



Assessment and Perception of existing community medicine curriculum for Indian medical graduate

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Introduction

Community medicine is an important branch of medicine concerned with the health professional. It has an important role in achieving the main goal of Indian medical graduate in India .As such curriculum has no single definition, it has a wide range of components which includes-selection & organization of content, aim & objectives, method of teaching- learning, assessment methods and reference books ^[1]

The basic principle for preparation of the curriculum is to follow six-step approach for planning and development of curriculum^[2] curriculum will be of various forms like the curriculum on paper, the curriculum in action, and the curriculum that is experienced ^[3], so the present study will be mainly related to the curriculum that is experienced by teaching faculty and learner opinion with related existing curriculum of BLDE University.

In view of advances in medical sciences and technology, changing pattern of diseases, occurrence of new diseases and changing socioeconomic realities. A curriculum gets out-dated within a few years. Periodic updating of a curriculum is necessary.

The purpose of this study is to provide a conceptual framework within which to judge quality of existing curriculum with respect to six –step approach for curriculum planning and development. Based on the analysis of the results and perceptions of the faculty and interneers, to implement changes in the future planning and development for curriculum.

Objectives

1. To assess the components of six –step approach in the existing curriculum
2. To know the perception of existing curriculum by faculty and interns

Methodology

The present is a cross-sectional study and the total duration of the study was six months, study participants were the staff of community medicine department from different colleges and interneers of BLDE Medical College. After taking ethical clearance from the institutional ethical committee and inform consent from the participant the study was carried out. A self-administered, semi-structured questionnaires was used to collect the data and validity of the question was pretested. Through email ,questionnaires along with existing curriculum of BLDE (Deemed to be

University) was sent to the participants collected the list of faculties who has undergone training at JNMC. Belgavi, which is one of the recognized nodal training centre by MCI. From the available list of faculties who has undergone any kind of training of faculty development training (FDP) during the study period. A separate list of community medicine faculties were made and by applying simple random technique the participants were selected from different colleges to get the opinion. Interns of our college were selected random from the list available from the college and the same method was followed. 1 to 5 point validated LIKERT scale was used to allow the participant to express their view for the structured components related to curriculum. The total sample size constitutes of 62 (31 faculty and 31 internees). Statistical analysis was done using SPSS version 20. Results were presented in the form of tables.

Results

In the present study average grading of each component has taken with relation to the curriculum. Finding of the present study highlight that majority of the interns said that the present curriculum was good (Table-1).

The present study observed that majority of Staff have completed more than 11 yrs of service, and majority of them belongs to the category of Asst. Prof (39%), followed by professor (36%) and associate prof (25%). and all of them had undergone one or the other faculty development training like medical education technology (MET), revised MET ATCOM and advance course in medical education (ACME).

It is good to know from the present study, the majority of faculties opine that present curriculum was good (Table-2), but at the same time suggestions were given to strengthen the present curriculum by faculties and interns like:

- Majority of them said that Attitude components were less addressed
- Inclusion of medical officer training manual in teaching.
- Research related objective shall be added in 2nd & 3rd professional year.
- The first year theory class should be more practically oriented
- Didactic lecture shall be reduced & replaced with interactive lecture.
- Only Indian authors' books were mentioned.
- Short term project, community diagnosis, role play should be added.
- Community work shall also carry some weightage in assessment.
- Assessment for the research project is not mentioned.
- Very few of interns had opined to increase more field visits.

Discussion

Overall the present study reflects that feedback by internees and faculties is a must and very important and it needs to be taken whenever we change the curriculum. Similar findings were observed in a study conducted by Metheny WP *et al* , also said feedback from the students and teachers should be taken frequently for the betterment of the medical education system. Student feedbacks should be followed by consultation along the faculties.

In the present study, the suggestions for improvement were given in the area of research methodology teaching and short term project for the students. The study conducted by Gopalkrishana .S and Ganesh Kumar .P [5] also suggested that Research Methodology is an important component of Community Medicine teaching. Along with epidemiology and biostatistics

problem solving exercises, the students should do research projects and has to be evaluated which helps in sharpening the research and analytical skills of the student.

Also with, related to the implementation of community diagnosis, suggestions were given by the faculties. Similarly Gopalkrishnan ^[6] also highlighted community diagnosis will help to improve the status of a community with vital and other statistics, information on determinants of health and examination of their relationships with the specified community.

The majority of the faculty opined that attitudinal component was less in the present curriculum the new MCI, MBBS curriculum will start from next academic year, i.e 2019-20. The new syllabus will focus more on hands and skill based training and attitudinal components^[7]

Conclusion and Recommendations

Overall the existing curriculum is good as opined by the subject expert and interneers. But needs revision of inculcating some of the attitudinal components as suggested by subject experts. As Curriculum gets outdated due to change in advance medical science and technology and the occurrence of new disease, regular updating and feedback of curriculum is essential. Using the results of curricular assessment, decision could be taken to change existing curriculum.

Based on the finding of the analysis of results, we recommend the curriculum committee of our department and also university to make necessary changes as suggested by subject experts. According to the revised MCI curriculum also, we need to update the existing curriculum.

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Legend Tables

Table 1: Student response to various questions on likert scale for the existing curriculum

Components	Very Good	Good	Average	Poor	Very Poor
Goals & objectives	11(35%)	16(52%)	3(10%)	-	1(3%)
Course content & organization	24(13-29%)	50(42-58%)	22(13-29%)	10(7-13%)	-
Teaching –learning method	22(13-39%)	46(23-61%)	24(19-42%)	9(7-16%)	4(3-7%)
Assessment method	17(13-23%)	45(32-55%)	19(10-26%)	11(7-23%)	8(3-13%)
Resources	15(48%)	14(46%)	1(3%)	-	1(3%)

Table 2: Staff response to various questions on liker scale for the excisting curriculum

Components	Very Good	Good	Average	Poor	Very Poor
Goals & objectives	10(32%)	20(65%)	1(3%)	-	-
Course content	34(29-42%)	57(48-68%)	8(3-23%)	-	-
Teaching-learning methods	34(32036%)	58(55-61%)	8(3-13%)	-	-
Resources	10(32%)	18(58%)	2(7%)	-	1(3%)
Assessment methods	29(26-32%)	66(61-68%)	5(3-7%)	-	-