Community-oriented medical education (COME)
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Community-oriented medical education (COME) is one of new medical education approaches. It is under the umbrella of health-oriented physician education because it depends on and respects health needs of community (Population groups). Its objective is to graduate community-oriented physician who has the ability to serve his surrounding community by dealing with health problems at three health care levels (primary, secondary and tertiary). Scope of COME educational activities is determined by prioritization health problems and needs of the community. It focuses on comprehensive approach to medicine which includes health promotion, prevention and rehabilitation not curative approach only to formulate the concept of health for all (health level leads to social and economic productive life). High percentage of total training program is based on the large community (families) and primary health care units more than dependence on highly equipped hospitals. There is a balance in the training program to include equal time for three levels of health care. It should use the available resources and suitable technology in the community for training students in the real life situations. There is an integration of educational program with health system, related health institutions and relevant community for planning stage. There are indications in the educational program which prove that ability of graduates to serve their community and participate in the community development activities.

Community based education is one of implementation fields of community oriented educational program. Its components are learning objectives, members of the community and representatives of other community sectors which are shared by educational experiences. Community based education and community oriented medical education should be capable of graduation the social and preventive physician rather than individual and curative physician.

There is a difference between community oriented and community based education. Community orientation medical school indicates to relevance of objectives of this school to community health needs and then content of its curriculum reflects these objectives. Community based education means learning activities in particular community settings. There are many societal perspectives which are related to community based education. Ethical perspectives represent autonomy, beneficence, non-maleficence and justice. Social and cultural perspectives determine behavior and attitude towards health services. Political perspectives represent good cooperation between
government, university and community. Educational perspectives show the relevance of education to community health needs.

Learning activities of community based education include many aspects. Community work in urban, suburban and rural areas to establish relationships among health sectors of community for its development. Comprehensive and prolonged family health care program covers social and economic view. Community oriented programs participations such as community survey, health education for child care, nutrition and immunization.

Stakeholders of community based education have enthusiasm for this new approach because implementation of community based education produces many reflected benefits on students, staff members, educational institution, health services and society. Students can work as a team in real life situation in the community which motivates them for continuous learning. They acquire more communication skills to deal with different members of community and develop sense of responsibility and leadership. Staff members acquire teaching and research experience related to their community and share in the community development of their countries. Community based education give community scientific experience for educational institution to plan its education, research program and health intervention activity. Society helps its development by awareness of its facilities and capabilities in the health field. Community based education means excellence and relevance. Excellence represents clinical and communication skills, team work skills, knowledge for endemic diseases and socio-cultural factors related to health and interaction with patient. Relevance represents community impact by increasing of health services number and sharing of national discussion for the best solutions of common health problems in the surrounding community.

CBME is evidence based medical education. It has more scientific base in comparison with traditional system of medical education. It applies relevant and effective educational sciences. It is integrated system which combines community oriented program with problem solving. Students learn basic sciences with relevance to clinical practice throughout the whole years of study. This program graduates competent physician because he receives a balanced training at all three levels of health care with psychosocial experience for dealing with community and its components such patient and his family. Concept of CBME is the majority of patients are being found outside the hospitals which are part of community not the whole of community. COME depends on small groups for teaching and learning to meet learning needs of students. There are many controversial opinions about cost effectiveness of this innovation system. Some found no cost difference between two systems (traditional and innovative) and others confirm the reverse. It improves health system by resolving health priority problems and help to equalization of health services delivery. Physician has better performance because he learns in an environment which typically resembles his later professional life. He can understand process and retrieve information more efficiently. Student of community based education acquires and applies many competencies such as leadership skills,
ability to interact with his community, ability to work in a team, problem solving skills, decision making skills, clinical and managerial skills. It improves student competencies and program assessment. Educational academic organization is be contact with community and political leaders to give medical school the power in many fields politically, financially and morally and then it has an important role for local health policy development. It is being contact with international organizations such as WHO for its local accreditation related to community oriented approach. Community based education program can update and develop the curriculum according to changing patterns of health and community problems because of continuous assessment by staff and students who are involved in the community and then it has role for promotion health system and services in the community.

