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Dr. Jesheela
MD (Hom), Assistant
Professor, Department of
Community Medicine
Government Homoeopathic
Medical College & Hospital,
Bangalore, Karnataka, India

Community medicine in homoeopathy - way forward to reform and institute

Dr. Jesheela

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Abstract

Our current undergraduate Homoeopathic course have to prepare the students adequately for their role in society, profession and health system. We have to make community Medicine interesting and acceptable, and it is the time to reform and innovate. Medical profession being service oriented, “learning by serving” should be at the centre of teaching strategies. In this era of evidence based medicine, innovative teaching learning methods coupled with appropriate mentoring are required to make the undergraduate Homoeopathic medical students interested in the speciality of Community Medicine. Teaching research methodology by involving them in small, feasible, sustainable, and replicable studies on a topic of interest clearly showed renewed interest among students toward the subject. For this we need to start Post Graduate course in Homoeopathy to strengthen teaching of macro-level subjects in Community Medicine.

Keywords: Community medicine, post graduate, Institute, reform, teaching, homoeopathy

Introduction

The changes in Community Medicine discipline over the period can be attributed to the changing epidemiological scenario of public health problems and advancement of knowledge and skills to manage them [2].

The Homoeopathic Medical Educational Institutes have the dual responsibility of producing capable medical graduates and providing quality medical care to the people. Both go hand in hand as skills of medical teachers/students are upgraded by way of getting involved in medical practices hands-on exposure. There is a recent trend away from problem-based learning to case-based learning. The present article aims to reform the current teaching of Community Medicine in Homoeopathy at undergraduate level and an attempt to understand the need for post-graduation specialisation in Homoeopathic Community Medicine and to present a framework of recommendations for bringing in a paradigm shift in the teaching strategies and status assigned to Community Medicine in Homoeopathy as a subject.

Perception and Education

What role does the subject of community medicine play in undergraduate medical curriculum in today's context?

Weather we need to create post graduate specialisation in community medicine in Homoeopathy in context with loose boundaries but formal arrangements to strengthen teaching of macro-level subjects of community's health [10].

While finding answers to the above mentioned questions I found in studies as students cited regarding the subject are as follows [6].

“It is boring, boring and boring”

“I am not interested in wandering in villages,” “It is social service branch dealing with illiterate people”,

“You study you forget,” “lot of data”, “much work...”

Few said

“Because I want to become a good doctor rather than a doctor”

“We can make good India (without diseases)”, “I can help a large group of people”

“I want to do PG in Community Medicine because it is most important branch (prevention is better than cure)”.

To fulfil our obligation to make community Medicine interesting and acceptable, we need to innovate. Innovation is also required as students have varied learning styles and need diverse

Corresponding Author:

Dr. Jesheela
MD (Hom), Assistant
Professor, Department of
Community Medicine
Government Homoeopathic
Medical College & Hospital,
Bangalore, Karnataka, India

opportunities for learning. Moreover, students may hate anything that they do not see as clinically relevant.

The overall goal of Community Medicine Education should be to create a band of "Five Star Doctors" as endorsed by the WHO. These doctors will bear the following essential skills of a

Care provider, Decision maker, Communicator, Community leader, and/or Manager.

Bringing its teaching from the classroom to the community would help to provide a realistic picture to the subject and act as a stimulus to learning and an active involvement in its application and implementation. It is hoped that with the changing health needs of our country, Community Medicine would make its presence felt by addressing public health needs in the face of current epidemiological and demographic transitions.

Recommendations

Traditional teaching methods, most of them in Community Medicine in Homoeopathy course is restricted to didactic lectures and a few family visits and practical sessions. Thus, this has failed to stimulate a sense of curiosity and eagerness for learning. Classroom practicum can barely simulate a real-world situation. Without active involvement, learning of Community Medicine is simply perceived as a pre-requisite for passing examinations without realizing the actual value of the subject.

Many of our lectures on diseases are repetitive (we repeat microbiology/pathology /medicine /paediatrics) with very little value addition from our discipline. This must change, and the use of integrated lectures should be welcome. For example, while gynaecology would teach about contraceptive methods, we should focus on ways and means to deliver these methods to the users and not repeat what has already been taught to them on these issues. The textbooks should also reflect this change ^[1].

Community Medicine is overloaded with facts with relatively little focus on concepts or critical thinking or applied aspects. Family presentations need to be better structured and promote a multifactorial view of health.

We Homoeopaths are well aware that social and cultural factors influence the causation of disease, health seeking as well as outcomes of treatment. The homoeopathic undergraduates should, therefore, acquire competency to address them. To do so, we need to supplement the scientific content with social content in the curriculum and increase their synergy. The future Homoeopathic Doctor must become an active change agent in the society in which they work and live.

There is a recent trend away from problem-based learning to case-based learning. This is possible in our speciality by teaching medical students practical aspects in the community and healthcare facilities. Importance of Community Medicine to clinical medicine and providing an opportunity to UGs to practice Community Medicine.

Teaching research methodology to medical students by a hands-on approach along with mentoring by involving them in small, feasible, sustainable, and replicable studies on a topic of interest clearly showed renewed interest among students toward the subject ^[9].

