperation.

2.8 The FTA should provide exposure to the important or locally unique cultural and religious characteristics of the population. This would lead to understanding of ways in which health services can be provided in a way that accommodates such issues as the role of women.

2.9 The primary criterion for faculty is that they must have had indepth field experience themselves in order to communicate understanding. For faculty who do not have such a background the FTA should provide a rotation opportunity to gain such experience.