According to world federation for medical education (WFME) and institute of international medical education (IIME), there are global minimum essential requirements of undergraduate medical programs; it consists of seven main domains which include professional values, attitudes, behavior and ethics, scientific basic of medicine, clinical skills, communication skills, population health and health systems, management of information and critical thinking and research. Community based education fulfils these previous domains (learning objectives) for medical students through educational strategy which depends on identification of tasks for students to improve inadequate conditions, and then identification the required competencies for these tasks and eventually designing learning objectives to develop these competencies. Recently, there are evaluation studies to assess the graduate’s performance of innovative medical schools and to compare them with graduates of traditional schools. These studies refereed that graduates of modern school (Community based education) are better than graduates of traditional schools for clinical and communication skills.

There are seven main domains of essential requirements for undergraduate medical programs. It is classified into competency categories such as medical knowledge, patient care, professionalism communication skills, system based practice and system based learning. Under umbrella of previous competency categories, we can determine specific learning objectives (specific competencies) to measure knowledge, skills and behavior of students as the following:

**Overall objectives of program**

**By the end of the program, the student will be able to:**

1. Describe community health problems and its priorities
2. Use medical knowledge for community health problems diagnosis
3. Identify prevention methods of these diseases.
4. Identify health care delivery services and primary health care.
5. Develop plan for community health problems diagnosis and intervention
6. Develop psychomotor, problem solving and research methodology skills for community health promotion
7. Identify attitude, behavior, beliefs and culture of community
Students’ specific learning objectives of the program

Medical knowledge
1- Identify knowledge related to clinical problem by consultation, texts and literature
2- Recognize the ability to enlist differential diagnosis for specific chief complaint and patient characters
3- Demonstrate problem solving skills (generate hypotheses, test hypotheses, test differential diagnoses and analyze conflicting data)
4- Demonstrate the ability to rank differential diagnoses by using history taking and physical examination information
5- Identify biological, behavioral and social mechanism of patient problem

Patient care
1- Recognize the ability to obtain complete and focused history taking
2- Recognize the ability to perform complete and focused physical examination
3- Utilize and interpret laboratory data for diagnostic approach procedures
4- Demonstrate mastery of medical information management and record

Professionalism
1- Demonstrate patient confidentiality and respect it in oral and written communication
2- Demonstrate personal responsibility for patient care
3- Demonstrate personal beliefs and limitations
4- Recognize mastery of caring attitude for patients and families
5- Demonstrate truthfulness and honesty with health care team members

Communication skills
1- Identify knowledge of family and support system
2- Identify ethical and cultural issues related to health care delivery
3- Identify psychological, social and economic factors related to health care delivery
4- Assess expectations and assumptions of patient for health care system
5- Utilize verbal communication for effective engagement of patient and family

System based practice
A- Health care management
1- Demonstrate medical knowledge and its use in health care delivery
2- Identify the impact of socioeconomic factors on health care delivery
3- Recognize the clinical and cost effective approach for diagnosis and treatment
4- Demonstrate the ability for patient and family involvement in diagnosis and treatment

B- Health service delivery
1- Identify health care funding and its application for the best patient care
2- Recognize roles of health care providers
3- Utilize management care system for creation the plan for patient treatment and health care
4- Identify evidence based medicine and its application for the best patient management
5- Demonstrate the ability to work in team with other health care professionals in health care delivery.
Practice based learning
1- Identify quality of medical literature
2- Identify medical research areas in the future
3- Utilize new knowledge and communications in health care delivery
4- Utilize positive and motivated attitude for active participation of educational process and its activities.

Summary and conclusion
Objectives of Community orientation medical school are relevance to community health needs and content of its curriculum reflects these objectives. Learning activities in particular community settings are Community based education. Graduate of community based education acquires and applies many competencies such as leadership skills, ability to interact with his community, ability to work in a team, problem solving skills, decision making skills, clinical and managerial skills.

References:

1- Basic Medical Education WFME Standards for Quality Improvement. (2003). WFME office, University of Copenhagen, Denmark: Educational outcomes (page 9).