Well-designed small studies were conducted by students with built in 'Quality Assurance' and using appropriate methodology. In-house/departmental resources were utilized for these projects. The limitations of research were known

and spelt out clearly by the students themselves in the report as well as papers, that is, they were taught how to draw proper Inferences from research ^[9].

In addition to innovations, what is required in our country is mentoring of the students. Mentoring combined with innovative teaching/learning technique of "hands-on" training for UGs. This calls for strengthening the coverage of topics can be done by doing specialisation in subject. As PGs they get proper time to invest their interest in subject of their choice.

Assessment system for undergraduates

It has been observed that whether at UG or PG level, the student is evaluated once and for all at the end of the training period. At undergraduate level especially, the students are evaluated in terms of their "cognitive" domain (domain on intellectual activities), rather than in terms of the psychomotor (acquisition of motor skills) and affective domain (domain of communication skills). In other words, they are evaluated on the basis of their theoretical knowledge rather than practical skills.

Our assessments include asking students about facts (definitions and guidelines) in multiple choice questions or viva voce or vague questions with long drawn answers in theory papers.

Our assessments must be more objective and focused on community-based skills and test of critical thinking. A recent evaluation showed very poor performance of students in skills assessment (score from 3% to 13%). The learning objectives listed above should form the core of the assessment. Methods of assessment systems can be improved by implementing techniques to assess psychomotor skills, presentation and communication skills, organizational skills, and the student's ability to work in a team ^[1].

The programmes should address the development of attitudes and values for practicing public health with empathy, compassion and care ^[8].

I believe when conducting exams are unique and distinguishing then curiosity and interest in students also can be evoked.

Role of mentors

As the teachers we have a responsibility to teach them with interest and confidence. In terms of making a real difference to policy, members of medical colleges need to be more passionate and shall reinvent themselves to hold important positions in health sector and become the role models ^[6].

Continuing Medical Education programs and development of a system of accountability and monitoring of the faculty with regard to teaching duties. Engaging students in medical research: Health research plays an important role in contributing to the improvement of healthcare. Involvement of students in research would also facilitate publication outputs of the institution.

Education for medical practice should begin by defining the problem to be faced. The future practitioner should be educated about these problems and then direct his/her practice to their solution ^[3]. This procedure is followed to a reasonable degree in both clinical and community medicine practice and education. It is particularly important in community medicine where the problems must be sorted out of a complex social matrix.

At individual level, community medicine is an appropriate

choices to make in ones career as long as one is true to the approach chosen. Individuals should choose depending upon their strengths and aspirations.

Need for the Homoeopathic PG in Community medicine

We have recently witnessed during present pandemic Developed countries have placed their faith in the treatment of disease to the exclusion of prevention and have been confronted by the rising costs of service and a stable or even increasing burden of disease in the population. In general there is a tendency to reduce undergraduate community medicine teaching to the level of a minor specialty. This has produced a shift in the practice and practitioners of community medicine. Many educational institutions teaching community medicine find themselves offering training to a growing number of students of whom the minority are physicians. As teaching of community medicine to undergraduate declines or remains stable teaching in the subject prospers and widens. The cadre of people who will maintain and improve the high standard of health in industrial nations is being trained and is entering the service of the community.

The purpose of PG education is to create specialists who would provide high quality health care and advance the cause of science through research & training^[5]. Community Medicine in Homoeopathy is an attempt to deal with promotion of health and prevention of diseases, involving people's participation, utilizing professional management skills. The Post graduate scholars will inculcate a holistic view of health and medical interventions primarily focused on Community Health/Population Health which is very much needed for the present health scenario. Thus, he/she will be equipped with the knowledge, skills, and competencies in primary, secondary & tertiary care, control and prevention of outbreaks/epidemics, community diagnosis, health needs assessment, epidemiological assessment, research and planning evidence-based health policies and programmes. I think this is a way of approach for Homoeopath's to work together authentically towards the welfare of mankind.

Conclusion

Community Medicine in Homoeopathy is the umbrella of medicine which connects the dots together. It is an enterprise of responsibility, a living embodiment of what it means to be human and watch the true face of human suffering in all its fullness. Community Medicine is the single most authoritative branch of medicine the world has ever witnessed. The time has come when community medicine must rise up and redeem that promise which sustained hope for centuries. It is time to give voice to those millions who thirst for a healthy life^[4]. Society will judge us not by what we speak, but by what we have achieved. Each one will work through community centric clinics, for others it's through policy reforms, for others it's through research, for some others it's through training and for many others it's through academia.

Only this can ensure that the public has confidence that the Homoeopathic Doctors are competent, trustworthy, and fit for work. The component of the health system is perhaps the focus of our current teaching. We need to create post graduate specialisation in community medicine in context with loose boundaries but formal arrangements to strengthen teaching of macro-level subjects of community's health and

also think of developing sub-specialties courses in epidemiology, infectious/chronic disease, environment, nutrition etc. and not restrict ourselves to just post-graduation. However, innovations should never be at the cost of quality and content, which needs to be delivered and examined with the same rigor as other Homoeopathic medical specialties. Again, this requires that we must move decisively from our traditional role as "*passively responding to sick individual, to become an active guardians of the health of our populations*"^[7].

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